



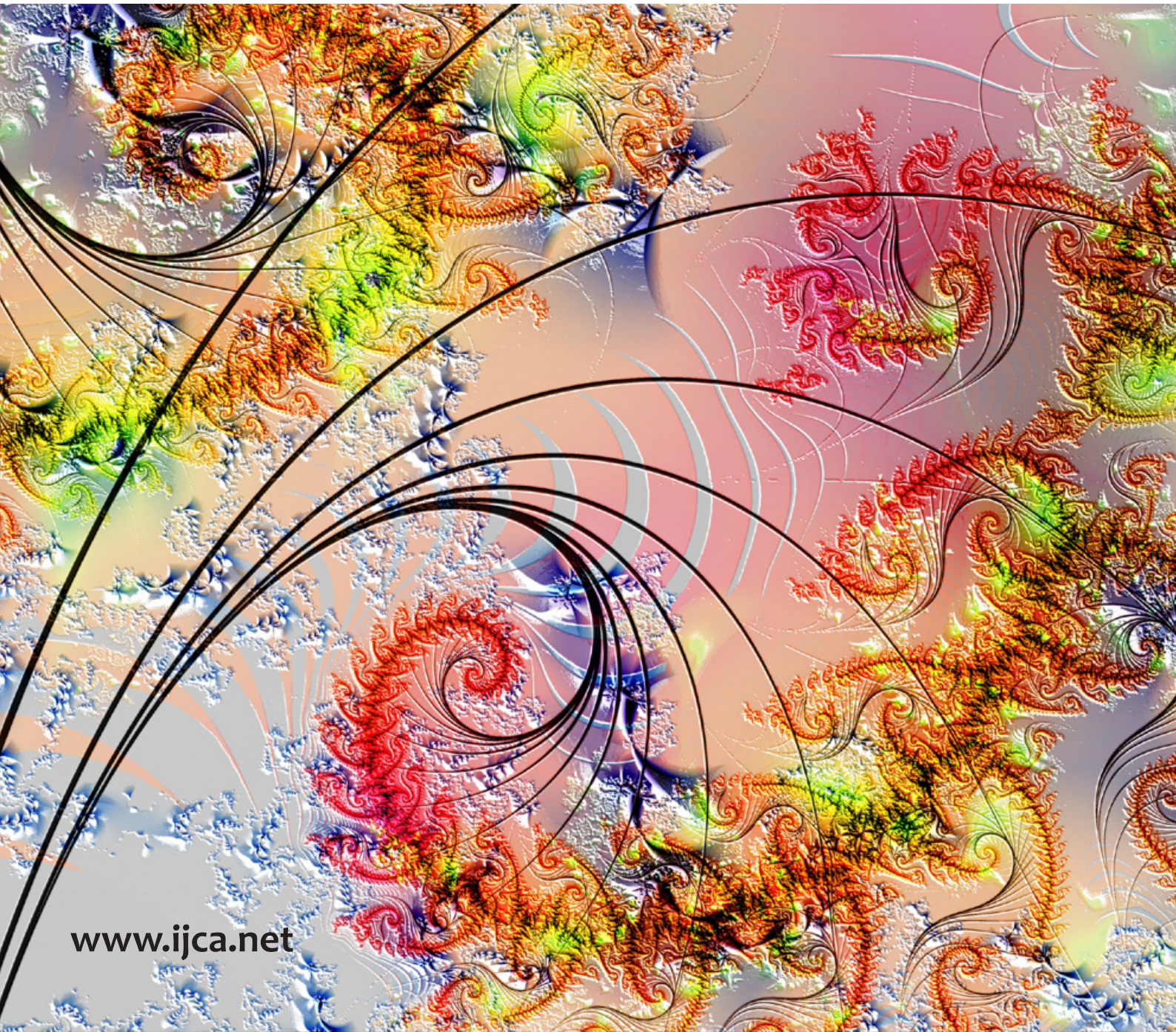
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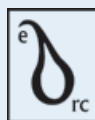
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EDITORIAL

In this issue we feature a range of papers informed by the theme of *symptom management in clinical care* — by practitioners working in a diverse range of therapeutic and palliative care environments.

