

A Transition from Psychosomatic - Psychodynamic - Noo-somatic Wellness as part of Intervention: A Case Study

WONG CHONG LEE

DOI: <https://doi.org/10.5281/zenodo.11651799>

Published Date: 14-June-2024

Abstract: In this paper, the author proposes a comprehensive intervention for a 49-year-old Chinese man who has been diagnosed with Generalized Anxiety Disorder (GAD). The man received a conventional psychosomatic medical treatment in which he had been given drugs to treat his condition. Feeling unsatisfied with the treatment, he chose to transit to the psychodynamic model in which the model the underlying psychological factors contributing to his anxiety. Subsequently, his intervention integrates the innovative noo-somatic therapies, including Traditional Chinese Medicine and (TCM) and Aromatherapy with the aim of harmonizing his mind and body through holistic approaches. By combining these modalities, the intervention seeks to address the multifaceted nature GAD, thus fostering deeper understanding and more sustainable management of his anxiety symptoms.

Keywords: Psychosomatic Treatment Psychodynamic Treatment Noo-somatic Treatment Wellness and Illness.

1. INTRODUCTION

Therapy is a form of treatment aimed at relieving emotional distress and mental health problems. In a typical therapy session, it often involves structured meetings between the therapist and a client with a goal of improving some aspect of his life. Often, a variety of strategies are used during the session with the goal of improvement and positive change over a period of time. Successful therapies can be transformative. In this paper, 2 forms of therapies are introduced as part of the intervention process with clients.

The first form of therapy is the psychodynamic therapy. This form of therapy focuses on the psychological roots of emotional suffering. It has the significance of self-reflection and self-examination. In psychodynamic therapy, the relationship between therapist and client is important since this relationship serves as a key component in solving the client's life issues; thereby, helping to solve the client's issues and helping them to lead healthier lives. (Seiffge-Krenke, 2020). Using the *Psychodynamic Diagnostic Manual-Second Edition* (PDM-2) as a reference (Lingiardi et al., 2015), psychodynamic therapy is specifically aimed to treat depression and other serious psychological disorders, especially in those who have lost meaning in their lives and have difficulty forming or maintaining personal relationships. Other effective applications of psychodynamic therapy include social anxiety disorder, eating disorders, problems with pain, relationship difficulties, borderline personality disorder, obsessive-compulsive disorder and other areas of concern. This therapy is popular often with children and adolescents.

On the other hand, noosomatic therapy (Chia, 2023), also known as noetic therapy, typically focuses on the mind-body connection and aims to enhance mental and emotional well-being. It often incorporates various techniques such as mindfulness, visualization, and positive affirmations to promote self-awareness and personal growth. The goal is to address psychological and emotional issues by exploring the interplay between thoughts, emotions, and physical sensations. Keep in mind that the specific approach and benefits may vary depending on the practitioner and the methods they employ.

The aim of this paper is to integrate both psychodynamic and noo-somatic therapies along with conventional medicine in order to address the multifaceted nature of GAD so as to enhance the treatment efficacy and addressing the diverse needs of the individual.

2. PRESENTING CASE

This is a case study of a 49-year-old Chinese bachelor who has been diagnosed with Generalized Anxiety Disorder (GAD). Currently, he stays with his 80 years old mother. Since obtaining his bachelor's degree in business administration 20 years ago, HC had worked as a Retail Manager. HC had become increasingly worried about his ability to concentrate and remember things. He went to see his family doctor for an evaluation. Finding no physical basis for his concentration and memory difficulties, HC's doctor referred him a specialist doctor for a more detailed examination. The specialist deemed HC's feedback to be anxiety related, and thus encouraged HC to seek out the services of an anxiety disorder clinic at the Institute Mental Hospital, Singapore.

HC's concentration and memory problems usually occurred when he was anxious and worried about some life matter. HC mentioned that he was in a state of anxiety and worry about 75% of his waking hours during an average day. HC reported that he worried a great deal about her mother's well-being, his ability to adapt in a social setting and what will life for him be should his mum passes on in the future. HC worried about a variety of other minor matters like appointments with doctors as well as maintaining contact with his relatives and friends. HC also become very anxious that he may meet with accidents during normal daily travelling or going overseas for holidays.

