Aromatherapy Care For the Caregivers

Research Paper

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For
The West Coast Institute of Aromatherapy
I’m Alone
A Caregivers Story

After hell freezes over and the Devil learns to skate – life goes on. What happened? What went wrong? He was under stress.

(See appendix I for full version)
Purpose and Introduction

The purpose of the research paper was to identify how Caregivers both Formal and Informal are coping with their daily struggles and then demonstrate how essential oils can help them. I will explain why there is a compelling need to find viable economic alternatives to our modern health care needs when it is unable to support us with our chronic and acute health problems. I will demonstrate how our bodies physically respond to a stress stimulus, which can be the precursor of many illnesses. This will enable Caregivers to recognize and help manage a known stress. I will highlight some findings from my survey (see pages 13-16, Informal and Formal Caregiver Survey Summary) that reveals what types of stress Caregivers go through. Then I will demonstrate, how traditional Aromatherapy can play a role as an effective tool to alleviate some of the daily suffering and challenges of Caregivers, their loved ones or patients whether for acute or chronic illness. I will explain how essential oils have been used historically for relaxation, stress, pain management and combating illness. Then I will explain how and why essential oils are a viable economic tool to use for many health care concerns, especially when resources are limited. And finally, I will show how science is starting to investigate the power of essential oils, which are made up of hundreds of chemicals that are antiviral, anti-arthritis, anti-inflammatory, antidepressant, anti-microbial, antispasmodic, decongestant, disinfectant, expectorant, sedative and stimulant and these are but a few of the common properties of essential oils that occur naturally and most are environmentally abundant in nature.

I developed and delivered a questionnaire, some of which was a modified version of “The Montgomery Asberg Depression Rating Scale Self-Assessment” and “The Psychological General Well-Being Schedule of St. Joseph’s Healthcare, Hamilton,”1 The questionnaire attempts to evaluate what types of stress Caregivers are dealing with, whether in the home or on the job and to identify whether the stresses were physical, mental, emotional or financial and the impact it had on them. I wanted to measure the quality of their lives through their own assessment in order to demonstrate how essential oils can work to alleviate many physical, emotional and mental problems, for them, their loved ones or their patients.

I was able to collect Informal Caregiver data from two sources, people I personally know and some of the members of the Burnaby Caregivers Association, were I was invited to speak to the group and ask them to participate in the survey. I collected data from Formal Caregivers through the efforts of my family, who work in hospitals and distributed the questionnaires to their colleagues. Many of the participants indicated in the Survey that they would like a copy of the research paper; therefore, I will be sending a copy of the paper to those who indicated they would like a copy to help them understand the benefits Aromatherapy can have in their life. I will ask them to participate in a future aromatherapy study, if possible.
Discussion and Analysis

Twenty-five Caregivers filled out the questionnaire, (see appendix III, Instructor’s version only) of which, 14 were Registered Nurses, 1 Licensed Practical Nurse and 10 Informal Caregivers. I soon realized after compiling the data (See appendix I for limitations) that I had entered the complex world of human nature, meeting individuals who do incredible things with limited resources. To help understand what a caregiver is, I used the definitions provided by Health Canada. Formal Caregivers, “includes regulated professionals such as Nurses, Physiotherapists, and occupational therapists. It also includes unregulated workers such as health care aides, home support workers, personal care workers, and attendants.” And the definition of Informal Caregiver is a Family member or Friend who volunteers his or her time to support the disabled, or chronically ill person, “and includes a variety of tasks such as personal care, meal preparation, household support, assistance with shopping and transportation, care management, emotional support, financial management…. Informal caregivers are estimated to provide as much as 75% to 85% of this type of care to individuals who have long-term health problems or disabilities.”

The two main differences between Caregivers are: Formal Caregivers are mostly regulated, paid and trained; Informal Caregivers are unregulated, not paid nor trained.

I see a need with our ever-increasing aging population to provide effective tools and support to both Formal and Informal Caregivers who have the capacity and gift of dealing with acute and chronic health problems everyday. As our society ages we will see more and more people at home caring for their loved ones and we will witness greater demands placed on an ever diminishing public health care system. The recent government trends are to decrease funding to health care and the almost systematic closure of hospitals starting in the 1990’s, seems absurd when you consider the demographics at the time they started cutting costs and closing hospitals. When, “Only the 7.5 million Canadians – one-quarter of the population – born before the boom were then at the stage of above-average need for hospitals. The same governments that accepted accolades for restraining the growth of their health care budgets will be safely out of the line of fire when voters start asking why hospitals were closed just before 9.9 million boomers would start to need them”. And one reason cited for closing the hospitals “…is that pharmaceutical breakthroughs are keeping more people out of hospital. Yet Medicare pays for hospitalization but not drugs although hospitalization is usually more expensive. In fact, drug coverage in Canada is a replica of health insurance as a whole in the United States.” These facts and more are leading people to seek more available, reliable, time effective, and affordable tools to improve the quality of their lives, which is why alternative methods of health care are becoming mainstream. Aromatherapy should be considered by Caregivers to assist them with their health care needs as a viable economic, physical and emotional tool, as defended below.

Based on the Chemistry of Stress chapter in The West Coast Institute of Aromatherapy Manual the average urban persons mental stress levels consist of repetitive low level, dietary, environmental, physical and emotional negative stimulus that can lead to chronic stress. Physically when the body goes into fight or flight (sympathetic nervous system function), meaning a stress or threat has been identified, the hypothalamus secretes corticotrophin-releasing factor (CRF) which signals the pituitary gland to release adrenocorticotrophic hormone (ACTH) which triggers the adrenal glands to release adrenaline and cortisol whose purpose is to enhance
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a person’s ability to fight or flee. These hormones are designed to enhance physical capability, which of course is meaningless in an environment where you can’t run from something or fight it. When these hormones are active other bodily functions are deemed unnecessary because survival is the primary objective of the body. Various functions speed up or slow down or even stop for short periods of time. For example, digestive juice flow stops, respiration and heart levels increase, more oxygen is transferred to the brain and muscles, energy is released from stored fats and sugars, more adrenaline is produced and the immune system shuts down. If the stress is temporary (acute) the body returns to normal as the stress passes; however, if the stress continues the body, ever trying to reach homeostasis, is in a complex unbalanced hormonal state which can result in chronic stress that can lead to physical symptoms of exhaustion, insomnia, digestive problems, skin disorders, immune malfunctioning, irritability, depression, lack of concentration, irrational fixations, aggression, isolation etc. And because most of these modern day stresses actually occur in the home, office, car or other places were it is physically inappropriate for fight or flight, which releases adrenal hormones from your body. Not doing so prolongs the whole stress cycle, which does not allow the parasympathetic nervous system to bring the body back into balance. Then to compound the problem we may try to alleviate some of the symptoms of stress through food, alcohol or drugs and potentially become addicted to them and if left totally unchecked could lead to the nervous system shutting down.

