

A Holistic and Multi-Professional Approach to Women's Health

by

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Abstract

This capstone addresses the complex and multifaceted domain of women's health, with a focus on exploring the potential for a holistic and multi-professional approach to care. The primary aim is to examine how such an approach is defined within the existing literature and to assess the extent to which it is currently implemented in practice. Two central themes guide the literature review: multi-professional collaboration and emotional regulation. The review highlights the significance of interdisciplinary cooperation in supporting women's health and presents a comprehensive definition of holistic care. It further investigates current research on the contributions of various health practitioners and therapeutic modalities, including polyvagal theory, emotion-focused therapy, and somatic interventions. Based on these findings, the capstone offers recommendations for clinical counsellors to engage in collaborative practices that promote integrative and holistic care for women experiencing reproductive health challenges.

Key terms: Emotional Regulation, Multi-professional, Premenstrual Syndrome

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Chapter 1: Introduction

This capstone project examines the importance of a holistic and interdisciplinary approach to addressing women's reproductive health within the context of counselling practice. Despite growing awareness of gender disparities in healthcare, women's reproductive health continues to be underserved in ways that fail to fully account for the complex interplay between biological, psychological, and sociocultural factors. In particular, issues related to reproductive health, chronic pain, and mental health are often medicalized or minimized without sufficient attention to the lived experiences of women. This project seeks to critically explore both conventional and alternative models of care, with an emphasis on non-pharmaceutical interventions and integrative healing practices for reproductive health. The overarching aim is to formulate recommendations for a multi-professional framework that supports holistic, client-centered care and enhances counsellors' ability to advocate for and respond to the nuanced health needs of women.

Overview and Problem Statement

A growing body of research highlights the significant psychological toll of reproductive health experiences on women's mental well-being. For example, Soet et al. (2003) found that a total of 34% of the women in their study reported childbirth to be a traumatic experience, and experienced post-traumatic stress following the event. The study measured trauma across multiple variables, including social support, trait anxiety, coping mechanisms, medical interventions, length of labour, differences between expectations and reality, feelings of powerlessness and pain during the first phase of labour (Soet et al., 2003). Women who reported in the pre-survey reported a history of sexual trauma, low social support, high trait anxiety and poor coping skills were likely to experience childbirth as traumatic. Additionally,

more negative experiences during childbirth itself were also associated with higher trauma levels (Soet et al., 2003).

Reproductive health issues that women experience paired with the lack of research and understanding of why women endure the issues that they do such as, chronic pelvic pain, severe menstrual cramping, and infertility, each contribute also to the quality of life a woman has and ultimately to the mental health disorders that women experience (Hillcoat et al., 2023). Hillcoat et al. (2023) identified that 81% of women are affected by severe menstrual cramping, 24% of women endure chronic pelvic pain, and challenges with infertility affect one in five women, where 40% are unexplained cases of infertility (Hillcoat et al., 2023). Further reproductive conditions that women may experience, such as premenstrual dysphoric disorder and endometriosis, also have an impact on women's quality of life. Hillcoat et al., (2023) article also suggests that stress can have an impact on early menopause for women as well. Overall, it appears that in the way these female-specific experiences can be traumatic for the female body and mind, external traumas of various contexts may also harm women's reproductive health (Hillcoat et al., 2023).

For this capstone, I further identify the challenges women face in their lives and ways in which women's health could be better addressed. I will discuss women's physical health, also recognizing the intersectionality of the mental and physical symptoms, which is focused on women's reproductive systems, consisting of menstrual cycles, menstrual cycle symptoms and disorders, childbirth, infertility, and menopause. These are the inevitable, gender specific physiological and biological experiences specific to women. Women's mental health will be focused on emotional dysregulation and stress. I hope to identify that the utilization of a team of health professionals supporting women through a holistic lens is the most efficient and

productive way to promote healing and overall well-being for women.

Purpose Statement and Research Questions

The purpose of this capstone project is to explore the efficacy of a holistic, multi-professional approach to supporting women's reproductive and mental health. By examining current literature, this project aims to increase awareness of the complex and often underrecognized challenges women face concerning their reproductive health, including menstrual disorders, infertility, childbirth trauma, and menopause. The project also seeks to identify integrative, non-pharmaceutical strategies—such as counselling, massage therapy, acupuncture, and naturopathic medicine—that can be utilized collaboratively to support emotional regulation and overall well-being in women. The research questions are as follows: What approaches have been identified in existing literature as effective in supporting women's reproductive and mental health? In what ways can a multi-professional team provide enhanced comprehensive and holistic support for women's health? How can multi-professional collaboration contribute to emotional regulation in women experiencing health-related distress? Recommendations will be provided for clinical counsellors to exhaust these various professional resources for their female clients struggling with reproductive health issues such as painful and uncomfortable menstrual cycles, pregnancy and birth symptoms, and menstrual disorders and to work in close collaboration with these professionals to achieve a truly holistic approach to the client's healing. Individuals who benefit from reading this capstone are professionals who are ready and willing to dedicate their work to achieving holistic healing for their clients and who have the tools to offer for improving women's overall experience of their reproductive health. Others who may benefit are individuals hoping to better understand their options for improving their reproductive health.

Contribution to the Field

This research that I am conducting is an effort to inform and guide women on a path to healing that is female-specific and addresses the intersectionality of women's mental and physical health. To create a method of treatment in our healthcare system that acknowledges the reproductive complexities for women, and the effects on women's mental and physical health, I suspect would be the first of its kind. I hope to recommend, based on the research, a women's health collective treatment center that consists of massage therapists, clinical counsellors, naturopathic doctors, and acupuncturists. The goal is for women to have a truly holistic clinic to advise them on the best course of treatment for their presenting concern. In this space, the multi-professionals will work collaboratively as a team to treat each patient.

The gap that is currently present in women's healthcare is an overall lack of implementation of holistic, non-pharmaceutical, medical care approaches for reproductive health treatment. Also lacking is a true understanding of the complexities attributed to women's reproductive health challenges. The understanding of reproductive health symptoms' contributions to women's overall quality of life deserves awareness and urges to be further understood. In the case of this research, I believe the focus should be on non-traditional forms of medical approaches for reproductive health care.

The active disengagement in creating ways for women to more comfortably endure their reproductive health responsibilities does not create space for new developments and ideas for treating women's health concerns and is not trauma informed. The negative symptoms that women endure, being left untreated and misunderstood, are negligent, insensitive, and unaware of the physical and mental trauma this may cause for women. A further gap in the health system is the lack of substantial acknowledgment and enthusiasm regarding the use of non-

pharmaceutical, natural remedies for supporting women's health. Despite the research found regarding the efficacy of non-traditional methods of treatment, it is not often a preferred or offered approach through health care, leaving women subject to using pharmaceutical options as a first choice for treatment.

The expectations that I have regarding what the findings may be within the literature are that a collective, truly holistic, and multi-professional approach to women's health has not yet been attempted. A truly multi-professional and holistic approach to treatment within the literature and context of this project is a group of massage, acupuncture, counselling and naturopathic professionals within the same practice together reviewing each case to create an individualized treatment plan that best suits the client that addresses the client's emotional, physical and spiritual needs for healing (de Vibe et al., 2008). Each professional on the case would have access to the team of professionals and access their notes to make sure the client is being effectively supported along the way, aware of any impactful changes that arise within each professional session. As for my expectations of what the research says concerning my selected topics, I do expect that the various professions will each have positive contributions to women's health independently, I believe that there will be significant amounts of research regarding emotional regulation in general, that the polyvagal theory will prove true to being a useful theory in supporting women's health and more specifically in the treatment of physical and mental reproductive traumas.