The word ‘symptom’ is derived from the ancient Greek *symptomata*, meaning “a happening, accident or disease”, and which itself originated from the stem *sympiptein*, meaning “to befall, happen; coincide, fall together” — from *syn*, “together” and *piptein*, “to fall”. Reflecting on the word’s etymology, we are reminded that a symptom is something that has *befallen* the individual — and that there is an essential separation between the two. Accordingly, we need to stay focused as holistic clinical practitioners on the fundamental needs of the patient as well as the requirements to effectively address the symptoms that afflict them.

In keeping, the contributors to this issue reflect the dual capacity for clinical aromatherapy to address the deepest needs of the individual as well as effectively manage symptoms in their greatest hour of need.

Carol Rose addresses the potential of aromatherapy to ease the spiritual distress of patients with cancer, while Felicity Warner shares her groundbreaking approach to palliative care. Rodney Schwan, too, discusses a profoundly compassionate way of caring aromatically for the totality of the individual based on Maslow’s hierarchy of needs.

At the same time, Jackie Stringer and Melanie Kovac demonstrate the remarkable antimicrobial, antifungal and anti-inflammatory activities of essential oils through sharing their exemplary clinical research.

What these practitioners have in common is an informed awareness of the diverse ways in which essential oils can benefit the individual as well as ease their suffering – whether of a physical, emotional and/or spiritual nature. Their professional endeavours in applying evidence-based knowledge to clinical practice is an irreplaceable commitment to the future of our therapy.

With gratitude,
Gabriel Mojay

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Spiritual distress in patients with cancer: The potential of aromatherapy

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Spirituality is integral to human beings and has been identified as an important determinant of quality of life (Cohen et al, 1996) and crucial to a patient's ability to cope with illness (Alcorn et al, 2010). Existential questions are triggered more often in patients with cancer than any other chronic illness and if left unaddressed, result in spiritual distress (Puchalski, 2012). However, many patients report their spiritual needs are unmet by healthcare professionals who often find spiritual aspects of care confusing (Austen et al, 2016).

Qualitative studies identified that patients consider spiritual care as relational, advocating for compassionate healthcare professionals (Edwards et al, 2010). Aromatherapy offers significant potential as an integrative therapy in spiritual care, primarily through the patient-therapist relationship. Talking openly provides valuable patient support; a vital part of spiritual expression (Edwards et al, 2010). However, the effects of aromatherapy in spiritual care have not been fully evaluated. This calls for further clinical investigation which requires us, as aromatherapists, to possess a comprehensive understanding of spirituality, its distinct difference from religion, together with an appreciation of the complexities of spiritual distress and how this can be addressed. This paper explores these issues and considers future research initiatives.

Introduction

Spirituality forms a vital dimension of our being and is defined as *“that which allows a person to experience transcendent meaning in life. This is often expressed as a relationship with God, but it can be about nature, art, music, family, or community – whatever beliefs and values give a person a sense of meaning and purpose in life”* (Puchalski and Romer, 2000).

There is a common misunderstanding that spirituality and religion are synonymous. Chochinov and Cann (2005) explored these differences, summarising that *“within the religious realm, spirituality aligns itself to a personal God whereas within the secular realm, it invokes a search for significance and meaning”*.

Spirituality and religion are distinctly different but at the same time complementary. As such, spirituality can find its expression through religion as a particular set of beliefs, or it can be experienced through broader contexts of relationships and life experience making it personal and unique to the individual.

The relationship between spirituality and illness

In recent years, an increasing number of studies have investigated the relationship between spirituality and illness, particularly in the area of cancer and the end of stage of life (Balboni et al, 2009; Delgado-Guay et al, 2011; Epstein-Peterson et al, 2015; Austen et al, 2016). A diagnosis of cancer is life-changing, impacting the individual physically,