We add to these daily negative stresses through physical illness, family problems, work problems etc., Now imagine exacerbating these “normal” life experiences with having to care for another for an indeterminate amount of time, who is totally dependent on you and not the same person you married or the healthy child you expected or more commonly your aging parent whose physical body and possibly mind are deteriorating and may not know who you or they are. And our Formal Caregivers who work daily, as a career, with people who are ill, watching the social and emotional impact that illness has on family and loved ones of their patients along with the ever increasing demands made on them by management and government. They are working with fewer resources and many cutbacks to our health care system and are in the front line dealing with sickness, disease and death. It is very hard to measure the direct and indirect costs incurred by these cutbacks. Things to consider in measuring these costs would be, increased sick time taken by hospital staff, increased error rates, low morale which results in low productivity, etc. which is beyond the scope of this research paper.

The Survey Summary on pages 13, 14 shows that Informal Caregivers experience 82% of the greatest amount of stress in the home, 40% are affected daily, 20% weekly, 10% perpetually and 30% never know when to expect the stress. 67% experience anger at home, 30% on a daily basis, 75% experience sadness of which 27% is experienced daily. And all of these events affect them mentally, physically, emotionally and sometimes financially. Equally in the survey, 40% experienced feelings of joy and accomplishment daily, these feelings were generated by events like getting the person to bed, watching them smile, or communicate in a way that only a loved one can interpret, keeping them busy, getting “good” news from a Doctor or knowing that formal care providers were doing their job.

Informal Caregivers care for people with degenerative diseases like Alzheimer’s, cancer, diseases that are life threatening and have no name, Multiple Sclerosis, etc. Watching another human being deteriorate is stressful from afar, however, having to live it everyday for a
indefinite amount of time without respite subjects the caregiver to potentially becoming isolated (this could be out of need, if the patient has a very compromised immune system or not having time or money for social interaction), being unable to plan for the future, possibly become lonely, and daily many of them struggle with moral and ethical dilemmas that add a whole new dimension of stress that affects their body, mind and soul. 53% of those surveyed became caregivers out of responsibility, 20% for personal satisfaction, 7% out of feelings of guilt and 20% out of love. 6% of Caregivers have no support systems, 33% have access to support groups, 44% have family for support, however, when asked about the level of support they get 22% felt they had no support and 22% felt they had little support. 67% find it difficult to care for themselves, commonly cited they have no time, when they do have time they normally don’t have the energy to spend on themselves. Only 7% cited the most important thing for them to do in the morning was to have breakfast, the majority needed to focus on being organized and personal hygiene. 63% have not been trained in proper body mechanics and 60% have never received any training to deal with the daily emotional demands made on them and the ones who cited training mostly obtained it from self-help books, prayer or meditation. 50% do not have interests outside of work or home, 38% always feel overburdened, 33% have problems sleeping and 11% wake often, 33% suffer from chronic health problems themselves and 33% are always tired, 56% of them said any extra money is spent on basic needs, and 44% of caregivers, if they had the money would hire more help in order to take a break without worrying.

Our professional health Caregivers also deal daily with acute, life threatening and chronic health problems and often need to respond to emergency situations that require their bodies use of adrenal hormones. As one of the Registered Nurses interviewed stated, she gets “the most energy out of crisis situations.” We can now understand why she feels that way because she is working in a heightened state of hormonal arousal and actually, she is in an appropriate setting where there is physical and mental action required which is the ideal outlet for adrenal hormone release. This is known as good stress and it helps us to perform better. However, not all people can sustain these frequent demands on adrenalin hormones with being able to sustain balance in the body, as shown by the results of the survey.

Of the Formal Caregivers who participated in the questionnaire, 83% experienced the greatest amount of stress at work, 6% are affected daily, 25% weekly, 19% perpetually and 50% never knew when to expect the stress. 76% experience anger at work, 8% on a weekly basis, 15% monthly and 77% randomly, 94% experience most of their feelings of sadness at work. 100% said they were affected by watching patients deteriorate and die and seeing how family members where affected. All these events affect them mentally, physically and emotionally. Also, in the survey 67% experienced feelings of joy and accomplishment by watching the patient get well and having the feeling of a job well done. Equally as important to note, the situations that caused them anger in the first place were when patients are not adequately cared for or they did not have the time to balance the quantity of care with quality of care. Also, they deal daily with very serious moral and ethical dilemmas; it is difficult to watch and wait for someone to die and the only thing you can do is make them as comfortable as possible. As with the informal caregivers, in most situations, they have no control and are helpless to do more than pray, watch and wait for the inevitable. And yet when an individual beats the odds and a miracle happens it boosts their spirit and makes it all worthwhile. Of all the Professional Caregivers surveyed, 71% are Caregivers out of personal satisfaction, 25% find it difficult to care for themselves and 5% cited
the most important thing to do in the morning was to have breakfast, with the majority being
focused on organizing and personal hygiene. 73% felt overburdened sometimes, 31% can not
remember the last time they awoke feeling refreshed, 50% had some problem sleeping, 21%
wake often, 20% are always tired, 21% spend extra income on basic needs and 29% spend it on
debt, 53% suffer from chronic health problems, 36% said if they acquired extra money they
would take a vacation, 100% have been trained in proper body mechanics, however, 53% have
not had any training to deal with daily emotional demands and 72% say their greatest challenge
is meeting all the patients needs. They want to be able to spend more quality time with patients
but due to the cutbacks and full hospitals, they are unable to.

These are but a few of the mental, physical and emotional problems Caregivers face with each
group having different and similar challenges to overcome. Essential oils can help on many
levels to restore the body and mind back to a balanced state. They work subtly, are unobtrusive
and have no side effects when used appropriately. It is never recommended to use essential oils
undiluted on the skin, or to ingest them as they can be toxic and it is advisable to seek the aid of
a Certified Aromatherapist to help formulate and ensure client safety when dealing with
compromised systems. Buying therapeutic grade essential oils with the proper Latin name can
ensure you are getting the correct oils for the intended purpose. For example, Lavendula
angustifolia (Lavender) has sedating properties and Lavendula stoechas (Maritime Lavender) has
stimulating properties. Both could be named Lavender at the wholesale and retail level,
therefore, it is important to ask if it is therapeutic grade and look for the Latin name.

Essential oils come from nature and many are from common garden flowers, herbs and trees that
have been steam distilled. Most importantly they are a pleasant, effective form of alternative
therapy and when used appropriately and safely, they can have a wonderful impact on the body,
mind and soul. In the words of Victor one of my case studies who has been dealing with an
undiagnosed disease for 5 years and who together with his wife, Beth, were the inspiration for
this paper, “My daily Aromatherapy bath gives me something to look forward to, it feels more
like a reward than medicine.” Victor has had very little to look forward to, since most activities
only make him suffer and cause a lot of pain; he can not eat a meal without feeling nauseous and
vomiting, so when he says it is one of his only pleasures, he literally means it.