Reflectivity and Positionality Statement

Writing from the context as a Canadian, young, heterosexual woman myself, with access to free healthcare, I have experienced some of these reproductive, physical, and mental health challenges and may endure some of the others as I age. I feel frustrated with the lack of

care for women's health, and I am passionate about finding ways to promote change in the health care systems to reduce the likelihood of further physical and mental traumas to endure as women. Though the barriers are small for me to receive medical care and support, I still don't have access to the answers that I need for living with these health challenges and therefore suspect that there is simply a lack of information and research to work with to give better care to women. I feel that there is no explanation as to why women should have to suffer the symptoms of painful menstrual cycles, infertility, without honest answers as to why it has happened, PMDD, endometriosis, uncomfortable menopausal experiences, and poor quality of life due to these reproductive health issues. With how far medicine and non-traditional treatments have come, the only answer as to why these issues have not been solved is simply a lack of care and a lack of interest in women's health. The lack of urgency in exploring various modalities of treatment for women's reproductive health is actively making a process that for women is already uncomfortable and distressing, an even more stressful and isolating experience. It is a harsh reality to face as a woman that the health system is not on our side. For all the following reasons, I have since developed a passion for women's health with a focus on women's reproductive health, and I desire to raise awareness of the impact of showing compassion and empathy for women's unique health experiences. I hope that exploring holistic and multi-professional approaches to women's health can raise awareness and begin a conversation around utilizing various techniques for women's physical and mental health management, and that it will promote further advocacy and urgency to make changes within the healthcare system that address women's concerns.

Definition of Terms

Holistic

The literature identifies holistic health as a “bio-psycho-social-cultural-spiritual framework” that is comprehensive (Olshansky et al., 2000, p. 3).

Infertility

A term used to define the improper function of the reproductive system resulting in the inability to become pregnant after 1 year of unprotected intercourse (Bakhtiyar et al., 2019)

Menopause

A term used to define the permanent end to ovarian function (Greendale et al., 1999).

Menstrual Cycle

The menstrual cycle consists of four cyclical phases: menstrual, follicular, ovulation and luteal phase. The menstrual cycle occurs monthly as preparation for pregnancy, lasting between 21 and 35 days (Mihm et al., 2011).

Multi-professional

Multi-professionalism is co-operative, appearing within multidisciplinary teams, utilizing interprofessional or transdisciplinary approaches (Sormunen et al., 2024).

Autonomic Nervous System

The autonomic nervous system consists of both systems sympathetic and parasympathetic systems and is responsible for the fight or flight and rest and digest systems (Gibbons, 2019).

Polyvagal Theory

The polyvagal theory focuses on enhancing individuals' awareness of the body, its nervous system and how our behaviour is impacted by how safe we feel, and if we are in danger (Heatherrichey, 2025).

Trauma

Trauma is a remembered distressing emotion in the body that reminds a person of the traumatic experience (Greenberg & Paivio, 2003).

Women's Health

A term to refer to women's unique health experiences regarding their reproductive health and pregnancy (Gronowski & Schindler, 2014).

Outline of the Capstone Project Chapters

Within the following chapter two, I will explore the current literature regarding multi-professional work, where this model is currently being used efficiently, some concerns that may arise in utilizing a multi-professional approach to health, and some professional work that has been beneficial for women's health. Literature on emotion regulation will also be explored in chapter two, covering topics such as how emotions are tools in therapy, some strategies for emotional regulation, such as breathwork, mindfulness activities and social connection. I will discuss why emotional regulation is relevant to the conversation of supporting women's health, and there will be an exploration of the polyvagal theory and how it supports the work on emotions. In chapter three, there will be a discussion of my contributions to this project. There will be an application included based on the literature review findings, where I develop a proposal that I have for this population where the approach to therapeutic practice leads with a holistic lens consisting of all the multi-professionals of counsellor, registered massage therapist, acupuncturist, and naturopath specialist under one roof used as a collective.

Chapter 2: Literature Review

In chapter two, I will introduce why I feel it is important to speak about multi-professionals and will discuss what a holistic approach is, as identified in the literature. The first topic I will explore is the current literature on multi-professional support. More specifically, how a multi professional approach to healing is being used in health services, massage therapists, acupuncturists, counsellors and naturopathic professional's offerings to women's health, multi- professional health promotion, deficiencies related to multi-professional approaches, benefits of multi-professional approaches, benefits of massage & acupuncture for women's health, and benefits of counselling for women's health. The second topic I will explore is working with emotions. More specifically, in the subtopics of working with emotions in psychotherapy, polyvagal theory, social connection to promote emotional regulation, emotion-focused therapy, emotions as a tool in the therapy room, respiration patterns as a cue for the therapist in session, and breath as a somatic experience for emotion regulation.

Introduction to Multi-Professionals and a Holistic Approach

The purpose of speaking about multi-professionals in the context of women's health is to identify the understanding of women's health and to recognize, holistically, the best forms of treatment as a multi-professional team for women's physical and mental health. Research says that due to women being proven to live longer than men, the health focus in the world currently is more directed toward men's health and wellbeing, overlooking the fact that though women live longer, the quality of their life is not necessarily better (Olshansky, E. F., 2000). This gap in the research is also a significant reason why I am addressing women's health specifically while using a multi-professional and holistic framework, as women are being overlooked in the health care systems, and there needs to be a change. What is a holistic approach? The literature

identifies holistic health as a “bio-psycho-social-cultural-spiritual framework” that is comprehensive (Olshansky et al., 2000, p. 3). The book by Olshansky et al. (2000) utilizes this framework by identifying both traditional and alternative therapies that are complementary to optimizing women's physical and emotional health. As mentioned in the previous section of this capstone, a holistic approach is also defined as an approach that addresses the client's emotional, physical and spiritual needs for healing (de Vibe et al., 2008).

Women's physical health is not limited to their reproductive health, despite that being the focus of this paper. The various other physical health issues identified as specific concerns for women are,

cardiovascular health, respiratory health, diabetes, hypertension, fibromyalgia, arthritis, chronic fatigue syndrome, lung cancer, breast cancer, colorectal cancer, endometrial cancer, ovarian cancer, lymphoma, skin cancer, bladder cancer, pancreatic cancer, cervical cancer, multiple sclerosis, human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), systemic lupus erythematosus, and urinary tract infections (Olshansky, 2000, p.16).

The lack of representation of women in the health system is an ongoing issue for women's long-term health and quality of life. Women suffer as a repercussion of the focus of health solutions being developed for men, emphasizing the importance of advocating for women's health exposure across various multi-professional groups. In the following section, multiple professionals will be spoken about more extensively.

