Revista ARACÊ
ISSN: 2358-2472

REIKI: A TOOL FOR RELIEVING DEPRESSION AND IMPROVING QUALITY OF LIFE IN WOMEN

https://doi.org/10.56238/arev6n3-268

Submitted on: 10/20/2024 **Publication date:** 11/20/2024

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ABSTRACT

Objective: To describe the effects of Reiki on the Quality of Life of women with depressive disorder. Method: descriptive interventional study, of a qualitative nature, with women between 40 and 59 years old and diagnosed with depression. Data were collected between January 2023 and October 2024, and the study was carried out in three stages: sample selection and application of the initial assessment instrument, using the WHOQOL-Bref questionnaire; intervention and final evaluation. The qualitative data were evaluated using content analysis as a reference; the quantitative ones, based on descriptive statistics. Results: the categories found were: impact of Reiki on the physical and psychosocial aspects of quality of life with improvement in the mean of the psychological domain followed by the environmental domain. Conclusion: Reiki has shown a positive effect on quality of life, especially in promoting relaxation and the manifestation of positive feelings, and can be considered as a complementary treatment for depression in women.

Keywords: Quality of Life. Laying on of Hands. Mental health.

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Revista ARACÊ
ISSN: 2358-2472

INTRODUCTION

Depressive disorder or depression, as it is called, is one of the most common mental illnesses in the world. It is a serious condition and considered the main form of disability around the globe (WHO, 2022). The lifetime prevalence of persistent depressive disorder occurs around 3 to 6% in the Western world, being more prevalent in females (MUCHMUTOW *et al.*, 2019), with a risk approximately twice as high as men of suffering from a depressive disorder in adulthood (LI *et al.*, 2024)

Depression can cause several symptoms, the main ones being: decreased mood for most of the day and interest or pleasure in all or almost all activities, feeling of worthlessness or guilt, insomnia or hypersomnia, tiredness, significant weight gain or decrease without dieting (SILVA *et al.*, 2019). This condition brings social, physiological and emotional changes that can significantly affect the individual's quality of life, causing losses in their productivity at work, in interpersonal relationships, among others (FREITAS *et al.*, 2023).

Quality of Life (Q.V) is considered a subjective variable, capable of providing a multidimensional perspective for assessing the impact of physical and emotional aspects on a person's life. Its measurement provides parameters for the planning of care in the health area and understanding its meaning helps in the treatment of diseases and in the general care of the individual, since it allows the identification of aspects in the biopsychosocial and spiritual dimensions, in addition to those resulting from the disease itself (MANTOVANI *et al.*, 2017) (HARALDSTAD *et al.*, 2019).

For this study, the concept of Q.V. was considered, which is directly linked to the daily care practices of health services, and is used as an indicator in the clinical judgments of specific diseases. The assessment of the physical and psychosocial impact that diseases, dysfunctions or disabilities can cause to those affected, allows a better understanding of the patient and their adaptation to the condition. In these cases, understanding the patient's Q.V is useful for the daily work of the services, influencing the decisions and therapeutic conducts of the health teams (MORRIS; PEREZ; McNOE, 1997).

From the perspective of a holistic view of depressive disorder and the forms of care of affected individuals, Integrative and Complementary Practices (ICPs) have been increasingly used as a form of treatment in conjunction with traditional medicine (HALLER *et al.*, 2019).

Revista ARACÊ
ISSN: 2358-2472

Among the PICS, Reiki is a relevant choice to be used in the complementary treatment of depression, since it is characterized as a non-invasive technique, in which the therapist makes use of the imposition of hands on some points of the body of the individual who will receive it, in order to promote the ability to heal or restore the body's own energy balance, helping to maintain or reestablish physical, mental, emotional and spiritual balance (ZADRO; STAPLETON, 2022) (SANTOS *et al.*, 2020).

Reiki promotes deep reflection on one's surroundings and oneself, promoting self-knowledge. In this way, the feeling of security and well-being increases, in addition to manifesting positive feelings (COSTA *et al.*, 2022). New studies have shown that the technique has shown promising results in reducing pain and emotional suffering, helping to improve quality of life (BILLOT; DAYCARD; RIGOARD, 2021) (DYER; BALDWIN; RAND, 2019). In addition, it has low risk and is efficient in reducing stress and anxiety (OLIVEIRA, 2013).

Considering the relevance of depressive disorder in the world scenario, especially in adult women, the social, emotional and psychological problems faced, it is evident that Reiki is performed as a form of intervention with these individuals (LI *et al.*, 2024) (SILVA *et al.*, 2019) (DYER; BALDWIN; RAND, 2019).

Thus, this study aims to describe the effects of Reiki therapy on the Quality of Life of women diagnosed with depression.