Traditional Aromatherapy, as explained in The West Coast Institute of Aromatherapy Manual
teaches that the reason why essential oils work so well is because when the aroma molecules’ are
breathed in, they enter the body via the olfactory channel, through inhalation, were they have a
direct impact on the limbic system and from there affect the hippocampus and amygdala, which
can affect memory, emotions and learning centers of the brain and from there continue to the
cerebral cortex which is responsible for intellectual processes and then finally reach the
hypothalamus which controls the pituitary gland. The pituitary gland manages our endocrine
(hormone) and autonomic nervous systems. For this reason; Aromatherapists claim a heath
benefit from using essential oils. Also, Aromatherapists believe because essential oils are lipid
soluble and their maximum molecular weight is normally less than 225 microns that they can
enter the body transdermally, however, further scientific research needs to be done to validate
that essential oils are actually absorbed transdermally.
This establishes how essential oils work and now we can consider some of the various methods of application. Bath, aromatic perfumes, massage oil blends, diffusers that reenergize the room, customized aromatherapy massage, aromatherapy cream or lotion, a traveling customized aromatherapy blend, alcohol or oil based, to apply in the event of headache or fatigue, cold or hot compresses for muscle pain, putting a few drops on a napkin to lay beside your pillow at night to help with sleep, or a few drops in a humidifier are just a few of the possible methods, most of which are simple, inexpensive and uncomplicated with many health benefits, (see below) as well a safe, effective and easily administered by the Caregiver and for the Caregiver. And normally Aromatherapists blend oils together to enhance the overall effect and as Salvatore Battaglia says, “Blending is an important aspect of aromatherapy. It allows one to prescribe the most appropriate essential oils in an aromatherapy treatment … Essential oils are dynamic remedies because they are ‘synergistic’, meaning that they work together in harmony. Essential oils generally work better when mixed together with other essential oils.” Also, it is best to seek the advice of an Aromatherapist and do not self prescribe when there are serious medical conditions. This is of course after consultation with a Medical Doctor. Another important aspect of essential oils is that each oil has several therapeutic properties, which is why you will see one essential oil being recommended to treat multiple health concerns. For example, well known Lavendula angustifolia (Lavender) is considered to be; analgesic, anti-depressant, anti-septic, antispasmodic, cicatrisant (promotes wound healing), deodorant, detoxifying, diuretic, emmenagogue (promotes menstruation), insecticide, nervine, sedative, etc.

The types of physical, mental and emotional problems that Caregivers indicated they suffered were issues like: high blood pressure, diabetes, stiffening of joints, back injuries, allergies, insomnia, osteoporosis, arthritis, hepatitis, sinusitis, diverticulosis, degenerative disc disease, reflux, anxiety and daily dealing with stresses that cause frustration, anger and sadness that affect them mentally, physically and emotionally and sometimes financially. I would like to give a brief overview of how essential oils have been traditionally used to treat some of these health problems and others. The following data is based on the teachings from West Coast Institute of Aromatherapy Manual and The Complete Guide to Aromatherapy.

1. **For Skin Problems** such as: acne, eczema, psoriasis and wound healing can be alleviated or resolved by using antiseptic, anti-inflammatory and cicatrisant (stimulates the growth of new cells) essential oils like Matricaria recutita (German Chamomile), Chamaemelum nobile (Roman Chamomile). Athletes foot can be successfully treated with Cymbopogon martini (Palmarosa) and other antifungal oils. (see study details below). John Kerr principle editor of Aromatherapy Today has been doing ongoing studies in Wound Care for the Elderly working and training Nurses and health care workers in nursing homes and has shown some significant results that include pain relief, reduction in inflammations, odour control, healing and 100% success rate regarding infection control, using essential oils of lavender, Tea Tree and Myrrh that have strong antibacterial properties, with no side effects and conclusions so far are that essential oils are effective in treating small to medium wounds, skin abrasions, excoriations and skin infections.

2. **For Skeletal and Muscular Problems** such as: rheumatoid or osteo arthritis, pain can be reduced using warming essential oils like Piper nigrum (Black Pepper) and Zingiber officinale (Ginger) and using analgesic and anti-inflammatory oils to lessen pain and
increase comfort you could consider essential oils of Eucalyptus globulus (Eucalyptus), Lavandula angustifolia (Lavender) or Rosmarinus officinalis (Rosemary). For muscular aches and pains consider anti-inflammatory and analgesic oils like Chamaemelum nobile (Roman Chamomile) and/or Origanum majorana (Sweet Marjoram) in combination with warming oils such as Zingiber officinale (Ginger) or Styrax benzoin (Benzoin) and for Carpal Tunnel Syndrome one would consider analgesic oils like Mentha piperita (Peppermint) in combination with Lavandula angustifolia (Lavender).

3. **For Cardiovascular and Digestive Problems** such as: constipation, diarrhea, indigestion, flatulence and nausea consider essential oils that aid digestion are digestive tonics or digestive stimulants like, Foeniculum vulgare var. dulce (Sweet Fennel), Zingiber officinale (Ginger), Mentha piperita (Peppermint). Oils such as Piper nigrum (Black Pepper), Rosmarinus officinalis (Rosemary) and Thymus vulgaris (Thyme) have been used to treat hypotension and chilblains because they stimulate poor circulation and are technically known as hypertensives, and conversely oils like Lavandula angustifolia (Lavender), Origanum majorana (Sweet Marjoram) and Cananga odorata (Ylang Ylang) they have been used to treat hypertension because can reduce high blood pressure and people who suffer from palpitations would consider oils of Lavandula angustifolia (Lavender) and/or Citrus aurantium (Neroli) because they are sedating and calming. Consider oils with astringent and detoxifying properties to treat mild edema and for hemorrhoids consider Citrus paradisi (Grapefruit) and Cupressus sempervirens (Cypress) essential oils.

4. **For Immune and Lymphatic Problems**: Essential oils have been traditionally used to treat, viral infections, reduce fever, combat fungal infections, (like Candida albicans) and help eliminate toxins. Essential oils like Boswellia carterii (Frankincense) and Lavandula angustifolia (Lavender) help to increase white blood cell count because they have Cytophylactic properties. Oils to consider for cellulite and general detoxification are Cupressus sempervirens (Cypress), Juniperus communis (Juniper Berry) and Citrus paradisi (Grapefruit) because they have diuretic and detoxifying properties. Ocimum basilicum (Basil) and Mentha piperita (Peppermint) can help to reduce fever and body temperature as they have cooling properties and essential oils like Lavandula angustifolia (Lavender), Cymbopogon citratus (Lemongrass), Melaleuca viridiflora (Niaouli), Rosmarinus officinalis (Rosemary) and Melaleuca alternifolia (Tea Tree) have antibiotic and bactericidal properties. Essential Oils work to strengthen and enhance the immune system because some have strong antiviral properties that help the body defend itself against influenza, coughs and colds. We would also consider treating the physical symptoms of autoimmune disorders like chronic fatigue, rheumatoid arthritis and Multiple Sclerosis to help alleviate some of the mental, physical and emotional problems commonly associated with the disorder.

