



ORIGINALES

Reiki effect on subjective well-being: experimental study

Efeito do Reiki no bem-estar subjetivo: estudo experimental

Efecto del Reiki sobre el bienestar subjetivo: estudio experimental

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ABSTRACT:

Objective: Evaluate the effect of *Reiki* on subjective well-being of people seeking this therapy.

Methods: Experimental study conducted with 60 subjects were allocated to intervention (*Reiki*) and control groups (induction concentration without energy manipulation). We used the *Escala de Bem-Estar Subjetivo*, which had the mean scores of its three dimensions - life satisfaction, positive affect and negative affect - compared between groups by submitting them to the Student's *t* test with level 5 % of statistical significance.

Results: After follow-up of 21 days and submitted to three therapeutic sessions, *Reiki* enhanced the positive affect scale ($p = 0,01$) of individuals without, however, influence negative affect dimensions and life satisfaction of subjective well-being.

Conclusion: *Reiki* enhances the positive effect of subjective well-being of people seeking this therapy.

Keywords: Complementary therapies; Therapeutic touch; Subjective well-being; Epidemiology experimental.

RESUMO:

Objetivo: Avaliar o efeito do *Reiki* no bem-estar subjetivo de pessoas que buscam essa terapia.

Métodos: Estudo experimental conduzido com 60 indivíduos que foram alocados em grupos de intervenção (*Reiki*) e de controle (indução de concentração sem manipulação energética). Utilizou-se a Escala de Bem-Estar Subjetivo, que teve as médias dos escores de suas três dimensões - satisfação

com a vida, afeto positivo e afeto negativo – comparadas entre os grupos, submetendo-as ao teste *t* de *Student* com nível de 5% de significância estatística.

Resultados: Após seguimento de 21 dias e submissão a três sessões terapêuticas, o *Reiki* potencializou a dimensão afeto positivo ($p = 0,01$) dos indivíduos sem, no entanto, influenciar as dimensões afeto negativo e satisfação com a vida do bem-estar subjetivo.

Conclusão: O *Reiki* potencializa o afeto positivo do bem-estar subjetivo de pessoas que buscam essa terapia.

Palavras chave: Terapias complementares; Toque terapêutico; Bem-estar subjetivo; Epidemiologia experimental.

RESUMEN:

Objetivo: Evaluar el efecto del *Reiki* en el bienestar subjetivo de las personas que buscan esta terapia.

Métodos: Estudio experimental llevado a cabo con 60 individuos que fueron asignados a los grupos de intervención (*Reiki*) y control (concentración de inducción sin manipulación de la energía). Se utilizó la *Escala de Bienestar Subjetivo*, que tenían las puntuaciones medias de sus tres dimensiones -satisfacción con la vida, afecto positivo y afecto negativo- comparadas entre los grupos sometiénolas a la prueba de la *t* de *Student* con un nivel 5% de significación estadística.

Resultados: Después de un seguimiento de 21 días y sometido a tres sesiones terapéuticas, *Reiki* aumentó la escala de afecto positivo ($p = 0,01$) de los individuos sin influir, sin embargo, en las dimensiones afecto negativo y satisfacción con la vida del bienestar subjetivo.

Conclusión: El *Reiki* aumenta el efecto positivo de bienestar subjetivo de las personas que buscan esta terapia.

Palabras clave: Terapias complementarias; Tacto terapéutico; Bienestar subjetivo; Epidemiología experimental.

INTRODUCTION

The study of Subjective Well-Being (BES in Portuguese) - also known as happiness, satisfaction or state of mind - tries to understand the assessment that people make of their lives. In addition to being considered a subjective life quality evaluator, BES has as main objective not the research of negative or pathological psychological states, but the differentiation of levels of well-being that people can achieve in their lives⁽¹⁾. Its own health conception of the World Health Organization includes the welfare as a key concept, as the state of complete physical, mental and social well-being, not merely as the absence of disease⁽²⁾.

Integrative and complementary practices have been recognized as approaches that stimulate the natural mechanisms of prevention of diseases and health recovery through effective technologies, with emphasis on listening, the therapeutic link development and integration of the human being with the environment⁽³⁾. One of the integrative and complementary practices, Reiki: a Japanese therapeutic technique aimed at the restoration of body energy system thanks to the stimulus of the natural healing processes of the body⁽⁴⁾, which can be used to induce relaxation and treat health problems⁽⁵⁻⁷⁾.