Benefits of a Multi-Professional Approach

In the article by Sormunen et al. (2024), there is a direct focus on the multi-professional and client-oriented approaches in the context of occupational therapy. In the case of this article,

multi-professionalism is co-operative, appearing within multidisciplinary teams, utilizing interprofessional or transdisciplinary approaches. The multi-professional cooperation in the social and health care fields is needed for support to be efficient (Sormunen et al., 2024). The main purpose of the utilization of multi-professionalism, as mentioned in the literature, is the ability to share expertise amongst transdisciplinary approaches through a client-centered approach, ensuring the client is receiving an honest, holistic approach to their healing (Sormunen et al., 2024).

Importance of Health Promotion in a Multi-Professional Approach to Women's Health

As discussed in a previous section, men's health appears to take precedence over women's health in the healthcare systems. This lends the responsibility to women themselves to engage in health promotion to advocate to improve these realities. The article by Tzenalis and Sotiriadou (2010) focuses on the field of multi-professional and multidisciplinary health promotion. It addresses the importance of the role of a health care provider who ultimately believes they must promote overall improvements in public health. There was a clear identification in this article of the importance of intersectional approaches to promoting health. They went even a step further to suggest not only health professionals working in collaboration, but also the wider scale of the socioeconomic environment and its contributions to people's well-being (Tzenalis & Sotiriadou, 2010). Utilizing a team of workers from various backgrounds provides an opportunity for the client to develop beliefs and insight through surrounding emotional perspectives, attachment perspectives, and social perspectives and for the professionals to reflect on their own beliefs and areas in which they are lacking in their field to recognize women's health. Maximizing a team of professionals with various backgrounds and interests can be a strength for holistically navigating women's health. When engaging in multi-professional and collaborative work, the article

addressed some barriers to be aware of as well. Some of the barriers were understanding one another's roles as professionals and the contribution being made to the health of a client, as well as differences in values and goals negatively affecting the client's treatment and professionals' experiences of collaborative work (Tzenalis, A., & Sotiriadou, C., 2010). Though there are cautionary areas within multi-professional work, there can, however, be much success in this collaborative way of working with clients' health. Savolainen et al. discuss the promotion of children's mental health, though rather than identifying mostly benefits in the use of multi-professionals for children's mental health, they reported more significantly the deficiencies related to multi-professional approaches (2020). Understanding this piece of the research is important for my development of a holistic and multi-professional approach to supporting women's health. It appears that the largest barrier is with the professionals themselves and their ability to collaborate without challenges arising. I suspect that in my approach, addressing the possible challenges across professionals before initiating the treatment plan for the client would be necessary, and incorporating ways in which the team can communicate their concerns and resolve conflict would be necessary as well (Savolainen, O., et al., 2020). It appears that overall, the involvement in a multi-professional team may simultaneously support the client and the professional, as the professional displays growth by developing a desire for health promotion and awareness of women's health.

Multi-Professional Team for Pregnant Women

The examples of multi-professionals used in this research were "...nurses, nutritionists, a pedagogue, psychologists, physical therapists, social workers and community agents." (Falcone et al., 2005, p. 2). This team was put together to support pregnant women's mental health, and based on the research results, it appeared to be an overall positive experience in treating and

preventing affective disorders in pregnant women. Pregnant women are already more vulnerable to developing emotional disorders, as anxiety is generally higher. The research was measured by including evaluations of the mental health stability in pregnant women, using self-report questionnaires as well as the Beck Depression inventory (Falcone et al., 2005). With the results received from these evaluations, there was a specific care plan that would be created for pregnant women, including a team of multi-professionals. There were then groups created with a focus on the mother and fetus relationship, where professionals would teach mothers how to strengthen their mother-child bond. Based on the results, it appears that pregnant women engaging in an educational group before the birth of their child to gain insight and understanding on the contributions to a positive pregnancy, and birthing and bonding experiences were less likely to adapt emotional disorders throughout the process of pregnancy, childbirth, and bond creation with their child. What we may infer from this study is that to support women's trauma, creating a group or community throughout the process may be a more supportive option. Therefore, where a team of professionals can conduct psychoeducational work with pregnant women, the women will feel supported, be more aware of the experiences and responsibilities of being a new mom and ultimately be less susceptible to developing an emotional disorder (Falcone et al., 2005).

Naturopathic Treatment for Women's Health

The work by Gupta et al. (2024) discusses the use of a naturopathic diet and yoga to promote better reproductive health outcomes for women. With a focus on reproductive health, they have identified key lifestyle factors that may act as a treatment for the reproductive challenges that women may have. It is suggested that managing stress, engaging in physical activity, and maintaining a balanced diet that is rich in protein, whole grains, fruits, and vegetables will improve women's reproductive health, including menstrual regularity and

ovulation, ultimately contributing to successful fertility (Gupta et al., 2024). The negative contribution that an irregular, processed food diet, high stress levels, and lack of physical activity have on hormonal imbalances is significant. Hormonal imbalances caused by the lack of prioritization of a balanced diet, stress relief and activity are responsible for missed or irregular periods, and reproductive disorders such as polycystic ovary syndrome (PCOS), endometriosis and infertility (Gupta et al., 2024). The combination of a naturopathic diet and yoga in this article is to provide a holistic approach to women's health (Ratnakumari, 2018). Yoga is known to promote psychological relaxation and physical circulation, both of which positively support symptoms of menstruation through the relaxation of muscles, reducing overall stress levels and creating blood flow to the muscles (Gupta et al., 2024). Yoga is also a tool for mind-body connection and alignment. The movement in yoga requires connection to the body, focused breath and balance. It includes stretching of the abdomen and hips, limiting the tension for more comfortable menstrual cycles and acts as an agent to release endorphins and therefore reduce stress (Gupta et al., 2024). Based on the discussion in this research, naturopathic treatment as a part of women's healing of their reproductive health appears to be a positive option. Similar non-medical treatments that may be effective in the treatment of women's reproductive health are massage therapy and acupuncture, which will be evaluated in the next section.

Massage Therapists' Role in Women's Health

It is challenging as a woman to navigate the symptoms of women's health. For example, premenstrual syndrome consists of physical and emotional symptoms recurring during the luteal phase of a woman's cycle (Dickerson et al., 2003). The physical and emotional symptoms of Premenstrual Syndrome (PMS), such as mood swings, headaches, irritability, lack of

concentration, low self-esteem, body aches and pains, nausea, and water retention (Dickerson et al., 2003), can be difficult to manage. Research says, however, that to ease these symptoms, there are some medicinal options, natural supplementation options, and other nonpharmacologic treatments to be tried (Hofmeister & Bodden, 2016). Some of the psychopharmacologic options are serotonergic antidepressants, serotonin-norepinephrine reuptake inhibitors (SNRIS), quetiapine (antipsychotic), oral contraceptives, calcium supplementation, and vitamin B6 supplementation. A non-psychopharmacologic option is massage therapy.

Massage is a practice known to promote relaxation and to better improve mental and physical well-being. The article by Lotfipour-Rafsanjani et al. (2018) discusses the impact of geranium aromatherapy massage for premenstrual syndrome (PMS). Their study uncovered the fact that physical and mental PMS symptoms were most reduced within a group who experienced massage paired with aromatherapy. This was an ongoing treatment of at least eight sessions. It was believed that the reduction of the PMS symptoms was due to the increase in blood flow to the brain, ultimately improving depressive symptoms (Lotfipour-Rafsanjani et al., 2018). In the study by Pruthi et al. (2009), they explore the use of massage therapy as a complementary treatment to promote relaxation in patients alongside other medical forms of treatment for women with breast disease. The results were conclusive that massage therapy helped the women relax overall and proved that for roughly 75% of participants, massage could reduce fatigue, promote general wellness, as well as improve sleep habits and quality (Pruthi et al., 2009).