5. **Respiratory System**: Asthma sufferers would consider antispasmodic oils like Chamaemelum nobile (Roman Chamomile) or Salvia sclarea (Clary Sage) where as Bronchitis, Sinusitis common colds and coughs could be treated with oils that have expectorant properties like Eucalyptus globulus (Eucalyptus), Thymus vulgaris (Thyme) and/or Commiphora myrrha (Myrrh). Soothing oils like Styrax benzoin (Benzoin) or
Boswellia carterii (Frankincense) are good to consider when congestion or chills are present.

6. **Urinary System:** Essential oils that are urinary antiseptic can be used in a sitz or ordinary bath to treat Cystitis. Oils to consider are Boswellia carterii (Frankincense), Cedrus atlantica (Cedarwood) and Juniperus communis (Juniper).

7. **Endocrine and Female System:** For treating dysmenorrhea (painful periods) antispasmodic and analgesic oils like Salvia sclarea (Clary Sage), Matricaria recutita (German Chamomile) or Chamaemelum nobile (Roman Chamomile) will alleviate cramping and pain. Many essential oils are considered hormone balancing, oils such as Rosa damascena (Rose), Cananga odorata (Ylang Ylang) and Salvia sclarea (Clary Sage) because they are anti-depressant and sedative. Also, published Aromatherapist Shirley Price “considers Clary Sage good for hormonal complications because of its’ estrogen like properties.” Essential oils can address stress related problems of exhaustion and anxiety because they are adrenal stimulants and calming. Consider oils such as Rosmarinus officinalis (Rosemary) when feeling mentally exhausted or Ocimum basilicum (Basil) when anxious. For treating hot flashes and sweating, symptoms of Menopause, consider anti-inflammatory and cooling oils such as Pogostemon cablin (Patchouli) or Citrus limonum (Lemon) and for treating irritability and nervousness some of the symptoms of stress consider oils that have sedative properties like Lavendula angustifolia (Lavender), Santalum album (Sandalwood) or Rosa damascena (Rose).

8. **For Neurological problems and Stress:** Headaches caused by anxiety, stress or strain consider some of analgesic oils like Mentha piperita (Peppermint) and Lavendula angustifolia (Lavender). Insomnia can be treated with many oils that have Sedative, Calming and hypnotic properties Origanum majorana (Sweet Marjoram), Santalum album (Sandalwood), Citrus aurantium (Neroli) or Lavendula angustifolia (Lavender) could be considered. For Lethargy stimulating oils like Piper nigrum (Black Pepper), Mentha piperita (Peppermint) or Rosmarinus officinalis (Rosemary) could be considered. Anti-depressant and Calming oils like Ocimum basilicum (Basil), Citrus bergamia (Bergamot), Melissa officinalis (Melissa) and Lavendula angustifolia (Lavender) are helpful when dealing with depression. Studies have shown decreased levels of agitation using Melissa officinalis (Melissa) in dementia sufferers and also there are studies into the effects of Rosmarinus officinalis (Rosemary) to help with memory of Alzheimer patients. These are but a few of the ways essential oils can help bring the body back to homeostasis. And in the words of Valerie Ann Worwood, “There are several essential oils that act as natural balancers. These Adaptogens, as they are called, will instigate a reaction in the body that is appropriate to achieve a state of homeostasis or balance. The reactions affect the autonomic nervous system, the endocrine system, and blood pressure, among others. …Lemon works on the autonomic nervous system, acting as a sedative when needed, or as a tonic.”

9. **Dying:** Essential oils can help reduce stress, anxiety and enhance feelings of well-being. For example, essential oils of Citrus bergamia (Bergamot), Lavendula angustifolia (Lavender), Boswellia carterii (Frankincense) and others have anti-depressant, uplifting
and sedating properties. Essential oils Foeniculum vulgare var. dulce (Fennel) and Zingiber officinale (Ginger) have traditionally been used to give courage in times of need. Citrus bergamia (Bergamot), Cupressus sempervirens (Cypress), Citrus aurantium (Neroli) and Rosa damascena (Rose) would be considered in times of grief and heartache and other essential oils have been used to generate feelings of peace like, Nardostachys jatamansi (Spikenard) and Cananga odorata (Ylang Ylang). Cupressus sempervirens (Cypress) is considered if there is uncontrolled crying. And also Piper nigrum (Black Pepper) and Cupressus sempervirens (Cypress) are considered helpful with life’s transitions. Some of these uses for using essential oils come to us from antiquity through folklore and herbal knowledge.

10. Environment: Essential Oils are used to disinfect, deodorize and freshen up the surrounding atmosphere; a pleasant fragrance can turn an unpleasant space into a place that feels healthy and clean. Some of the essential oils that have deodorizing properties are Citrus bergamia (Bergamot), Cedrus atlantica (Cedarwood), Eucalyptus globulus (Eucalyptus) and Cupressus sempervirens (Cypress), other oils are better at disinfecting and freshening up the environment like Abies alba (Fir Needle), Citrus paradisi (Grapefruit), Cymbopogon citratus (Lemongrass) and Thymus vulgaris (Thyme). And based on information by Valerie Ann Worwood, because essential oils have antibiotic, antiviral and freshening properties they are being utilized in European hospitals to help patients sleep, enhance effectiveness of drugs, which helps to lower amount of drugs required and also to decrease pain. “At the Churchill Hospital in Oxford, England, many of the Alzheimer’s patients treated with essential oils have become more alert and the general noisiness of patients with dementia has been lessened as they feel calmer. …And in a ward in another hospital in Oxford, patients were given a choice of conventional drugs or essential oils for pain relief and to help them sleep, and invariably they chose the essential oils.”

Above is only a brief summary of what essential oils can do and because scent is one of our primary senses that has a significant impact on our behavior and emotions, as previously discussed, this explains why we respond intensely to certain smells. Findings from the Survey Summary show that Caregivers have specific likes and dislikes when it comes to fragrances and that the olfactory system does have a direct influence. As shown below; Informal Caregivers Summary Survey found the fragrances most appealing were; 35% Citrus, 29% Floral, 29% Spice and 6% Woody. And the reason for finding them appealing is as follows: 29% found them to be Uplifting, 29% Stimulating, 21% Calming, 14% Warming and 7% Relaxing. Also, they had a clear perception of the fragrances they did not like. 33% did not like Camphorous smells, 20% Sweet, 20% Sour, 13% Woody, 7% Citrus, and 7% did not like Spice fragrances. The Formal Caregivers also have specific likes and dislikes towards fragrances and they found the ones most appealing, as follows: 34% Floral, 20% Citrus, 14% Woody, 11% Herbaceous, 6% Camphorous and 6% liked Sweet smells (like Vanilla). The reason for finding them appealing is, 25% indicated they were Refreshing, 20% Calming, 15% Relaxing, 13% Warming, 13% Sensuous, 8% Uplifting and 8% Stimulating. The Formal Caregivers also had definite dislikes to certain fragrances and is as follows: 21% disliked Sour smells, 18% Camphorous, 18% Sweet, 13% Spice, 8% Herbaceous, 3% Floral and 3% Citrus. Even though there are different preferences between groups, which could be explained by the type of work they do, or the levels of
exhaustion they experience, we can conclude from their own assessment that fragrances, do in fact, have a healing impact on their emotional, physical and mental well being.