Reiki is a natural system of balance and energy replacement, through emplacement of hands, which contributes to the production of deep relaxation, energy release and harmonization within. Considered a holistic approach to health and wellness, Reiki can also be understood as a life philosophy for the promotion of personal and other people's happiness⁽⁴⁾.

Some studies have investigated the effects of Reiki on health and showed beneficial effects, such as decreased blood pressure^(5,6), anxiety and stress^(8,9), pain⁽⁹⁾ and heart rate^(9,10). As the effects of Reiki on objectively measured phenomena have been

described by the scientific literature, its effects on subjective phenomena, including emotional responses and global trials of satisfaction with life, should also be investigated.

The BES tries to understand happiness: cause, what destroys and who has it^(1,11). Therefore, its evaluation should consider the overall satisfaction with life and a personal analysis on the frequency with which they are tested positive and negative emotions. To be reported a satisfactory level of BES, the individual needs to recognize to keep in high level your satisfaction with life, high frequency of positive emotional experiences and low frequencies of negative emotional experiences^(11,12).

From the knowledge of how Reiki works in the energy fields of the people, the hypothesis of this study is that this therapy can contribute to maintain the physical, mental and social equilibrium leading to improvement in satisfaction with life, to high rates of positive and negative affections rates, contributing to the achievement of a satisfactory BES. Therefore, the objective of this study was to evaluate the effect of Reiki in the BES of people seeking this therapy.

METHODS

Experimental study developed in the core of a public University located in the city of Rio de Janeiro, Brazil. Individuals with ≥ 18 years of age which, regardless of the reason, sought Reiki in the University extension core, between the months of November 2012 and April 2013, and have never had previous experience with this therapy were considered eligible. In the studied period, all 60 individuals who met the eligibility criteria were invited to participate in the study; there were no refusals to participate.

Individuals were allocated in the intervention group ($n = 30$) or control group ($n = 30$) using a search warrant for care, in which the first individual who sought care received (Reiki); the second received placebo (inducing concentration energy manipulation); the third, intervention, placebo, and so on. At the time of allocation, in a reserved room and without the presence of anyone else, previously trained interviewers collected information on gender, age, education, marital status and religion, besides applying the Subjective well-being Scale⁽¹¹⁾, built and validated in Brazil to evaluate the BES from three dimensions: satisfaction with life, positive affect and negative affect.

Both the intervention as placebo - without the study participants' awareness - were applied by two therapists initiated in Reiki for at least 12 years. After allocation, in own room of University extension, the first of the three therapeutic sessions that each participant was submitted, with seven days interval between them that lasted, on average, 42 minutes. The intervention was implemented through the emplacement of therapist's hands for six minutes in each of the seven main chakras (located at the top of the head, between the eyebrows, the base of the neck, thorax centre, below the xifoide process and the navel and perineal area) of the body of the individual, who was lying on a stretcher with his eyes closed. The placebo was applied by a therapist by inducing concentration energy manipulation of the individual, who was lying on a stretcher with his eyes closed.

At the end of the third therapy session, in a reserved room and without the presence of anyone else, previously trained interviewers applied again, the scale of subjective well-being⁽¹¹⁾, a likert-type scale that has 62 items: 21 describe positive affections and 26,

negative ones, and the subject answer how have it been feeling lately on a scale in which 1 means *a little* and 5 *extremely*; 15 items describe trials relating to the evaluation of satisfaction with life and should be answered on a scale in which 1 means *strongly disagree* and 5 *fully agree*⁽¹¹⁾.

In the software SPSS version 19.0 were performed univariate analyses with simple frequency distribution for the description of individuals. The average of the subjective well-being scale's dimensions scores ⁽¹¹⁾ for the intervention and control groups were compared, subjecting them to Student's t-test with 5% level of statistical significance. This study was approved by the Research Ethics Committee of the State University of Rio de Janeiro (045/2012) and the guys who have agreed to participate signed an informed consent. It is worth noting that, at the end of the interview that occurred after the third therapy session, the control group subjects were informed that they had not received Reiki and, if wished, could schedule to start this therapy.