HC is very distressed about his excessive worry and anxiety. He hates this feeling all day. He reported discomfort in social situations in which he observed or evaluated by others. His apprehension of these social situations is related to his concern that he would lose his train of thoughts during these social interactions and be embarrassed. He is tired of such kind of life and wanted to have a change but just did not know how to start to find a path for the change.

According to the client's clinical history, HC reported a fairly typical middle-class upbringing in a 1960s kind of family setting. HC is the only child in the family. He regards his parents as "uptight and serious", he did not believe that either of his parent had a history of any emotional disorder (e.g. depression, anxiety). In fact, the family member HC could recall who had difficulties was his paternal grandfather, who had alcoholism. HC thought of himself as being shy throughout childhood. On the basis of past grades and test scores, HC worried that he would fail any of his subjects in his studies. He would have trouble sleeping before exam and noticed some more troubles in his more challenging classes. His fear of failure emerged at this time, and HC began to procrastinate on homework assignments and complete them at the last minute. HC's worries intensify when he started to get B's and C's in a few of his subjects. His increasing sleep problems contributed to her worries as well. HC's symptoms tended to wax and wane throughout his university years. HC reported that he experienced increased anxiety and tension whenever there were any unsettling matters. Even at 49 years old now, he still experiences such symptoms frequently.

3. THE PSYCHOSOMATIC TREATMENT

Psychosomatic Treatment operates within the conventional medical model where it focuses primarily on treating the diagnosed diseases using medication. This approach involves prescribing medications, constant monitoring the effects, as well as adjusting the dosage as needed so as to alleviate symptoms and manage the condition. This model emphasizes on addressing physiological aspects of the disease rather than managing the underlying psychological factors.

On June 2023, HC's family doctor prescribed the following medication for him as shown in Table 1 below.

Table 1. A Medical Prescription

Metformin	Lowers blood sugar by improving the way the body handles insulin.
Atorvastatin	Helps to lower "bad" cholesterol and fats and raise good cholesterol in the blood.
Sulphride	Use to treat and prevent the return of symptoms in schizophrenia and other mental health-related issues e.g., hearing, seeing, and sensing things not real.
Mirtazapine	A form of antidepressant medicine. Use to treat depression, OCD / anxiety.

HC consumes the above medication on and off since he has reservations about Western medication. It is unclear how much the above medication is helping HC since he does not take them regularly. HC is aware that Western medication has rapid effects and can be effective in treating him. However, he is aware that the major issue associated with these drugs is the

potential damage they may have to other parts of his body even though the doctors assured him that these medications are safe for consumption.

HC has also referred him to the Institute of Mental Health (IMH) Singapore for psychosomatic treatment. Over at IMH, HC was referred to Psychosomatic Pain and Pain Management treatment. Briefly, according to HC, he was briefed on his psychosomatic pain which is a pain disorder that is induced by excessive stress or mental issues. The pain originates from an issue in the psyche—such as depression, anxiety, or different levels of stress—and if not attended to may then spread to the muscular-skeletal system in his body. It is hoped that the series of sessions will empower him to regain control over his health, focusing on self-management and behavior changes. HC attended the series of Cognitive Behavioral Therapy sessions and was given antidepressants. As the latter was again given more of those conventional medication, HC was reluctant to follow through with the prescription regularly.

An Integrative model for medicine and health is one that takes care of the physical, emotional, spiritual, and mental health and well-being in the area of patient care. This Integrative approach to health care includes practices not traditionally part of conventional medicine, such as acupuncture, massage, yoga, dietary supplements, wellness coaching and meditation. In many situations, as evidence of their effectiveness and safety grows, these therapies are used with conventional medicine. As integrative treatments are more about identifying the root of an ailment instead of just addressing symptoms, it is a more realistic approach to healing. It focuses on wellness and prevention rather than just treating the disease. For this reason, the following integrative model has been proposed for HC as part of his treatment goals and planning.

4. THE PSYCHODYNAMIC TREATMENT: THE SKILLED HELPER MODEL

The Skilled Helper model (Egan, 2013) is suggested to use in order to help HC achieve lasting change and to empower him to manage his own problems more effectively and developed unused opportunities more fully. This counseling model is a client centered approach that drives problem-managing and opportunity-developing (Egan, 2013). Any potential client should lead and have control throughout. When using this model, it is important to remember that although the client is in control of the content, the facilitator/helper uses his/her skills to guide the client and thus, is in control of the process. To help HC, the following framework is suggested, and this can be summed up as follow:

Stage 1: What is going on?