Women-specific research on massage therapy as a treatment also says that massage for pregnant women reduces pain, discomfort, and even depressive symptoms in both partners if the massage is conducted by the partner (Field et al., 2008). If a pregnant woman is not depressed

and receives a massage from a massage therapist rather than their partner, their pain is also still reduced, promoting overall well-being, and suggesting massage as a positive treatment for the duration of a woman's pregnancy (Field et al., 2008). Massage being provided to women in the stages of labor has also been researched and proven to provide consistently lower rates of pain reports in each stage of labor and appears to delay the use of epidural for pain management to one centimeter longer than those who are not using massage during labor (Janssen et al., 2012). The evidence in the literature suggests that massage therapy is an effective non-pharmacologic treatment to be used in the reduction of negative reproductive health symptoms in women. The research highlighted a massage's ability to ease both mental and physical symptoms associated with PMS, such as irritability, mood swings, and body aches (Lotfipour-Rafsanjani et al., 2018). Massage has also been shown in the literature to induce relaxation and improve a woman's sleep and overall well-being in women with breast disease (Pruthi et al., 2009). In the context of pregnancy and labour, massage appears to reduce overall pain and discomfort (Field et al., 2008; Janssen et al., 2012). Overall, massage's ability to enhance blood flow, promote relaxation and improve mental and physical wellness suggests massage is a holistic approach to addressing women's reproductive health issues, complementary to other women's health treatment options such as naturopathic medicine, acupuncture, and counselling.

Acupuncturist Roles in Women's Health

The study by Cochrane et al. (2014) explored how acupuncture could be used to help with women's reproductive disorders. This study concluded that acupuncture could modify stress levels for women undergoing IVF, can initiate ovulation within women who have polycystic ovarian syndrome (PCOS), and can eliminate irregularities in women's menstrual cycle (Cochrane et al., 2014). "Acupuncture regulates uterine and ovarian blood flow (OBF), and the

effect is most likely mediated as a reflex response via the ovarian sympathetic nerves, and the response is controlled via the supraspinal pathways. Since this encourages a thicker uterine wall, fertility is improved through embryo implantation being more successful.” (Cochrane et al., 2014, p. 316). It is suggested in the research that acupuncture can also initiate hormonal releases such as gonadotropin hormone release, a participant in a woman's fertility, ovulation and the menstrual cycle (Cochrane et al., 2014). An unfortunate factor of this research was the explanation as to how exactly the acupuncturists conducted their treatment with clients to stimulate these beneficial pieces for women's health. There was, however, another study that was conducted, which discovered through their research that the use of acupuncture for various women's health issues, such as PMS, period pain, and prenatal and perinatal depression, is also effective in reducing negative symptoms (Armour et al., 2021). The trouble with acupuncture research, though proven effective in these areas, is navigating a treatment plan for each client, as it appears that the research acupuncturists have easy access to and each have a generalized approach to treatments of women's health (Armour et al., 2021). The suggestion in the research to improve acupuncture care for women's health is to find ways that acupuncturists can bridge the gap between their clinical practice and the current designs of the clinical trials being conducted for research, as acupuncturists, for this reason, have reported feeling hesitant to utilize the current developments in research in their work (Armour et al., 2021).

In conclusion, regardless of the research being done that is not immediately applicable to acupuncturists' private practices, the research is still informative and a starting point for acupuncturists to begin their work with women's reproductive health, considering the successful reports from acupuncturists in the research.

Benefits of Counselling Therapy for Women's Health

Counselling is a profession consisting of talk therapy (Peräkylä et al., 2008). However, partnered with talk therapy are various somatic tools to use for coping that involve the body. The blend of addressing the mind and body for treatment in counselling is necessary, as they are each connected. Therefore, new developments in therapeutic practices have transpired that focus on an individual's healing of their body in congruence with their mind. The research on counselling therapy for women's health that was directly used on the physical premenstrual symptoms was relaxation therapy (Jose et al., 2022). Relaxation therapy was proven in this research to have a significant positive impact on PMS, acting as a treatment for PMSC (Jose et al., 2022).

The use of physical relaxation techniques in therapy promotes positive physiological effects in the body that contribute to maintaining mental and physical wellness, limiting or removing PMS symptoms overall (Jose et al., 2022). Jose et al. (2022) have found that throughout their research, relaxation therapies are necessary and effective in reducing physical, psychological, and behavioural symptoms in women during PMS (Jose et al., 2022). Ultimately, it appears that a woman's lifestyle is a large part of how she will experience PMS symptoms, and in making positive shifts, such as, engaging in relaxation techniques like yoga, other forms of exercise, and massage, women will experience a positive change in their symptoms (Jose et al., 2022). As for the use of strict talk therapy, there are both physical and mental health benefits to being able to relieve thoughts regarding women's experiences of their health. There are also beneficial methods of talk therapy to promote emotional regulation within women struggling with emotional variability (mood swings), such as emotion-focused therapy (Greenberg, 2010). Counselling is supportive, and the relationship that clients build with their therapist through reassurance and safety contributes to their lack of feeling alone in their health issues (Almeier et al., 2003). Counsellors may also be able to counsel women on women's health through a

psychoeducational approach. Psychoeducation supports the client in understanding their reproductive health and symptoms through an educational lens that allows them to know what is happening inside their body and contributing to their symptoms. Knowing this information is a steppingstone to reducing some fears and frustrations involved with their health, to having a better understanding of the self, to understanding what is going on in the body and likely being able to begin to look for other healing properties and options to support their symptoms.

In conclusion, counselling therapy paired with somatic approaches in women's health counselling provides holistic and effective treatment. For PMS symptoms, pairing both talk therapy and body-centred approaches addresses the mind-body connection, necessary for a woman's overall wellbeing during PMS. Counselling through these therapeutic approaches is ultimately empowering for women through the development of a clearer understanding of their reproductive health, creating self-awareness, and having additional support.

A multi-professional and holistic approach is essential in addressing the complex and often overlooked needs of women's health. By integrating diverse expertise and treatment modalities—ranging from counselling and naturopathy to massage and acupuncture—women can receive more comprehensive, individualized, and empowering care. The following section will explore the significance of addressing emotional experiences within a holistic therapeutic framework.

Working with Emotions and Women's Health: A Holistic Therapeutic Perspective

Women are often characterized as more emotional by themselves and others (Barrett et al., 1998). This could be because they are subject to mood swings, often due to hormonal fluctuations (Dickerson et al., 2003). The variety of symptoms that women have that are linked to their reproductive health have been explored throughout this paper, many attributed to their

hormones, resulting in altered emotional states (Dickerson et al., 2003). Based on my own experiences with hormonal fluctuation and altered emotional states, I can relate to the discomfort and frustration caused by the unpredictability of mood changes and emotional fluctuations and in particular when the underlying cause of these symptoms is not well understood. Understanding these experiences is necessary to support women's health and wellbeing; therefore, in this section, I will investigate the literature on emotional regulation and how counsellors can improve their understanding of these topics to provide women with the best care possible.