Financially, Aromatherapy is an unobtrusive inexpensive and time efficient (for most methods) way to relax, strengthen immune function, give relief from pain and countless other benefits. It is therefore, a practical economical solution that gives you permission to take time for yourself while doing something pleasant for your loved one at the same time and doing some good for everyone’s health and well being. Most good quality Aromatherapy stores will provide, on site, an Aromatherapist who will custom blend for you for a very small fee or no fee, charging only for the product ingredients. Books are another way to become familiar with essential oils since they can be purchased inexpensively and most libraries carry books on the use and safety of essential oils. The most common essential oils like Lavender, Grapefruit, Rosemary and many others are very inexpensive and a little goes a long way. The majority of methods of application do not require a lot of preparation or time and the small investment in time and money you do make, in my experience, will pay big dividends without any side effects. It is worth mentioning that in March 2003, in British Columbia, Certified Aromatherapists who are members of the BCAOA, (British Columbia Alliance of Aromatherapists) have been granted the occupational designation under The Society Act of British Columbia title of Registered Aromatherapists (RA). See appendix I for resources.

In the last few decades essential oil research has been taking place in Universities, Hospitals, and Health Establishments to validate the use and safety of essential oils and some of the results so far are significant and very promising. For example, The Wolfson Research Centre tested Dementia patients using the essential oil of Melissa to decrease the level of agitation patients experienced. Of the 72 subjects involved in the experiment 36 had a lotion applied containing Melissa and 36 had just sunflower oil applied. The results were statistically significant as 60% experience a 30% reduction in agitation and withdrawal periods over the 4-week trial. Another trial using Geranium Oil was tested in a multi-center, monitored, placebo-controlled study for both safety and as a treatment in post-herpetic neuralgia, chronic pain associated with shingles (Herpes zoster) and the results were statistically significant and showed that 60% had pain relief within 5-15 minutes which continued for 24 hours with minor side effects that were no different from the use of mineral oil. In another study carried out at the University of Derby into the use of essential oils for treating Trichophyton rubrum which is a family name for fungal infections like athletes foot (tinea pedis) preliminary studies are showing that essential oils of Lemongrass, Palmarosa, Niaouli and Red Mandarin are the most effective against the common skin or nail fungus infection. A fourth study that was conducted by the University of Northumbira at Newcastle was experimenting to discover if essential oils could affect memory. It involved 144 young students, who worked in cubicles infused with either no scent, or with a Lavender or Rosemary scent. They were tested on attention or reaction time; long-term memory and working memory. The results were significant showing the lavender-scented cubicles students had poorer performance on working memory and reaction times than in the unscented cubicles. However, the Rosemary scented cubicles had better long-term memory than the unscented cubicle. The study also tested moods before and after and both the Lavender and Rosemary-scented subjects felt more content than prior to the tests. Lavender subjects reported feeling less alert compared to Rosemary-scented subjects who expressed feeling more alert and the control group had no significant changes in either contentment or alertness. It is worth noting that author Dr. Mark...
Moss stated that aromas would never take the place of hard work, “However, it may be that we can use natural compounds to improve our everyday lives.” These are but a few of the thousands of studies being done at universities, hospitals and other main stream health establishments that are showing the effectiveness and safety of essential oils.

**Conclusion**

In conclusion, it is evident from the results of the survey and the known effects that stress has on our body, mind and spirit, that Caregivers, both Formal and Informal, experience much higher levels of stress than average. Caregivers need time efficient, effective and inexpensive tools and essential oils can be that tool, because they exhibit those attributes. Essential oils work on the physical, mental and emotional levels, without any side effects, when used appropriately, thereby utilizing a holistic approach to improving the quality of life. I have briefly explained how essential oils work and, what some essential oils have traditionally been used for. I then supported my conclusion with recent health studies, clinical studies and trials being done with essential oils to support the conclusion that essential oils should be used by caregivers to improve the quality of life for themselves and those they care for.

In addition to the paper on essential oils I would like to add that both Formal and Informal Caregivers need support from the community in the form of volunteer groups, and from, Government, in the form of financial assistance to pay for needed respite from their daily stresses and training in stress management. Appropriate funding to our public health care system and provide updated training to help our Formal Caregivers deal with current health issues, whether physical or mental. Because without both Informal and Formal Caregivers the direct burden of taking care of the disabled, elderly an sick will and are becoming a community concern.

A recent study published in the Proceedings of the National Academy of Sciences, printed in the Globe and Mail (See full version Appendix I), entitled “Caring for the chronically ill can kill, new study says.” “Everyone knows that caring for a chronically ill loved one is stressful, but new research shows that the unrelenting demands of caregiving can be so stressful that it damages the immune system and can also cause premature aging…shows that caregivers have high levels of interleukin-6 in their blood….Over-production of the chemical, which stimulates the immune system to fight disease, is associated with a variety of ailments, including: cardiovascular disease, arthritis, diabetes, and certain forms of cancer… that people under stress tend to respond by engaging in unhealthy activities that can raise their IL-6 levels, such as smoking or overeating… IL-6 levels in the caregiving group were about four times higher when compared with those who were not caregiving… It is well-documented that unpaid caregivers, particularly those who care for close relatives with dementia have higher rates of death and heart disease… There are an estimated three million unpaid caregivers in Canada. The number is expected to grow considerably as the population ages.” This study emphasizes my conclusion that Caregivers do experience above average levels of stress and there is a real need for the practical solutions that Aromatherapy can provide.
**Limitations**

1. It was a tremendous task finding Informal Caregivers to participate in the questionnaire because the majority of them are isolated, therefore, making contact difficult. I was fortunate to find The Burnaby Informal Caregivers Association who support and advocate for caregivers.

2. The SARS outbreak occurred during the writing of the paper, which inhibited many of the Groups members from going to the biweekly meetings. I was, therefore, unable to find any more informal participants, within the time frame.

3. The majority of the Informal Caregivers did not represent what the Human Resource Issues in Home Care in Canada: A Policy Perspective, 1999, stated “The home care workforce .... most of whom work part time and may hold multiple part-time jobs to make an adequate income, receiving few fringe benefits and with few career options within the field.” Compared to my group of Informal Caregivers, 70% of the people who participated were retired and 2 of the 70% had to retire early to take care of there loved ones. Most of them are on some type of income with benefits, and did not have the added burden of working. This made it difficult to assess what is believed to be serious financial hardship.

4. Unless you know someone in a hospital setting or get authorization from the hospital administrative board, which could take months, you cannot ask Formal Caregivers to participate in a study. I was fortunate to have a sister and sister-in-law who work in hospitals and kindly put their time and effort into distributing and collecting the questionnaire to their colleagues, all of which took months to complete.