HC is a fairly expressive person. He shares a lot about his past i.e. early childhood days, his family relationships as a child, young adult, working adult and the present self. HC had an early childhood that involved trauma like being a witness to a murder scene, unstable relationships with his relatives and working life as well as being suspicious of his environment. His excessive worries on all sorts eventually caused him persistent problems with his memory and concentration. HC's family doctor reminded him on the potential challenges if he continues to dwell on issues that are out of his control. Apart from his memory and concentration issues, HC has other issues like incapable of dismissing his thoughts and getting his mind to focus on the task on hand, excessive worry and anxiety, negative impact on his social life, discomfort in social situations in which he might be observed and evaluated by others.

In order to know HC's current challenges, active listening and demonstrating empathy to HC's core conditions are a must. Providing a safe place for HC to tell his story and know that he is being listened to is vital. Open ended questions such as "how do/did you feel" is strongly encouraged to be used. At this point, it can be hard for HC to see things clearly since he is in a difficult situation and telling him that he is capable of change and actually have the strength to move forward is something HC has yet to be ready for.

Just by talking about his experiences is vital for HC to feel comfortable, and along the way develops a respected and trustworthy relationship between HC and facilitator. The use of paraphrasing HC's sharing also builds empathy. In this way, HC is made to feel like someone is finally understanding and listening to him. The aim of this is to create a safe place where he can be heard and someone understands his story. In short, lots of skills like active listening, paraphrasing, the use of open-ended questions can be effective in terms of summarizing and reflecting HC's whole challenging experience.

Stage 2: What is your ideal situation now?

In Egan's model of a Skilled Helper Stage 2, it is about reflection and getting HC to consider what he really wants and thinks about how his situation can be made better. The most important outcome for this stage is that HC learns to set realistic and achievable goals which is very important at this stage. With encouragement from the facilitator, HC could be asked

with open-ended questions such as “What is your ideal situation right now?”. However, asking questions like this may result HC staring blankly, finding it hard to think of a response. Hence, some guiding questions are used as shown in the following:

1. “Imagine yourself with the power to make wishes/decisions, what will these wishes be?”
2. “Suppose you know the ideal situation that you hope for, what will be some of the possible things that you imagine it will turn out well?” (This question is asked to get HC to think)
3. “You have done well so far. What has actually worked? Can you tell me any 4 ways?” (This question is asked to help HC to look at the can-dos so as to focus on the positive situations for him to imagine).

The downside of this stage is that it can be difficult for HC to come to terms with his past and trying to see his ultimate goals which can hold him back. Hence, HC will need a lot of guidance like scaling questions, coping questions or “Suppose you know the answer...” so as to help HC concretize his ideal situation. A common approach used to test the realism of achievable goals is the simplistic acronym SMART:

- Specific (something goal is direct, detailed, and meaningful)
- Measurable (quantifiable to track success)
- Appropriate (do-able)
- Realistic (the goal is consistent with your objective and expectations)
- Timed (on a track to achieving the objective or objectives)

In order for Stage 2 to be carried out successfully, it is important for the facilitator to understand that for HC to be willing to talk about his story, it is vital for him to feel comfortable, therefore it is important that the facilitator encourages the development of a respected and trustworthy relationship with HC. Paraphrasing also builds empathy, and by doing so, HC may feel like someone is finally understanding and listening to him. The aim of this is to create a safe place where HC can hear and understand his story. Skills that can be used during this stage are active listening, paraphrasing which can serve as very powerful tool to elicit responses.

Stage 3: What is/are possible things that you can do?

Stage 2 talks about goals setting. Stage 3 explores the many possible strategies and actions in order to help HC to achieve all / some of the goals stated. At this stage, many possible strategies may be taken into consideration whilst also considering who or what might help this goal become possible and what strategy is going to fit best with the situation. Here, the facilitator guides HC by encouraging him to think widely and aim to get out of old mindsets. Egan says “Stimulating clients to think of different ways of achieving their goals is usually an excellent investment of time”. (Egan, 1998, p. 30). Questions are often framed that could be asked is “Which Is most likely to work?”. At this stage of the model, it is important as a helper to be encouraging by not taking control like telling HC what actions he needs to make. Further questions can be used so as to help HC make more concrete decisions. Crafting the questions will require skills. Specifically, questions will focus on something that relates to HC’s present situation or on his future. In this way, whatever presenting issues are best solved by focusing on what HC has at the current moment, how he would like his life to be, rather than focusing on the past or the existing issues. Further use of open-ended questions like “Can you tell me about...”