Women's reproductive health may include experiences that lead to the development of trauma. Emotions have variability in the intensity with which they are experienced. Emotions experienced about a distressing and dysregulating event are what trauma is. Therefore, trauma is a remembered distressing emotion in the body that reminds a person of the traumatic experience (Greenberg & Paivio, 2003). Understanding trauma as an unprocessed or stuck emotion means that to work with the emotions is to begin the work of processing and healing from the trauma. Some of the effective ways to work with emotions are as follows: utilizing the polyvagal theory in practice, using an emotion focused modality with clients, providing psychoeducation on emotions for the client to better understand their emotions, and offering tools such as mindfulness, containment, and facilitation of social connection for processing emotions with awareness and intention. Each of these tools is just as effective in promoting emotional regulation within clients where trauma is not a presenting concern.

Understanding Emotions and their Functions

According to Greenberg and Paivio (2003), emotions provide insight through our reactions to our environment and circumstances. Emotional messaging is significant, as emotions are our guide to understanding what aligns with us in life and what does not. Emotions are

holistic as they respond to our social, emotional, and physical experiences and circumstances, teaching us what we value and providing other relevant and important information to us (Greenberg and Paivio, 2003). As discussed in the research, within a therapeutic environment, working with a client's emotions may look like utilizing symbolism to represent the client's emotional states to them and support them in creating self-awareness (Greenberg and Paivio, 2003). Therapists may also engage clients in adapting emotion regulation strategies. The therapist may indirectly model some self-regulation techniques to promote co-regulation for the clients or directly discuss with the client some self-regulating techniques they can use on their own, both in and outside the session. Some of those self-regulating techniques to use when emotions are feeling overwhelming are mindfulness, breathing techniques, cognitive reappraisal, and naming of emotions (Greenberg & Paivio, 2003).

In conclusion, women's reproductive health is often connected with events and circumstances that may lead to the development of trauma, in particular when emotions associated with the distressing health events are left unresolved. Emotions experienced concerning distressing and dysregulating events are what trauma is. Therefore, trauma is a remembered distressing emotion in the body that, when left untreated, continually influences a person's emotional and physical state, reminding them of the traumatic experience (Greenberg & Paivio, 2003). The integration of polyvagal theory, emotion-focused therapies, psychoeducation, and tools such as mindfulness, emotional containment, and social connection for promoting emotional regulation are all the therapeutic approaches that have been identified as supportive for clients' emotional processing. Ultimately, understanding emotions' importance as a source of information from clients, therapists can then develop a safe and supportive space in therapy for clients to begin to explore and process their emotions. The therapists' and client's eagerness to

empower the client to engage with their emotions through more awareness and connection to the self will lead to overall improved mental health, emotional resilience and regulation.

Polyvagal Theory and the Nervous System

An important theory in understanding and management of emotion is the Polyvagal Theory. To understand the polyvagal theory is to understand the autonomic nervous system, consisting of our parasympathetic and sympathetic nervous systems and the vagus nerve (Heatherrichey, 2025 & Howland, 2014). The autonomic nervous systems connect to the parasympathetic and the sympathetic branches. The autonomic nervous system's job is to respond to stimuli that indicates our safety and danger (Heatherrichey, 2025). The sympathetic branch is responsible for our fight or flight responses, while the parasympathetic nervous system oversees the regulation of the body and is directly connected to the vagus nerve, which involuntarily controls many physiological functions (Howland, 2014). Considering each of these parts and their roles in regulating and protecting the body, it is safe to assume that in therapy, while we are working with emotions, we are always engaging with these parts. Doctor Stephen Porges developed the polyvagal theory to enhance practitioners' awareness of the body, its nervous systems and how our behaviour is impacted by how safe we feel, and if we are in danger (Heatherrichey, 2025). Keeping the polyvagal theory in mind, we work with emotions that are present in the body by addressing the nervous system directly through identifying the client's awareness of their nervous system state, engaging in methods of mindfulness to promote safety in the client's body, as well as to promote regulation of a client's emotional states. A therapist may also offer strategies for addressing a client's trauma in session that will not promote significant activation for the client, that are still effective in communicating with the nervous system to encourage regulation.

Emotion-Focused Therapy for Emotional Regulation

A method of treatment that was recurring in my research on working with emotions was the modality of emotion-focused therapy (EFT). EFT recognizes the importance of emotions and how emotion is an adaptive system to help us survive. Emotions are rooted in our essential needs, and work to inform us when situations may or may not be in alignment with our needs. Therefore, preparing us for action to adapt to the circumstances, our emotions are aligned or misaligned with (Greenberg, 2010). The conscious experience of our emotions is through feelings in the body and is the beginning of the development of our awareness of emotion. It is therefore the initial messaging and the foundation for how we create meaning amongst our experiences and ultimately how we continually contribute to the process of the creation of the self (Greenberg, 2010). Understanding how important emotions are to the self and the meaning-making of individuals' experiences means promoting self-change through EFT. EFT concentrates on the narratives a client has surrounding their experiences, and the narrative of their life is essential for treatment. According to Greenberg (2020), "Successful self-change involves the articulation, elaboration, and transformation of the client's life story" (p. 2). The principles of emotional change discussed by Greenberg (2010) are awareness, expression, regulation, reflection, transformation, and corrective emotional experience.

Awareness of one's emotions is fundamental for connecting to and understanding their needs that are trying to be met. This emotional awareness is the act of the client connecting to their feelings, recognizing there is a need trying to be met, and the principle of expression is having the ability to put into words what the need is (Greenberg, 2010). Once the client develops this acceptance and awareness of their emotions as with the ability to express their emotions, the therapist will support the client to make sense of and utilize their emotions to the client's

advantage. The goal of the principle of expression is to support the client in overcoming the pattern of avoidance of their emotions. Regulation, the third principle in EFT, focuses on the regulation of a client's emotions. An important part of this change process is the ability to feel the intense and negative emotions and to be able to recover through regulation. Reflection on these emotions, what they mean, and how clients experience the emotions in the body is an integral piece to the client's understanding of their emotional experience on a deeper level, as reflection also supports the client in beginning to embody the new self-narratives and narrative of what their emotions mean. Taking time with the clients to reflect on makes the experience make sense for the client. This leads the client to the principle of transformation. Transformation in EFT has a focus on transforming maladaptive emotions with other emotions. The theory is that an emotion that you hope to change must be replaced by another, more adaptive emotion. The final principle, corrective emotional experience, is an additional way to advance change in emotions. This is where a lived experience that is new for the client changes an old feeling for the client, ultimately stimulating change (Greenberg, 2010). Therefore, to begin encouraging transformation for a client in EFT, the emotional schemes that clients experience are addressed by an EFT therapist through the 6 principles, empathetic listening, encouragement of reflection and re-evaluation of emotional schematic memories. Also, evoking deeper-rooted emotions and utilizing expressive methods of intervention to promote deeper awareness and connection to their emotions is done so in efforts to develop more flexibility and adaptive emotional responses within the client (Greenberg, 2010).