METHOD

This is a descriptive interventional study, of a qualitative nature, based on the dynamic relationship between the real and subjective worlds, based on the content analysis proposed by Bardin (BARDIN, 2011). The study was carried out in a Center for Integrative and Complementary Practices linked to the Multiprofessional Unit of the Hospital de Clínicas of a Federal University in the interior of Minas Gerais/Brazil.

Women aged between 40 and 59 years with a diagnosis of depression participated in the study. Seven women were invited, one did not accept to participate in the research and another was excluded because she had not completed the treatment. In all, five women participated in the Reiki sessions.

The data were collected according to the demand presented, two of which were volunteers in September and October 2023, one in November and December 2023 and two between December 2023 and January 2024.

Revista ARACÊ
ISSN: 2358-2472

The study was developed in three stages. The first stage consisted of the evaluation of the sociodemographic profile and application of the WHOQOL-Bref assessment instrument (FLECK *et al.*, 2000).

The second stage was the Reiki intervention. The meetings were held weekly, for five weeks, respecting the following steps: reception through therapeutic listening, in which the participant had the opportunity to explain her problem-situation; after that, the technique was applied, with the volunteer lying on a stretcher in a low-lit environment and instrumental music taken from a *playlist* called Reiki and Akashikos Records, created by Reikiana therapist Susana García. Track six was used. *Reiki music with bells every three minutes*. The therapist in charge performed the Reiki session, lasting approximately 20 minutes. At the end of the session, the participant was invited to reflect on her impressions, feelings and thoughts during the application of the technique.

The third stage was carried out after the five sessions and consisted of the evaluation of the volunteers about the intervention and the new application of the WHOQOL-Bref questionnaire. The volunteers were encouraged to make subjective reflections on their experience with the Reiki technique, based on a semi-structured interview, with the guiding questions "what did you feel during the Reiki sessions?" and "What was it like for you to participate in the Reiki sessions?". In addition, after each of the meetings, impressions and observations were recorded in the field diary by the researchers.

The interviews were recorded and transcribed in full and later transferred to the qualitative analysis software Atlas.TI, for organization and management of the data obtained. The content analysis technique proposed by Bardin16 was used as follows: Pre-analysis: a mapping of all the data obtained in the study was carried out, involving the transcription of the recordings and the organization of the participants' reports. Exploration of the Material: in this stage, data that do not exist by themselves were considered, constituted from a question made about them, based on a theoretical foundation. On the basis of the relevant information, specific categories were drawn up, and all the elements present in the communication were determined.

Treatment of the Results Obtained: in this stage, relationships were established between the data obtained and the theoretical references of the research, answering the question of the study based on its objectives. Thus making it possible to form relationships between the concrete and the abstract, between the subjective and the objective. After the

Revista ARACÊ
ISSN: 2358-2472

analysis, the following categories emerged: Impact of Reiki on the physical aspects of Q.V. and Impact of Reiki on the psychosocial aspects of Q.V.

Regarding quantitative data, categorical variables were analyzed using descriptive statistics, based on absolute and percentage frequencies.

Data collection was initiated after the approval of the Ethics Committee for Research with Human Beings and the signing of the Informed Consent Form by the research volunteers. The women were identified as E1, E2, E3, E4 and E5.

RESULTS AND DISCUSSION

Five women participated in the research with a mean age of 48 years (σ = 5.404) and schooling of 11.6 years (σ = 3.878). Regarding income, three women reported having a formal paid activity, two of whom are away from work for health reasons, one receives compulsory retirement and one declared not having her own income.

Regarding marital status and family nucleus, two women were married, two divorced and one widowed. Four volunteers have a single child and one of them has no children. Two lived with their spouse and daughter, two shared the house with their son and one lived alone.

Regarding depression, the time of diagnosis ranged from two to four years. A possible aggravating factor is the emotional instability generated by the confinement that occurred during the COVID-19 pandemic, which caused an increase in the prevalence of depressive and anxious symptoms worldwide (GOULARTE *et al.*, 2021). From the time of diagnosis and the complaints of the volunteers, it was possible to perceive the relevance of this period with the depressive condition.

Regarding Q.V., the analysis of the initial questionnaire, carried out before the intervention, showed a value below the mean in the four domains evaluated by the WHOQOL-Bref, with a total value of 41.15%, with the lowest values corresponding to the physical (35%) and psychological (37.50%) domains. After the intervention, there was an improvement, albeit slight, in all the domains analyzed and the total average was 53.08%, with the highest values corresponding to the psychological (56.67%) and environment (55.00%) domains. Comparing the results before and after the intervention, the domains that had the greatest percentage variation were physical and psychological, demonstrating a positive impact on the physical and emotional health of the volunteers. By analyzing the questionnaires of each volunteer, before and after the intervention, it was noticeable a

Revista ARACÊ
ISSN: 2358-2472

reduction in pain, a reduction in dependence on medication, improvement in locomotion, sleep, reduction of negative feelings such as anger and sadness, in addition to a better acceptance and perception of the environment. Table 1 shows the comparison of the Q.V values obtained before and after the intervention.