5. When I reviewed my findings, I found myself asking questions like: 1.) How do you measure stress, both chronic and acute? There are ways to measure acute stress but chronic stress is much more difficult to evaluate because everyone is unique and has different levels of coping skills, which lead to me asking: 2.) Do we normalize life’s mental, emotional, physical and financial tragedies in order to survive in our environments? And if so, at what price? Do Caregivers ignore their own needs in order to meet the needs of their loved ones? How do they live daily in a negative environment with repetitive frustrations and constant demands placed on them without being negatively affected? Most of these questions, I am unqualified to answer and this research paper is unable to address.

The information is not intended to take the place of medical diagnosis or treatment from a qualified medical professional. All advice is believed to be true and effective, however, the information herein, is in summary form only and all considerations and contraindications must be taken into account before using essential oils individually.
Informal Caregivers Survey Summary

33% of participants were between 35-50 years of age, 22% between 50-65, 45% over 65
Of the ten, 9 women, 1 man
7 were retired, 2 Housewives, 1 Full Time working Registered Nurse
+/- 1% error due to rounding

Section 1
1. Events that cause the greatest amount of Stress:
   1.1. 82% occurred at Home, 9% Social, 9% Other
   1.2. 25% were affected Mentally, 17% Physically, 42% Emotionally, 17% Financially
   1.3. 40% were affected Daily, 20% Weekly, 10% Perpetually, 30% Randomly
   1.4. 13% occurred in the Morning, 13% Afternoon, 20% evenings, 13% Perpetually, 40% Randomly

2. Events that cause feelings of Accomplishment and Joy:
   2.1. 80% of these occurred at Home, 20% Other
   2.2. 25% were affected Mentally, 15% Physically, 50% Emotionally, 10% Financially
   2.3. 40% experienced Daily, 10% Weekly, 20% Perpetually, 30% Randomly
   2.4. 8% experienced in the Morning, 8% Afternoon, 23% Evening, 15% Perpetually, 46% Randomly

3. Events that cause Anger:
   3.1. 67% occurred at Home, 8% Social and 25% Other
   3.2. 29% affected Mentally, 19% Physically, 38% Emotionally, 14% Financially
   3.3. 30% experienced Daily, 10% Monthly, 10% Perpetually, 50% Randomly
   3.4. 10% experienced in the Morning, 10% Afternoon, 10% Perpetually, 70% Randomly

4. Events that cause Sadness:
   4.1. 75% of these occurred at Home, 17% Social, 8% Other
   4.2. 13% were affected Mentally, 20% Physically, 67% Emotionally
   4.3. 27% experienced Daily, 9% Weekly, 64% Randomly
   4.4. 20% experience in the Evenings, 80% Randomly

Section 2
1. 6% have Co-workers for Support, 44% Family, 11% Friends, 33% Support Groups, 6% Nowhere
2. Range from Low = 1 to High = 10, if they are relatively Happy With life, 9%=1, 9%=4, 9%=5, 9%=6, 18%=7, 27%=8, 18%=10
3. Range from Low = 1 to High = 10, What they felt their daily energy Levels are, 10%=1, 10%=3, 10%=4, 20%=5, 10%=7, 10%=8, 20%=9, 10%=10
4. Range from Low = 1 to High = 10, Assessment of their Health on Average, 9%=1, 9%=3, 9%=4, 9%=5, 18%=6, 18%=7, 9%=8, 9%=9, 9%=10
5. Range from Low = 1 to High = 10, Assessment of their Patience with People, 10%=3, 10%=4, 10%=5, 30%=8, 20%=9, 20%=10
6. Fragrance that is most appealing, 29% Floral, 35% Citrus, 29% Spice, 6% Woody
7. Reason for finding them Appealing: 29% Uplifting, 29% Stimulating, 21% Calming, 14% Warming, 7% Relaxing
8. Fragrance that is least appealing, 7% Citrus, 7% Spice, 13% Woody, 33% Camphorous, 20% Sweet, 20% Sour
9. 53% felt it was their Responsibility, 20% did it for Personal Satisfaction, 7% Did it out of feelings of Guilt, 20% Love

Section 3
1. 90% Sometimes cheerful, Sometimes sad, 10% Always Felt Low & Miserable
2. 70% Take Less Than an Hour to Unwind, 30% Took Longer
3. 22% Had Little Support, 56% Felt they had Enough Support, 22% Felt they had No Support
4. 44% Woke up Feeling Refreshed that Day, 56% Can’t Remember
5. 22% had No Problem Sleeping, 33% Some Problem, 11% Wake Often, 33% Problem
6. 67% Felt they have Good Concentration Skills, 11% Normal, 22% Poor
7. 10% Described themselves as Young, 40% Mature, 20% Youthful, 10% Middle aged, 20% Old
8. 33% Were between 35-50 years old, 22% between 50-65, 44% over 65
9. 33% Have No Difficulty Starting New Tasks, 44% Sometimes, 11% Difficulty Often, 11% Always,
10. 30% View the future with Optimism, 40% Hope, 10% Doubtful, 20% Pessimistic
11. 33% Are Always Tired, 67% Sometimes Tired
12. 30% Work Drains their Physical Energy most, 40% Family, 20% All, 10% Other
13. 33% Home Drains their Financial Resources most, 33% Health, 33% Family
14. 14% Mental Energy is Drained by Work, 71% Family, 14% Other
15. 13% are Emotionally Unbalanced by Work, 63% Family, 11% All, 25% Other
16. 13% Never Felt Overburdened, 50% Sometimes, 38% Always
17. 33% Worry about Finances Most, 44% Family, 22% Health
18. 22% Spend Residual Income on Enjoyment, 22% Health, 56% Basic Needs
19. 50% Feel Optimistic Going to Work, 25% Feel Relief, 25% Anxious
20. 25% Feel Optimistic Going Home, 25% Neutral, 50% Anxious
21. 56% Find the Idea of Soaking in a Fragrant Bath Appealing, 44% Do Not
22. 78% Find the Idea of Massage Appealing, 22% Do Not

Section 4
1. 80% Work in an Ergonomic environment, 20% Do Not
2. 38% Have been Trained in Proper Body Mechanics, 63% Have Not
3. 78% Do Something Specific to Unwind at the End of the Day, 22% Do Nothing Specific
4. 33% Suffer from Chronic Health Problems, 67% Do Not
5. 22% Suffer from Fragrance Allergies, 78% Do Not
6. 67% Use various Therapies to Maintain Health, 33% Do Nothing
7. 50% Have Interests Outside of Work and Home, 50% Do Not
8. 40% Have Received some form of Training to Deal with Daily Emotional Demands, 60% Have Not
9. 67% Find it Difficult to Care for Themselves, 33% Do Not

Section 5
1. 21% Personal Hygiene is the Most Important Thing to do to Prepare for the Day, 14% Not Being Rushed, 21% Being organized, 14% Coffee/Tea, 7% Quiet Time, 7% Breakfast, 7% Exercise
2. 25% Say their Greatest Challenge Being a Caregiver is Unconditional Love, 14% Dealing with Formal Caregivers, 14%, 29% Not worrying and respecting Care Receivers space and decisions, 12% Staying Awake from Exhaustion
3. 22% If they where to win $100,000 they would Go On Vacation, 44% Hire Help to assist with Care giving duties, 22%, Bank It, 11% Pay Debts
Formal Caregivers Survey Summary