In summary, emotion-focused therapy is comprehensive in working with emotions through understanding the essential role that emotions have for survival and self-awareness. Our emotions are rooted in our needs, offering important messaging regarding the alignment we have

in our environment (Greenberg, 2010). EFT, through the principles of emotional awareness, expression, regulation, reflection, transformation, and corrective emotional experiences, works to evoke positive changes within the self where clients experience empowerment to connect with their emotions, recognize the needs that the emotions are highlighting, and form more adaptive responses to their emotions. EFT, through all its principles, supports the evolution of emotional resilience, empathy for self and meaningful transformation within clients. Emotions are a tool in understanding the self and act as so in the therapy room.

Therapeutic Techniques for Emotional Regulation

Containment

Containment by the therapist in therapy refers to the therapist's ability to create a safe, supportive space where intense emotions or difficult experiences can be held and processed. This involves actively listening, offering validation, and setting appropriate boundaries to ensure that emotions are not overwhelming (Brown & Stobart, 2008). By providing this secure framework, containment helps clients regulate their emotions by allowing them to express, explore, and process their feelings without feeling overwhelmed or unsafe (Brown & Stobart, 2008). This process fosters emotional stability, resilience, and a sense of control over their emotional responses.

Containment exercises are also available to be used by the client individually as a valuable technique to sustain emotional regulation, though it is not to be misunderstood as a way of avoiding or suppressing emotions long term (Greenberg & Paivio, 2003). Containment creates space for clients to hold intense emotions, maintaining composure in moments in which it is not entirely appropriate for them to engage with the emotions. For example, in a case where a woman is experiencing the intensity of PMS-related mood shifts, yet composure is being

demanding in their professional space, containment is an additional strategy to manage these emotions for the time being. Postponing the processing of these emotions until an appropriate time through containment allows the opportunity for a safer and more encouraging experience for processing in a more controlled and supportive environment. The subsequent benefits to teaching containment are the sense of empowerment women may experience from having control over themselves while also fostering emotional integrity as a woman.

Mindfulness

Mindfulness is the practice of paying focused, non-judgmental attention to the present moment (Larouche et al., 2014). It involves observing thoughts, feelings, and physical sensations with awareness and acceptance, rather than reacting impulsively (Shapiro et al., 2006). This practice helps emotional regulation by allowing individuals to recognize and understand their emotional responses without being overwhelmed by them (Shapiro et al., 2006). By cultivating mindfulness, people can create a space between stimulus and reaction, enabling more intentional and balanced emotional responses (Shapiro et al., 2006). Mindfulness may look different for each client. Some options here are breath observation, described by Deatherage (1975), as instructing the client to sit still and tall for numerous minutes and to witness their breathing in, out and the space in between those breaths. While engaging in breath observation as mindfulness, one's thoughts and environment likely begin to become a distraction. Each interruption serves a purpose in supporting the client in identifying what their mental preoccupations are in the present moment, which they may address in the early stages of engaging in this mindfulness technique (Deatherage, 1975).

Somatic Interventions

Somatic interventions are therapeutic techniques that focus on the connection between the body and mind to address emotional and psychological issues. These interventions involve practices such as breathwork, body awareness, and gentle movement to help clients become more attuned to bodily sensations and release stored tension or trauma. By engaging the body in the healing process, somatic interventions support emotional regulation by helping clients process and release emotional energy, reduce stress, and regain a sense of balance and control over their emotional states (Stanley, 2025).

Somatic cues that support the therapist in identifying overwhelming emotions for clients can be found in the breath as well. Feelings of sadness, exhaustion, frustration, and anger can be paired with loud sighs and shortness of breath (Dana, 2018). The therapist's ability to identify the intricate somatic experiences that the client has while in session is an introduction to the client's emotional experience. Clients may be unaware of these breath patterns that they are enduring, as we often are not taught to focus on our breathing, as it is a natural occurrence that does not require our attention (Dana, 2018). Attuning with your client's breath, naming it, and regulating it in that moment, teaches the client how to connect to their body and allows for its messaging to come through. While building the client's connection to their body and to their awareness of how they experience their emotions, and teaching your clients in therapy about how the connection to breath can be healing and may eliminate the negative connotations associated with behaviour such as a loud sigh (Dana, 2018).

A practice I have found helpful with my client is pairing the breath with imagery as a meditative practice. You may offer your clients the option of identifying the space in their body which feels tense. Welcome them to focus their breath on the spaces of tension and to imagine a healing light reaching those areas. You may also pair language with the breath and imagery,

where you welcome the client to say phrases in their mind that pair well with what they may be trying to let go of, or as the therapist, you can say the phrases for them. For example, on an inhale, suggest they say “let” and on an exhale, say “go” or “I am” on an inhale and “safe” on an exhale. You are welcome to come up with your own variations of healing words to add to the intentional breathing.

Another somatic exercise that therapists often offer to clients in session who appear overwhelmed is deep breathing. Research says that there is power in breath control. Conscious rhythmic changes in breath access the autonomic nervous system and work to alleviate overactivity (Dana, 2018). You may welcome clients to touch the section of their body that is experiencing tension while they conduct intentional breaths (Dana, 2018). The slowing down of breath creates a direct path to and connection to the parasympathetic nervous system. The system then sends messages of safety to the brain, making intentional breathing a reliable source of relaxation and a mechanism to control the nervous system when it is distressed. Some additional ways of engaging with breath that the research discusses are box breathing, bubble blowing, and playing an instrument that requires breath control (Dana, 2018). You may wish, as a therapist, to be creative with these exercises based on the age of the client you are working with and for any other accommodation purposes. Overall, the research recognizes the connection between feelings and emotions and the physical ways in which these are portrayed. The research realizes the benefits of connecting the client's mind and body through imagery and somatic exercises that utilize the breath for regulation.

Social Connection to Promote Emotional Regulation

Another factor to consider while supporting women with developing resiliency and control of their emotions is to promote emotional regulation by offering social connection and

reinterpretation of emotions as a positive contribution to emotional regulation. It is often suggested that we must individually self-regulate, however, there is power in connection and utilizing relationships with others to contribute to our emotional well-being, and this is something we are already actively doing. Just as someone's bad mood can influence ours, their positive attitude can do the same. The study by Sahi (2023) shows that when we receive help from others in reinterpreting a negative event of ours, their outside interpretation of the event, positively shared with us, changes our perspective and encourages a positive shift in emotion. Ultimately, having social support works more effectively for emotional regulation than if we were to try to navigate this on our own (Sahi, 2023). The research also identifies this social support through implicit and explicit lenses. Implicitly, a friend being in your presence alone can lessen negative emotions. Explicitly, individuals will share with others to receive some guidance on how to navigate their emotions, as well as seek validation of their experience (Sahi, 2023), all of which contribute positively to an individual's emotional regulation. Amongst all of these tools that therapists may offer to their clients, the therapist themselves may take the role of an emotion-focused therapist to implicitly elicit the client's ability to focus deeper on their emotional experiences, developing awareness and regulation.