In Stage 3, the helper would usually continue encouraging HC to think widely and aim to get out of old mindsets. Egan says “Stimulating clients to think of different ways of achieving their goals is usually an excellent investment of time” (Egan, 1998, p. 30). A question like “Which Is most likely to work?” would serve as an excellent start to get HC to start thinking of ways to get out of his negative situation; something that only HC can do in order to help himself.

The Skilled Helper model provides a comprehensive and structured framework for counselling and problem solving to take place. By emphasizing on collaboration, empathy and goal-setting, this model is suitable for HC as an effective psychodynamic counselling therapy since HC is a fairly verbal and thinking person and is looking for a change in his life. The Skilled Helper model of counseling is a practical based approach that facilitates positive outcomes, fostering personal growth and provide assistance in navigating HC life’s challenges.

5. THE NOOSOMATIC THERAPY: COMPLEMENTARY OR ALTERNATIVE MEDICINE

Emotions are like the ebbs and flow of the ocean waves. Their powerful forces act as strong initiating actions. The human brain has a natural inclination to go towards the negative experiences of interactions more than the positive ones (Samuel & Thompson, 2021). Hence, it is normal for humans to focus on one bad thing even in the presence of many excellent things. The impact of negative emotions is often painful and unbearable. In order to cope with these unpleasant experiences, humans develop defenses in order to shield themselves. Some commonly seen defenses are to ignore, repress or using other ways to mask negative emotions. Emotional distress happens when negative, uncomfortable, or distressing emotions impact so deeply that it disrupts a person's daily quality of life. Sadness, frustration, anguish, and other negative emotions are all normal reactions life's stresses.

However, when those emotions affect one so badly that one might find it hard too difficult to manage. This signals emotional distress or a possible underlying condition might be present. While emotional distress may take time to diagnose formally, interventions go on. There are many approaches to deal with emotional issues and these are either the practice of Complementary or Alternative Medicine (CAM). Complementary and alternative healthcare and medical practices (CAM) is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine (Zhao, 2022). The list of practices that are considered as CAM changes continually as CAM practices and therapies that are proven safe and effective become accepted as the "mainstream" healthcare practices. Today, CAM practices may be grouped within five major domains: alternative medical systems, mind-body interventions, biologically-based treatments, manipulative and body-based methods and energy therapies.

Conventional medicine relies on methods proved to be safe and effective with carefully designed trials and research. However, many complementary and alternative treatments still lack the concrete research on which to base sound decisions (Lin et al., 2021). The dangers and possible benefits of many complementary and alternative treatments remain to be proven positive. While the whole medical systems differ in their philosophical approaches to the prevention and treatment of disease, they share a number of common elements. These systems are based on the belief that one's body has the power to heal itself. Healing often involves marshalling multiple techniques that involve the mind, body and spirit (Kennaway & Knoeff, 2023). Treatment is often individualized and dependent on the presenting symptoms. Many parts of one field may overlap with the parts of another field. For example, acupuncture is also used in conventional medicine. In the U.S., CAM is used by about 38% of adults and 12% of children (Zuzak et al., 2013). Examples of CAM include:

- Traditional alternative medicine e.g. acupuncture, homeopathy, and Oriental practices.
- Body therapies e.g. Chiropractic and osteopathic medicine, massage, Tai Chi and Yoga
- Diet and herbs e.g. Dietary supplements, Herbal medicine, Nutrition/diet
- External energy therapies e.g. Electromagnetic therapy, Reiki, Qigong
- Mind therapists that recognizes the power of the connection between mind and body e.g. Meditation, Biofeedback, Hypnosis