Table 1 – Distribution of women's IQ scores before and after the Reiki intervention according to WHOQOL-Bref. 2024 in Uberaba, MG, Brazil

Domain	Before (%)	After (%)	Average	σ
Physical	35,00	49,29	42,145	10,105
Psychological	37,50	56,67	47,085	13,555
Social Relations	38,33	41,67	40	2,362
Environment	49,38	55,00	52,19	3,974
Total	41,15	53,08	47,115	8,436

Source: the authors

With regard to the qualitative data, the comprehensive analysis allowed us to organize the contents of the interviewees' statements by the impact of Reiki on the physical and psychosocial aspects of Q.V., as presented in the following categories:

CATEGORY A: IMPACT OF REIKI ON THE PHYSICAL ASPECTS OF Q.V

Subcategory: Sleep and Rest

As for physical sensations, it was possible to perceive an improvement in sleep patterns, in addition to feelings of relaxation and rest during the sessions, as described in the following statement:

> Sleeping, I'm bad at sleeping indeed. But like this, I'm seeing that I've been waking up less. (E4)
>
> But I feel a difference to sleep, that I feel. (E5)
>
> I don't know if I started to doze off, what it is. But I didn't feel anything... It felt like I wasn't here. But it's a good feeling. (E4)

The relationship between depression and sleep disorders has been known since ancient times. Plato and Hippocrates, for example, reported that melancholic people complained of sleep problems, such as difficulty initiating or maintaining sleep (BAGLIONI et al., 2016). The quality and quantity of sleep are directly related to Q.V., physical and mental health, so it is important to find ways to promote better nights of sleep to people who have depressive disorders and from the testimonies of the volunteers, Reiki proved to be an

Revista ARACÊ
ISSN: 2358-2472

efficient alternative to assist in the process of improving sleep quality (COSTA *et al.*, 2022) (MATSUI *et al*., 2021) (BECKER *et al*., 2016).

CATEGORY B: IMPACT OF REIKI ON THE PSYCHOSOCIAL ASPECTS OF Q.V

Subcategory: Psychological Domain

As for emotions, it was possible to observe the expression of positive feelings related to the achievement of peace and tranquility, as described in the following statements:

> I'm happy because I'm already better than when I got here. I don't fight depression, I live with it, but today I live in an easier way. (E5)
>
> So, that's it, this patience, this calmness, the peace, I think it's peace that I'm feeling with myself. I am at peace. (E1)
>
> What I feel is a calm, which comes, you know, in my heart. I get very calm, I can, like that, relax and get out, like, the thought, the world outside. (E1)
>
> I'm not so sad anymore, I'm not stressed anymore... I'm better... calmer... (E3)
>
> I'm getting calmer, like, calmer... These days that I didn't come, I was getting more agony. (E4)
>
> When I come here for Reiki, I stop getting agitated. I feel a peace in my head. It's very different. It's a great help. And it's amazing because it gives me confidence. I feel lighter, I feel more fluid. I can do things more fluidly. And sometimes even without punishing myself. (E5)

Relaxation is a natural response of the body, related to a reduction in blood pressure, and to slower breathing, which occurs as a result of a feeling of well-being (SMITH *et al.*, 2018). People living with depression often have difficulty experiencing pleasure and enjoying good feelings (ECKLAND *et al.,* 2021). Loss of interest in daily activities, as well as feelings of sadness, are common symptoms experienced by these individuals (SILVA *et al.*, 2020).

According to KLAININ-YOBAS *et al.* (2015), the feeling of relaxation is able to reduce anxiety and depression in older adults and relaxation techniques could be used in the community or even in hospitals. As can be seen from the volunteers' statements, Reiki sessions were effective in promoting relaxation, tranquility and a sense of peace, being an interesting alternative to help people with depression to experience good feelings and reduce feelings of sadness (COSTA *et al.*, 2022).

Revista ARACÊ
ISSN: 2358-2472

Subcategory: Spirituality

Regarding spirituality, religion and personal beliefs, it was possible to perceive the belief in a superior being and connection with one's own individuality, as in the following statements:

> Everything will be fine, God will provide at the right time. (E1)
>
> Everything passes. But God willing, it will get better. (E2)
>
> Thank God, I'm not crying anymore. (E3)
>
> I'm learning to connect with myself. Regarding health, my life staff. (E4)
>
> I have faith in God. I go to mass every week, it does me a lot of good. Commune. (E5)

The statements of the interviewees demonstrated the belief in a superior being and the faith that the difficulties of life are temporary, based on hope and a perspective of improvement.