Emotions as Tools in the Therapy Room

The therapy room is a space for people to come and process their emotions and experiences. Emotions provide telling information on how a person feels about an experience, and the intensity of emotion can show us just how much effect the event has had on the individual. Ultimately, a feeling comes from the lack of a need or goal being met, therefore, when we access these emotions in therapy, we can support a client to identify what need, or goal was or was not met, and allow them to better understand where the emotion is coming from

(Greenberg & Paivio, 2003). When we know what the client's triggers are, we can support them in breaking the pattern by interrupting the outcomes following the initial trigger and support them in developing an awareness of their triggers on a cognitive level. Therapy for working with emotions "involves developing adaptive emotion-regulation strategies" (Greenberg & Paivio, 2003, p. 5). This is where the therapist supports the client in repeating developmental patterns that reflect a healthy childhood (Greenberg & Paivio, 2003). The encounters that the client experiences in session with the therapist, where the therapist models regulation and self-soothing techniques, begin to develop the client's ability to self-soothe outside of session. Overall, the therapist's ability to connect with the client creates a space that is safe and open to making room for all of the client's emotions and the therapists modeling of their responsiveness to their emotions supports clients in learning about their own emotional experiences allowing the client to establish a sense of ease and comfortability in sitting with their emotions over time. As emotions are a physical cue for therapists to use as a tool for supporting their client, as is another physical pattern, respiration. Women's reproductive health is often interwoven with emotional intensity, vulnerability, and—at times—trauma. A holistic counselling approach that incorporates polyvagal theory, EFT, mindfulness, somatic techniques, and social connection allows women to explore and process their emotions safely. By understanding the deeper purpose of emotions and utilizing them as tools, therapists can help clients foster emotional regulation, resilience, and transformation.

Summary

The literature review highlights the general benefits of a multi-professional approach to healthcare, while also identifying its specific applications and existing gaps within the context of women's health. This review examined the contributions of various professionals, such as

acupuncturists, massage therapists, and counsellors, in addressing women's health concerns and symptom management. Drawing on this evidence, I proposed the development of a collaborative practice that integrates these professionals under one unified framework, thereby embodying a truly holistic model of care for women. Following the review of multi-professional care, I explored the significance of emotional regulation in therapeutic contexts. This included an analysis of how counselling supports emotional processing, with particular attention to polyvagal theory, mindfulness, somatic awareness, emotion-focused therapy, and the role of social connection in fostering emotional resilience. Given the emotional toll of reproductive health challenges, including hormonal fluctuations, PMDD, endometriosis, and traumatic experiences related to childbirth or complications, a focus on emotional regulation is essential (Dickerson et al., 2003). The literature underscores the profound impact of these issues on women's mental health and overall quality of life, emphasizing the need for integrated emotional and physical support.

Chapter 3: Discussion and Applied Practices

The purpose of this paper was to examine how a multi-professional, holistic approach may be employed to address the physical and mental health symptoms associated with women's reproductive health. Furthermore, it aimed to evaluate the effectiveness of this approach in clinical practice. The literature review focused primarily on the current role of multi-professional collaboration in the treatment of women's health and the integration of emotional work as a key component of overall well-being.

Discussion

The findings that emerged throughout the literature review regarding multi-professionals are that multi-professional approaches are currently being used in some health capacities, however, not in the context of women's reproductive health. Currently, based on the lack of accessible literature, not many mental health counsellors recognize other professions to be a crucial part of treating women's reproductive health. It is clear from the research that each profession of naturopathy, massage, acupuncture and counselling is individually effective in treating women's reproductive health symptoms; however, there is a lack of research on these professions collectively working together. The multi-professional and holistic approach being put to practice is where my interest lies, based on my findings thus far in my research. I appreciated the literature's acknowledgment of the difficulties that have arisen in multi-professional and holistic approaches, as this has suggested to me the need to develop various options in my projected plan for a multi-professional and holistic practice to reduce the challenges associated with this form of practice, to ensure best practices for the client. The commonality across multi-professional literature was the conflict that developed amongst the professionals, ultimately hindering the support offered to a client. Some options here to reduce conflict may be team

building exercises, conflict resolution guidance, and having a team lead identified early in the process of conceptualizing a case plan for a client based on their specific needs. I also appreciated that each professional form of practice individually had a significant amount of research to suggest that their profession is of benefit to practice in women's reproductive health. The purpose of identifying what is being discussed in the literature on working with emotions is to identify and build on the options for counsellors and other multi-professionals to suggest to women navigating their health. As discussed earlier, women's emotions are a large part of their health. During a woman's menstrual cycle, menopause, and pregnancy, hormones are fluctuating significantly and often are responsible for women's mood swings, depressive states, increased stress, and anxiety. The current literature with a focus on counselling therapists found that there are various ways to work with emotions that are effective.

Applied Practices

Based on the research, the gaps and limitations in the field of multi-professional and holistic approaches to women's physical and mental traumas are significant. The proposal I have for this population is the approach to therapeutic practice that leads with a holistic lens, consisting of all the multi-professionals of counsellor, registered massage therapist, acupuncturist, and naturopath specialist under one roof, used as a collective. My application of the research is to propose the idea of having a team of professionals working together on each case. The intake session will proceed accordingly. The clinical counsellor will meet with the client initially in an intake session to discuss the presenting concerns, whether they be primarily mental or physical. Based on the data collected on the clients' concerns and history, the counsellor will meet in a group setting with all the other specialists to discuss a care plan that is the best fit for the client's presenting concern. The client will have their initial session

with the preferred specialist assigned to their case by the team of professionals, and from there, the professionals will maintain thorough communication regarding the client's care and will be responsible for scheduling the sessions with each professional based on the client's progress and current concerns. The expertise of each of the professionals used in congruence with one another will tend to the intersectionality of the client's presenting symptoms, recognizing that a holistic approach is the best approach to healing women's reproductive health. A further recommendation, though not addressed within this capstone, is to use a general practitioner in this work where it is necessary. I recommend that women do their research about each of these types of professionals suggested in this capstone to effectively work with women's reproductive health and inform their general practitioner on the methods that they have tried, that have worked and ones that they feel are important to try. I would also recommend that while discussing reproductive health concerns with a general practitioner is a good starting point, one to rather request being referred to a reproductive health specialist for deeper exploration of their reproductive health.

I have included a PowerPoint presentation (see Appendix A) created for counsellors as the intended audience, where they will be introduced to the topics of the importance of a focus on women's health, awareness of the various professionals that could additionally support their clients, and emotional regulation. The overall rationale behind this presentation is to summarize the entirety of this capstone paper's main points and encourage counsellors to develop an awareness of the various areas of expertise being used to support women's health. Additionally, I hope that this paper and presentation created for counsellors will encourage truly holistic and multi-professional approaches for women's health.

Concluding Thoughts

The process of writing this capstone has been a journey. I expected to learn lots about the various topics I was hoping to explore, and I did. I did expect to see a lack of research that was female health specific and was pleasantly surprised that these various professionals have recognized the importance of addressing reproductive health. I developed throughout this writing process an even deeper desire to support women and their health. I feel very connected to this research as a woman myself, and I feel inspired by the various professionals who work with women on an individual level. I am eager to refer to these professionals for my female clients as a positive addition to their journey to better health, and even more eager to build a practice myself, such as the one I have proposed. Women deserve to be seen and heard, and their pain, trauma and discomfort should not be ignored or dismissed.