Apart from the above, there is Aromatherapy which is also part of CAM. Aromatherapy is thought to work by stimulating smell receptors in the nose, which then send messages through the nervous system to the limbic system - the part of the brain that controls emotions (Sivaphongthongchai, 2021). Essential oils used in aromatherapy come mainly from the extracts of various parts of plants. These oils are usually distilled to the purest form. The highly concentrated oils may be inhaled directly or indirectly or applied to the skin by means of a carrier oil which is then used together with massage, lotions or bath salts. Even when the current research on the effectiveness of aromatherapy is limited (Lua & Zakaria, 2012), still there are many studies that have shown that aromatherapy have health benefits (Tang et al., 2021), including:

- Relief from anxiety, depression and stress levels (also common in dementia patients)
- Improved quality of life, particularly for people with chronic health conditions.
- Improved mood
- Soothe sore joints

- treat headaches and migraines
- ease discomforts of labor
- fight bacteria, virus, or fungus
- improve digestion
- improve hospice and palliative care
- boost immunity

Age often brings unique challenges associated with physical and mental health, including the risk of polypharmacy due to multiple medications. GAD can exacerbate existing health concerns, making a holistic approach crucial for effective management (Fisher et al., 2022). As in the case for HC, the use of aromatherapy essential oils derived from plant extracts to promote physical and psychological well-being is a suggested route that HC can embark on in order to benefit from the positive impact of aromatherapy on reducing his anxiety levels and improving his mood (Smith, 2022).

1. Lavender (*Lavandula angustifolia*):

Lavender essential oil is known for its calming and soothing properties. Research (Matera et al., 2023) suggests that inhaling lavender oil may reduce anxiety levels. Considering HC's existing conditions, diffusing lavender oil in the living space or incorporating it into a relaxation routine before bedtime may offer relief without interfering with the prescribed medications. This method can be integrated seamlessly into his daily routine, providing a consistent source of relaxation.

2. Frankincense (*Boswellia carterii*)

Frankincense essential oil has demonstrated anxiolytic effects in several studies (Önder & Trendafilova, 2024). Given its potential benefits, a diluted form of frankincense oil can be applied topically or diffused in HC's home environment. Incorporating frankincense into a massage oil can provide a sensory and therapeutic experience for him. Prior to application, it is advisable to perform a patch test to ensure no adverse reactions, especially considering HC's existing medications.

3. Bergamot (*Citrus bergamia*)

Bergamot essential oil is known for its uplifting and mood-enhancing properties (Chen et al., 2021). Given its citrusy and refreshing scent, diffusing bergamot oil or incorporating it into a personal inhaler may provide a natural boost to the individual's mood. However, caution should be exercised due to potential photosensitivity, advising the use of Bergapten-free bergamot oil. This method allows for a quick and accessible way to manage anxiety throughout the day.

4. Chamomile (*Matricaria chamomilla*)

Chamomile essential oil is recognized for its calming effects on the nervous system (Lizarraga-Valderrama, 2021). A chamomile-infused massage oil or incorporating chamomile into a bedtime routine may contribute to relaxation. It is essential to ensure that chamomile does not interact adversely with the existing medications, necessitating consultation with a healthcare professional. A massage oil application can offer both olfactory and tactile benefits, enhancing the overall experience.

5. Ylang Ylang (*Cananga odorata*)

Ylang Ylang essential oil is associated with its ability to reduce stress and promote a sense of well-being (Lizarraga-Valderrama, 2021). Incorporating Ylang Ylang into a diffuser blend or as part of a massage oil may offer emotional support. As with any essential oil, its application should be approached cautiously, particularly when considering existing medications. Ylang Ylang's floral scent can contribute to a relaxing atmosphere, especially when diffused during moments of heightened anxiety, making it something suitable for HC's condition.

The above are a few recommended oils that were recommended for HC to use in order to address his condition. It was reported by HC that the use of lavender and chamomile did give him a sense of grounding and self-relief in managing his daily emotions. He shared that he was noticeably calmer and a lighter sense of anxiety reduction. He felt a better sense of security in terms of emotions management. On the whole, aromatherapy presents a promising complementary approach for managing patients like HC who has GAD conditions. Apart from abovementioned oils, there are other chosen essential oils that offer a diverse range of therapeutic benefits for anxiety and depression. However, it is crucial to approach aromatherapy

as a complementary strategy, in consultation with healthcare professionals, to ensure compatibility with the individual's existing medication regimen. Future research and personalized experimentation can further refine the integration of aromatherapy into holistic mental health care for older adults like HC. Moreover, essential oils used in aromatherapy are yet to be regulated by the Food and Drug Administration (Jackson et al., 2023). When oils are applied to the skin, side effects may include allergic reactions, skin irritation and sun sensitivity. In addition, further research is needed to determine how essential oils might affect children and how the oils might affect women who are pregnant or breast-feeding, as well as how the oils might interact with medications and other treatments.