7% of participants were between 20-35 years of age, 73% between 35-50, 20% between 50-65
Of the Fifteen, All were women
14 Registered Nurses, 1 Licensed Practical Nurse
+- 1% error due to rounding

Section 1
1. Events that cause the greatest amount of Stress:
   1.1. 17% occurred at Home, 83% Work
   1.2. 32% were affected Mentally, 18% Physically, 50% Emotionally
   1.3. 6% were affected Daily, 25% Weekly, 19% Perpetually, 50% Randomly
   1.4. 6% occurred Morning, 6% Afternoon, 12% Evenings, 6% Perpetually, 71% Randomly

2. Events that cause feelings of Accomplishment and Joy:
   2.1. 26% of these occurred at Home, 67% Work, 5% Social
   2.2. 35% were affected Mentally, 16% Physically, 45% Emotionally
   2.3. 20% experienced this Weekly, 20% Monthly, 60% Randomly
   2.4. 6% experienced this in the Morning, 6% Afternoon, 6% Evenings, 82% Randomly

3. Events that cause anger:
   3.1. 12% of these occurred at Home, 76% Work, Social 6%, 6% Other
   3.2. 33% affected Mentally, 27% Physically, 37% Emotionally, 3% Financially
   3.3. 8% experienced this Weekly, 15% Monthly, 77% Randomly
   3.4. 6% experienced this in the Morning, 6% Afternoon, 13% Evening, 75% Randomly

4. Events that cause sadness:
   4.1. 6% of these occurred at Home, 94% Work
   4.2. 29% were affected Mentally, 23% Physically, 48% Emotionally
   4.3. 7% experienced this feeling Monthly, 93% Randomly
   4.4. 100% Random

Section 2
1. 41% have Co-workers for Support, 32% Family, 24% Friends, 3% Support Group
2. Range from Low = 1 to High = 10, if they are Relatively Happy With Life, 6%=6, 31%=7, 19%=8, 31%=9, 13%=10
3. Range from Low = 1 to High = 10, What they felt their Daily Energy Levels are, 5%=1, 5%=4, 16%=5, 11%=6, 21%=7, 16%=8, 21%=9, 5%=10
4. Range from Low = 1 to High = 10, Assessment of their own Health on Average, 7%=5, 14%=6, 36%=7, 14%=8, 29%=9
5. Range from Low = 1 to High = 10, Assessment of their Patience With People, 8%=4, 42%=7, 25%=8, 8%=9, 17%=10
6. Fragrance that is Most Appealing, 34% Floral, 20% Citrus, 9% Spice, 14% Woody, 6% Camphorous, 6% Sweet, 11% Herbaceous
7. Reason for finding them Appealing: 8% Uplifting, 8% Stimulating, 15% Relaxing, 13% Warming, 20% Calming, 13% Sensuous, 25% Refreshing
8. Fragrance that is Least Appealing, 3% Floral, 3% Citrus, 13% Spice, 16% Woody, 18% Camphorous, 18% Sweet, 21% Sour, 8% herbaceous
9. 10% Felt it was their Responsibility, 71% Personal Satisfaction, 14% Monetary Gain

Section 3
1. 100% Sometimes Cheerful, Sometimes Sad
2. 73% Take Less Than an Hour to Unwind at the End of the Day, 27% Take Longer
3. 7% Feel they have little Support, 93% have Enough Support
4. 46% Woke up Feeling Refreshed that Day, 23% Last Week, 31% Can’t Remember
5. 29% Had No Problem Sleeping, 50% Some Problem, 21% Awoke Often
6. 21% Feel they have Excellent Concentration Skills, 50% Good, 21% Normal, 7% Poor
7. 31% Described themselves as Mature, 38% Youthful, 31% Middle Aged
8. 7% Were between 20-35 years old, 73% between 35-50, 20% between 50-65
9. 42% Have No Difficulty Starting New Tasks, 58% Sometimes
10. 64% View the Future with Optimism, 29% Hopeful, 7% Pessimistic
11. 20% Are Always Tired, 80% Sometimes Tired
12. 47% Work Drains their Physical Energy Most, 33% Family, 13% All, 7% Other
13. 36% Home Drains their Financial Resources Most, 57% Family, 7 All
14. 50% Mental Energy is Drained at Work, 38% Family, 6% All, 6% Other
15. 47% Are Emotionally Unbalanced by Work, 47% Family, 7% All, 7% Other
16. 20% Never Felt Overburdened, 73% Sometimes, 7% Always
17. 29% Worry about Finances Most, 41% Family, 12% Health, 12% Work, 6% Other
18. 43% Spend Residual Income on Enjoyment, 7% Health, 21% Basic Needs, 29% Debt
19. 59% Feel Optimistic Going to Work, 29% Neutral, 12% Anxious
20. 41% Feel Optimistic Going Home, 24% Relief, 24% Neutral, 12% Anxious
21. 93% Find the Idea of Soaking in a Fragrant Bath Appealing, 7% Do Not
22. 93% Find the Idea of Massage Appealing, 7% Do Not

Section 4
1. 67% Work in an Ergonomic Environment, 33% Do Not
2. 100% Have been Trained in Proper Body Mechanics
3. 82% Do Something Specific to Unwind at the End of the Day, 18% Do Nothing Specific
4. 53% Suffer from Chronic Health Problems, 47% Do Not
5. 7% Suffer from Fragrance Allergies, 93% Do Not
6. 50% Use various Therapies to Maintain Health, 50% Do Nothing
7. 92% Have Interests Outside of Work and Home, 8% Do Not
8. 47% Have Received some Form of Training to Deal with Daily Emotional Demands, 53% Have Not
9. 25% Find it Difficult to Care for Themselves, 75% Do Not

Section 5
1. 21% Say Personal Hygiene is the Most Important Thing To Do to Prepare for the Day, 11% Good Nights Sleep, 21% Being Organized, 37% Coffee/Tea, 5% Breakfast, 5% Quiet Time
2. 36% Say their Greatest Challenge is Getting Everything Done with Enough Energy, 36% Meet All the needs of the Patients not just the medicine rounds no opportunity or time to talk or give Quality Care eg Balance Quality Care with Quantity Care, 9% Being Prepared, 9% Ongoing Education, 9% Others Work Ethics
3. 34% Said If they where to win $100,000 they would go on Vacation, 13% Help Family, 20% Home, 20% Pay Debts, 13% Invest
Aromatherapy Care for the Caregiver

Research Paper

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APPENDIX I

I'm Alone!
A Caregivers Story

After Hell freezes over and the Devil learns to skate - life goes on. What happened? What went wrong? He was under stress.