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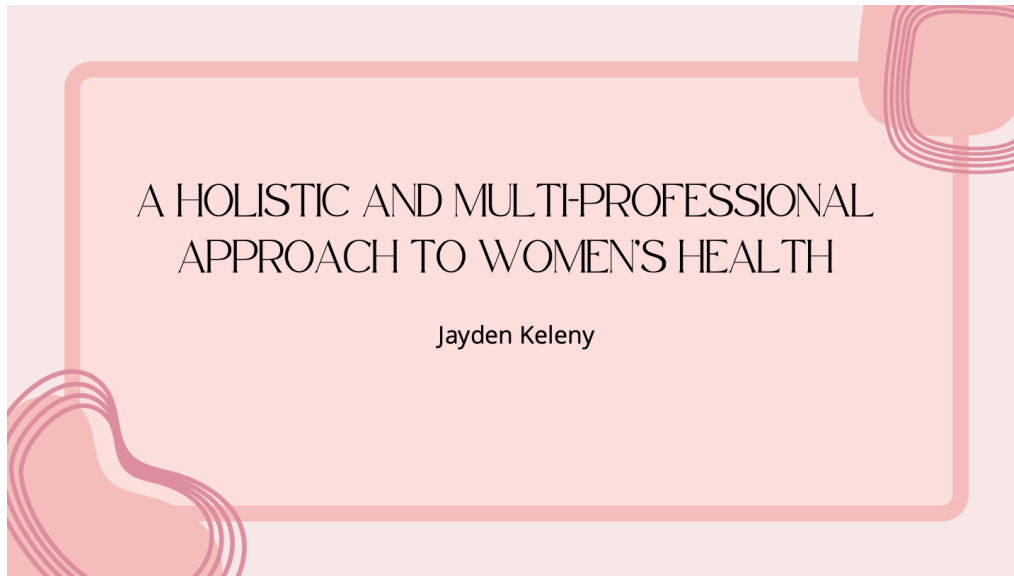
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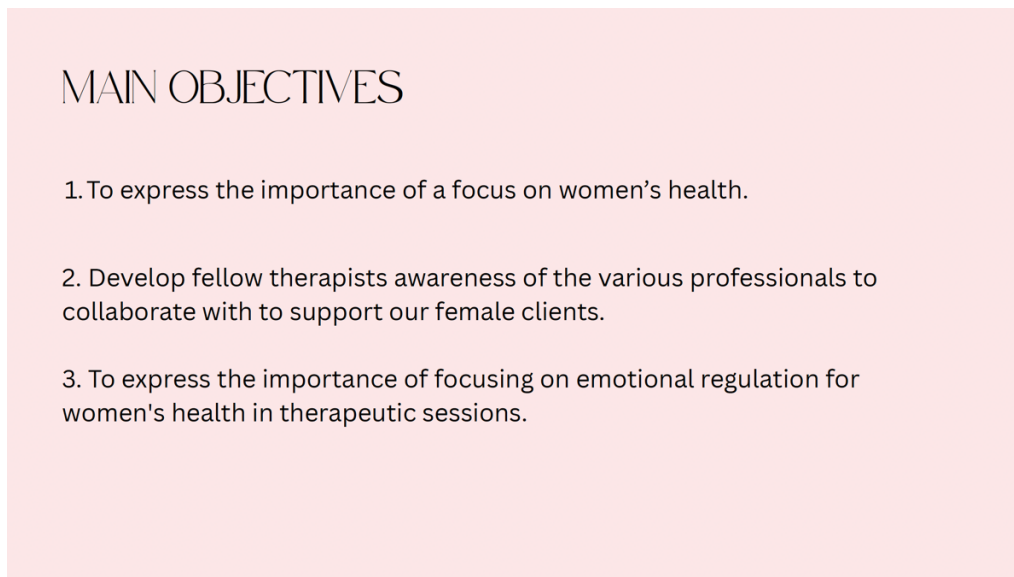
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Appendix A

PowerPoint Presentation: A Holistic and Multi-Professional Approach to Women's Health



(Slide 1: Introduction)



(Slide 2: Main Objectives)

Main Objective #1: To express the importance of a focus on women's health.***What do we know...?***

- There is a notable lack of effort placed on supporting women's health. Women's health is inherently uncomfortable and painful. Collective approaches to women's health is necessary .
- During a women's menstrual cycle, menopause, and pregnancy, hormones are fluctuating significantly and often are responsible for women's mood swings, depressive states, increased stress, and anxiety. The current literature found that there are various ways to work with emotions, and this portion of the research was focused on therapists utilization of emotions as a tool in therapy and the contributions to the field of therapy to support clients emotional regulation.
- Ultimately, it appears that a women's lifestyle is a large part of how she will experience PMS symptoms, and in making positive shifts such as engaging in relaxation techniques like yoga, other forms of exercise, and massage, women will experience change in their symptoms (Jose, A. et al., 2022).
- Throughout my research I have found that the non-pharmacologic treatments for symptoms of PMS are acupuncture, cognitive behavioural therapy, and massage therapy (Hernandez-Reif, M., et al, 2000) (Hofmeister, S., & Bodden, S., 2016). As with pregnancy, massage is an effective form of treatment for symptom reduction (Field, T., et al, 2008).

(Slide 3: Main Objective #1)

Main Objective #1: To express the importance of a focus on women's health.***Pharmacological Interventions:***

- There are various pharmacological interventions worth noting from the research for women's health. Some of the psychopharmacologic options are, Serotonergic Antidepressants, Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs), Quetiapine (antipsychotic), oral contraceptives, calcium supplementation, and vitamin B6 supplementation. (Hernandez-Reif, M., et al, 2000) (Hofmeister, S., & Bodden, S., 2016).

(Slide 4: Main Objective #1 continued)

Main Objective #2: To develop fellow therapists awareness of the various professionals to collaborate with to support our female clients.

Massage therapists:

Promote relaxation, improve mental and physical wellbeing, reduces pain, discomfort, and even depressive symptoms in pregnant women, aromatherapy paired with massage reduces PMS symptoms.

Accupuncturists

Noted efficacy in accupunture treatment for women health. More individualized and applicable research needed.

Clinical Counsellors:

Emotion Focused Therapy, Relaxation Therapy, Cognitive Behavioural Therapy, Talk Therapy for processing.

(Slide 5: Main Objective #2)

Main Objective #3: To express the importance of focusing on emotional regulation for women's health in therapeutic sessions.

- The physical and emotional symptoms of Premenstrual Syndrome (PMS) such as, mood swings, headaches, irritability, lack of concentration, low self-esteem, body aches and pains, nausea, and water retention (Dickerson, L. M., Mazyck, P. J., & Hunter, M. H., 2003) can be difficult to manage and all directly impact a woman's emotional wellbeing.
- During a women's menstrual cycle, menopause, and pregnancy, hormones are fluctuating significantly and often are responsible for women's mood swings, depressive states, increased stress, and anxiety.
- Therapists work with clients emotions may look like offering tools such as, meditation, mindfulness, containment exercises, and breathing exercises.

(Slide 6: Main Objective #3)

Main Objective #3: To express the importance of focusing on emotional regulation for women's health in therapeutic sessions.

- A therapeutic relationship between therapist and client offers a form of social connection for clients that they may not have access to outside of therapy. Social connection has been proven throughout the research as an effective method for promoting emotional regulation, therefore the client and therapists ability to connect is already an opportunity for emotional regulation. (Sahi, R. S., 2023).
- Therapists can also use Emotion Focused Therapy and Relaxation Therapy to develop a female clients ability to emotionally regulate.

(Slide 7: Main Objective #3 continued)

THANK YOU!!

(Slide 8: Thank you)