The concept of spirituality is related to a personal search for the understanding of existential questions, for the meaning of life and its meaning (PANZINI *et al.*, 2017). Spirituality is closely linked to the individual's mental health as well as to Q.V., as the connection with the transcendental is capable of promoting spiritual well-being, positively impacting the way the individual deals with personal problems and adversities (PANZINI *et al.*, 2017) (SKOKO *et al.,* 2021) (CHAAR *et al.,* 2018).

In addition, some reports demonstrated greater self-perception, recognition of aspects that can be changed, and the possibility of transcending:

> I feel much happier. And calmer. I can reason things before and then speak. ~~Now I can talk to myself. So I'm feeling a real peace, a calm, you know, from talking to myself. Because sometimes we don't have the patience to talk to ourselves, right? (E1)~~
>
> I feel like I'm fine. I leave here, I get home, I turn on the sound for me to see (sic) the songs. We have good hours, there are days... everything passes. (E2)
>
> I have more patience, than before I had no patience even with myself... (E3)

Self-transcendence is characterized by the feeling of feeling connected to something beyond oneself and is related to the capacity for self-awareness, self-esteem, and well-being (REISCHER *et al.*, 2021). Reiki enables a greater connection with the individual's

Revista ARACÊ
ISSN: 2358-2472

inner wisdom, helping to develop self-confidence and self-perception and creating harmony between body, mind and spirit (LIPINSKI; VELDE, 2020).

A study conducted in 2015 showed that people who have more patience have higher levels of life satisfaction and lower levels of depression. Reiki brings people to a state of tranquility in which they can feel peaceful and centered (AGHABABAEI; TABIK, 2015). Promoting this feeling on a regular basis can bring mental clarity, help develop resilience, and stay calm (LIPINSKI; VELDE, 2020).

Subcategory: Social Domain and Environment Domain (Social Relations, Home Environment)

As for the social domain, it was possible to observe issues about the relationship in the family environment and a change in behaviors capable of generating internal and interpersonal conflicts:

> And I wanted to say to my son like "I can count on you", but sometimes I feel like I can't. I do things for them, but they don't do things for me. But then I said "I don't need to think about it anymore. Because everything passes." (E2)
>
> I didn't know how to say no to anyone. I'm learning. (E4)
>
> Now, sometimes I try to see their (people's) side, then I think first before I speak. I think it's peace, really, inside. (E1)

People who live with depression often feel misunderstood, as the disorder interferes with the individual's mood, feelings and behavior and this is not always perceived by friends, family or even by the spouse (PRIZEMAN; WEINSTEIN; McCABE, 2023).

This feeling of incomprehension often leads to social isolation which, in turn, further increases the feeling of sadness and emotional distress associated with depressive disorder (TOUGH; SIEGRIST; FEKETE, 2022).

On the other hand, positive feelings are capable of promoting improvement in the physical field, from the reduction of cortisol, for example, in addition to allowing improvement in the mental and psychological fields, even helping in social relationships (FÖRSTER; KANSKE, 2022). According to Dyer (2019), a single Reiki session is capable of promoting positive feelings such as inspiration, enthusiasm and determination, favoring such improvement in the mental and psychological fields (DYER; BALDWIN; RAND, 2019). In addition, Reiki promotes a better connection to the inner wisdom of the individual, who

Revista ARACÊ
ISSN: 2358-2472

sees himself capable of making better choices and making healthier and more honest decisions with himself, allowing him to be true to who he really is (LIPINSKI; VELDE, 2020).

STUDY LIMITATIONS

The limitations of this study lie in its sample size, as well as in its singular nature, an inherent characteristic of qualitative research, which prevents the direct generalization of the results to other contexts. However, this work offers valuable contributions to the understanding of the use of Reiki as a tool to cope with depression and to promote women's quality of life.

CONCLUSION

Considering the relevance and prevalence of depressive disorder today, it is necessary to use therapeutic strategies that perceive the individual in an integral way, recognizing their peculiarities, and that promote improvement in quality of life in a broad way. The results showed that Reiki is an efficient tool to improve the quality of life of women, and it is possible to notice the impact of Reiki on physical aspects, related to the improvement of sleep quality; psychological, from a greater ease of reaching a state of relaxation and feelings of peace and tranquility; and social, perceived from the reports of greater ease and patience to listen to third parties. It is considered that the results of this study can support the planning and development of future actions and strategies in the field of mental health, favoring a humanized look at improving the quality of life of adult women with depression.

Revista ARACÊ
ISSN: 2358-2472

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