There is another form of CAM that is said to address emotional issues are the use of scented candles. Scented candles have been shown to improve mood, reduce stress and anxiety, thus promoting relaxation, and even improve sleep (Richter-Lunn, 2021). The use of scented candles had been around for centuries for its pleasant smell as well as its mental health benefits. According to Hayes (2023), mood and scents have a close link. The fragrances from the scented candles consist of molecules that when it enters the nasal passage of out nose, it starts to create electrical signals. These signals have the ability to interact with our limbic brain and triggers emotions, thoughts and memory. In addition, the molecules are tiny enough to flow from blood-brain to the nervous system to create interaction with the body. In this way, scents can be powerful in that it can lower blood pressure and heart rate and thus change brain activity. However, as much as scented candles give benefits, there are also concerns that burning candles release chemicals into the air since candles could be linked to paraffin wax and synthetic fragrance chemicals since such chemicals come from petrochemicals (Boekaerts et al., 2021). It is not the intention of the author to write with details on scented candles in this paper; hence, lesser emphasis is given on this area.

6. CONCLUSION

After a 6 months treatment, although HC has yet to be fully recovered from his state of anxiety, he felt a sense of grounding, reassurances from talking about his worries with a professional who is non-judgmental and given him the space and privacy. HC received acupuncture treatment which has also significantly alleviated his symptoms of anxieties. By stimulating specific acupoints, acupuncture rebalances his body's energy flow, reducing his anxiety levels and promoting relaxation. Likewise, the essential oils like lavender and chamomile which possess anxiolytic properties have also reduced his anxiety (and his depressive mood at times); thereby improving his mood. Inhalation of these oils trigger relaxation responses in the brain and thus providing a natural way as an alternative anxiety management strategy.

Much has been mentioned on both the psychodynamic and noo-somatic therapies. The former emphasizing on insight-oriented exploration and therapeutic relationship and the latter stressing on the interconnectedness of mind, body and spirit as well as evoking emotional responses via the power of scents as avenues for healing beyond the physical realm. Wellness encompasses a holistic state of well-being, involving physical, mental and social aspects. Illness, on the other hand, refers to the deviation from optimal health. The psychodynamic and noo-somatic therapies can serve as a viable transition from the conventional medicine. This is especially true when one feels uncomfortable with latter. It is not the intention of this paper to oppose conventional medicine. Instead, one needs to be aware and recognize alternative options and make informed choices that are aligned with individual preferences and needs. As mentioned, the concept of Wellness is something that embodies optimal physical, mental and social well-being. To fully achieve this, it requires a personalized approach that embrace the interconnectedness of the mind and body. By exploring alternative modalities of treatments, individual can then pursue a comprehensive wellness strategy that is tailored to one's unique circumstances, thus fulfilling overall health on the Wellness of our Being.

REFERENCES

- [1] Boekaerts, B., Vandeputte, M., Navaré, K., Van Aelst, J., Van Acker, K., Cocquyt, J., ... & Sels, B. F. (2021). Assessment of the environmental sustainability of solvent-less fatty acid ketonization to bio-based ketones for wax emulsion applications. *Green Chemistry*, 23(18), 7137-7161.
- [2] Bunse, M., Daniels, R., Gründemann, C., Heilmann, J., Kammerer, D. R., Keusgen, M., ... & Wink, M. (2022). Essential oils as multicomponent mixtures and their potential for human health and well-being. *Frontiers in Pharmacology*, 13, 956541.
- [3] Chen, X., Xiang, M., Hu, Q., & Xiang, Z. (2023). Profile of the Volatile Aroma in Bergamot by Comprehensive Two-Dimensional Gas Chromatography Quadrupole Time-of-Flight Mass Spectrometry/Olfactometry. *Analytical Letters*, 1-15.