Ike was born in Holland, I in New Westminster, BC. He delivered groceries to our house and gave Mom an apple for me when I was eight. I still remember that day. We met and married after WW2, a 4 year veteran and we were partners ever since. Best friends for 51 years. We retired to Osoyoos in the Okanagan. Ike had a stroke in 1992 but I realize dementia started before that.

We sold our house to go “full time” RVing. These were the ‘Golden Years’ so let’s enjoy our freedom. We’d worked hard side by side, raised five kids, had a good business. We took our wins and losses, we were the best of friends. What was happening to him? His sudden blankness and wandering around. He wouldn’t talk to me and tell me what was wrong. He was under stress.

I found out the repeated “cold” attacks I had was actually congestive heart failure. Our desperate drive to get home from Yuma, USA was done. I was receiving medical help and was getting better, but I was also realizing that things were not “right” with him from quite awhile back, but how far back? When did it start? Even a game of 15-2 was boring him, or tiring him.

So I packed up our large RV as I realized he couldn’t handle it anymore. The smallest repair on it was a terrible chore. He couldn’t think how to replace a three pronged plug in our lawn mower switch. He had a degree in electrical mechanics! He had to do commercial refrigeration, build or design a RV! Something is seriously wrong. No, I mustn’t think of this now. We have bought a ‘single wide’ mobile home. It needs a porch. A ‘workman’ put on the main deck, but didn’t have time to put on stairs or railing. A sinch for us to finish. We had the time and the tools. We had built a house together, he and I, and a book from the library. The building inspector was pleased all the way. A porch would be no trouble at all.

I ordered the lumber, but a half an hour into the job and he would go no further. It was late fall and the snow would be falling soon. I was relying on him telling me what to do. He kept quitting and lying down. I thought he was teasing me, that he was tired of building projects. We had remodeled many past houses. This would be the last project! We needed it — now!

He was never a “tense” but he just wouldn’t help to finish this porch. I never yelled at him ever before but I yelled, “Now you just pick up a nail and hit it with your hammer, what do you think you do with the nail in your hand?” What am I saying? Why is he staring at me? Why is his face so gray? Why must he lay down and sleep? Doesn’t he realize the snow is coming soon? What will I do? I will finish the job myself! Think back — how did he make those stairs? A ten inch rise, a fourteen inch tread, yes — I can do it! I can run the circular saw (God I’m scared). I must make so many decisions myself.

When he was driving “right” was “left” and “left” was “right”. “Enough!” I said, “you get out, I’m driving!” He didn’t complain. He knew he was having a problem. I took him to the doctor who said, “he has Alzheimer’s, no ones faults, nothing can be done”. The lights were on inside his office but through the window outside the sun was shining brightly as an Okanagan day could shine.

Yes, life would go on — and it did. I coped. This would be our life — so be it. Then he had a stroke. He fell and grazed his head. Another stroke.

I was teasing him about his pink p.j.’s. A room away, the red stripe made them look pink. He got angry, and went back to the bedroom to change. He never got angry at little teasing before. He thumped the wall. I run to see what was the problem — he was trashing around in this birthday-suit. I called 911.

One small T.I.A. followed another. I taught him to walk many times. More blackouts. I broke down twice. I had another “donal” operation and realized I couldn’t go on lifting him, supporting him, as he walked, handling the blackouts. It was time to go home. Back to the Coast, to family and places I grew up in.

The doctor put him in a home in 1997. We are involuntarily separated. I’m on my own for the first time in my life. Emotions run rampant. Sometimes I feel like a 71 year old teenager but the mirror tells me who I really am. The tears are letting up, but the heartache never will. It’s “Incurable Demenita” and probably Alzheimer’s too. He’s in Carlton, a continuing care facility. He doesn’t know anyone. I’m alone! Mrs. I. Warfield

JOIN US IN MAKING A DIFFERENCE!

Membership is open to anyone who cares about caring.

Members are given the opportunity to:
• Speak with a common voice to be heard
• Find and connect with others
• Build public awareness about the contributions of caregivers
• Contribute to and receive a quarterly newsletter
• Vote on issues that impact the operation of CABC

Show support for the caregiver movement.

2
Caring for chronically ill can kill, new study says

By ANDRÉ PICARD
PUBLIC HEALTH REPORTER

UPDATED AT 12:05 AM EDT    Wednesday, Jul. 2, 2003

Everyone knows that caring for a chronically ill loved one is stressful, but new research shows that the unrelenting demands of caregiving can be so stressful that it damages the immune system and can also cause premature aging.

"This research tells us why chronic stress can actually kill people," said Janice Kiecolt-Glaser, a professor of psychiatry at Ohio State University and the lead researcher.

She said it also shows that "caregiving is a risk business." The study, published in the Proceedings of the National Academy of Sciences, shows that caregivers have high levels of interleukin-6 in their blood. Over-production of the chemical, which stimulates the immune system to fight disease, is associated with a variety of ailments, including: cardiovascular disease, arthritis, diabetes, and certain forms of cancer. IL-6 levels rise sharply when a person becomes a caregiver.

They remain high for up to three years after the role ends -- invariably because of the death of the spouse -- evidence that the physical and psychological strains of caregiving can linger.

Dr. Kiecolt-Glaser said it appears that people under stress tend to respond by engaging in unhealthy activities that can raise their IL-6 levels, such as smoking or overeating. They also tend to not get enough sleep or exercise, which can help control levels of the chemical. The study focused on 119 women and men who were caring for a spouse suffering from dementia. They were compared with 106 people of similar age who were not burdened by caregiving duties. IL-6 levels in the caregiving group were about four times higher when compared with those who were not caregiving. They also scored much higher on tests examining levels of stress, depression and loneliness.

Of the 119 caregivers, 78 died during the six-year study period. The study did not say how many people died in the control group, except to say it was far fewer.

It is well-documented that unpaid caregivers, particularly those who care for close relatives with dementia have higher rates of death and heart disease. It is not unusual for long-term caregivers to die shortly after the death of the person they cared for.

The new research provides a possible physiological explanation for the phenomenon. However, the researchers themselves are careful to say that high IL-6 levels are certainly not the sole cause of disease and death. There are an estimated three million unpaid caregivers in Canada. The number is expected to grow considerably as the population ages.
RESOURCES

British Columbia Alliance of Aromatherapist, (Self-governing body) Doug Thompson, President  
(604) 824-1777, Website: http://www.bcaoa.org/, Email: info@bcaoa.org

British Columbia Association of Practising Aromatherapist, Nanaimo, B.C. V9V 6N3  
Phone: (250) 741-0007 Website: http://www.bcapa.org/, Email: info@bcapa.org

Canadian Federation of Practicing Aromatherapists  
456136 45th line, R.R.#5, Embro ON, N0J 1J0, Tel 519-475-9038, Fax (519) 475-9078 Toll Free  
1-888-340-4445, Website: www.cfacanada.com

The National Association for Holistic Aromatherapy, 4509 Interlake Ave N., #233  
Seattle, WA 98103-6773, 888-ASK-NAHA -or- (206) 547-2164  
(206) 547-2680(FAX), Website: http://www.naha.org/
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