- [4] Chia, K. H. (2023). Exploring the opportunities and knowledge in wellness science [Paper presentation]. In *IACT-Dubai Chapter e-Colloquium on Wellness*.
- [5] Egan, G. (2013). *The skilled helper: A problem-management and opportunity-development approach to helping*. Nelson Education.
- [6] Fisher, A., Rochesson, S. E. D., Mills, K., & Marel, C. (2022). Guiding principles for managing co-occurring alcohol/other drug and mental health conditions: a scoping review. *International Journal of Mental Health and Addiction*, 1-48.
- [7] Hayes, B. L. (2023). *Using Scent as a Strategy to Influence Cognitive and Behavioral Function: A Basic Qualitative Study* (Doctoral dissertation, American College of Education).
- [8] Jackson-Davis, A., White, S., Kassama, L. S., Coleman, S., Shaw, A., Mendonca, A., & London, L. (2023). A review of regulatory standards and advances in essential oils as antimicrobials in foods. *Journal of food protection*, 86(2), 100025.
- [9] Kennaway, J., & Knoeff, R. (2023). Epilogue: The Turn that Never Happened? Cartesianism and Mind-Body Relationships. *Groniek*, (232).
- [10] Lin, L. W., Ananthkrishnan, A., & Teerawattananon, Y. (2021). Evaluating traditional and complementary medicines: Where do we go from here?. *International Journal of Technology Assessment in Health Care*, 37(1).
- [11] Lizarraga-Valderrama, L. R. (2021). Effects of essential oils on central nervous system: Focus on mental health. *Phytotherapy research*, 35(2), 657-679.
- [12] Lua, P. L., & Zakaria, N. S. (2012). A brief review of current scientific evidence involving aromatherapy use for nausea and vomiting. *The Journal of Alternative and Complementary Medicine*, 18(6), 534-540.
- [13] Matera, R., Lucchi, E., & Valgimigli, L. (2023). Plant Essential Oils as Healthy Functional Ingredients of Nutraceuticals and Diet Supplements: A Review. *Molecules*, 28(2), 901.
- [14] Önder, A., & Trendafilova, A. (2024). Essential Oils for Insomnia: Power in Health Promoting and Quality of Life. In *Pharmacological Aspects of Essential Oils* (pp. 93-106). CRC Press.
- [15] Richter-Lunn, K. (2021). *Incognito: Sensorial Interpretations of Covert Physiological Signals for Therapeutic Mediation* (Doctoral dissertation, Harvard University).
- [16] Samuel, R., & Thompson, P. (Eds.). (2021). *The myths we live by*. Routledge.
- [17] Seiffge-Krenke, I. (2020). Depressive and anxious adolescents: Do they profit from
- [18] Siegel, D. J. (2020). *The developing mind: How relationships and the brain interact to shape who we are*. Guilford Publications. psychodynamic therapy?. *Psychology*, 11(04), 563.
- [19] Sivaphongthongchai, A. (2021). Effects of selected aroma compounds on physiological activities and emotions.
- [20] Smith, R. (2022). The Anxiolytic Effects of Aromatherapy on Preprocedural Anxiety: An Integrated Review.
- [21] Tang, Y., Gong, M., Qin, X., Su, H., Wang, Z., & Dong, H. (2021). The therapeutic effect of aromatherapy on insomnia: a meta-analysis. *Journal of Affective Disorders*, 288, 1-9.
- [22] Lingiardi, V., McWilliams, N., Bornstein, R. F., Gazzillo, F., & Gordon, R. M. (2015). The Psychodynamic Diagnostic Manual Version 2 (PDM-2): Assessing patients for improved clinical practice and research. *Psychoanalytic Psychology*, 32(1), 94.
- [23] Zhao, F. Y., Kennedy, G. A., Cleary, S., Conduit, R., Zhang, W. J., Fu, Q. Q., & Zheng, Z. (2022). Knowledge about, attitude toward, and practice of complementary and alternative medicine among nursing students: A systematic review of cross-sectional studies. *Frontiers in public health*, 10, 946874.
- [24] Zuzak, T. J., Boňková, J., Careddu, D., Garami, M., Hadjipanayis, A., Jazbec, J., & Längler, A. (2013). Use of complementary and alternative medicine by children in Europe: published data and expert perspectives. *Complementary therapies in medicine*, 21, S34-S47.