RESULTS

Among the participants of this study, 88.3% were female, 43.3% had complete college, 61.7% were single and 88.3% were religious (Table 1). The age of the participants ranged from 18 to 72 years.

Table 1: Sociodemographic characteristics of study participants. Rio de Janeiro, RJ, Brazil, 2012/2013. (N = 60)

Sociodemographic characteristics	n	%
Gender		
Female	53	88,3
Male	7	11,7
Education		
Until complete elementary school	4	6,7
Until complete high school	10	16,7
Incomplete college or more	46	76,6
Marital status		
Not married	37	61,7
Married	16	26,7
Divorced	5	8,3
Widower	2	3,3
Religion		
Have	53	88,3
Do not have	7	11,7

The comparison of the dimensions scores' averages of the subjective well-being scale⁽¹¹⁾ for the intervention and control groups, before its components receive the therapy for which they were allocated, showed no statistically significant differences (Table 2).

Table 2: Mean scores of the Subjective Well-Being Scale, second group, before follow-up. Rio de Janeiro, RJ, Brazil, 2012/2013. (N = 60)

Dimensions of the Subjective Well-Being Scale	Intervention Group Score Averages	Control Group Score Averages	p-value
Positive Affect	3,41	3,21	0,11
Negative Affect	2,76	2,81	0,26
Satisfaction with life	3,05	3,07	0,19

After 21 days of follow-up, Reiki has enhanced the positive affect ($p = 0.01$), without influence the negative affect and satisfaction with life of the BES of people who sought and received three Reiki sessions in comparison to those who sought, but did not receive any session (Table 3).

Table 3: Subjective Well-Being Scale scores averages, second group, after 21 days of follow-up. Rio de Janeiro, RJ, Brazil, 2012/2013. (N = 60)

Dimensions of the Subjective Well-Being Scale	Intervention Group Score Averages	Control Group Score Averages	p-value
Positive Affect	3,71	3,33	0,01
Negative Affect	1,95	1,98	0,23
Satisfaction with life	3,02	3,08	0,29

DISCUSSION

The results of this study show that Reiki enhances positive affection without, however, influence the negative affect and satisfaction with life of the BES to people who seek and receive Reiki in comparison to those who seek him, but not receive.

Experimental study conducted with 35 healthy psychology students who have received ten Reiki sessions (intervention) or concentration and relaxation induction (placebo) showed that 18 students who received Reiki presented, without statistical significance, better health and well-being and reduction in levels of depression, anxiety and stress when compared to those who have not received this therapy⁽¹³⁾.

Integrative and complementary practices are being increasingly used, helping not only in reducing the levels of stress, anxiety and depression, but also in pain relief and in controlling binge eating. The main reasons that lead people to seek such practices are the range of well-being, serenity, improves the mood, sleep and compassion⁽¹⁴⁾.

Harmony, balance and amount of vital energy in the body are essential for human health and for the proper functioning of the self. At birth, all have a certain level of vital energy. Nevertheless, to spend varying amounts of this energy on a daily basis, if not recovered satisfactorily, probably we will face physical, emotional and mental imbalances or even diseases⁽⁶⁾.

It is worth noting that Reiki has the ability to dissolve energy blocks and provide an increase in the energy potential of the human being, providing balance and return to the natural state of health, increasing the sense of well-being and positive feelings⁽¹⁵⁾. On the results of this study, it is possible to affirm that the Reiki, to nourish and strengthen the human energy system, contributes to the positive feelings, enhancing by providing healthy psychological effects.

This study presents some limitations, such as the convenience and small sample, which prevented the analysis of the effect of Reiki on the BES considering the influence of other variables, such as the reason for the search for this therapy; and the positive and negative affect dimensions of the subjective well-being scale⁽¹¹⁾ make reference to transient emotional states, that is, the time when the characteristic individual participated in the research. In addition, the following 21 days with only three therapeutic sessions might not have been enough so that possible beneficial effects of Reiki on other dimensions of BES could be observed.

It is worth mentioning that the comparison of the dimensions scores' averages of the subjective well-being scale⁽¹¹⁾ for the intervention and control groups, before its components receive the therapy for which they were allocated, showed no statistically significant differences. This result demonstrates that, although the process of allocation of individuals was not random, the similarity of the groups regarding the BES was guaranteed, strengthening, thus, its internal validity.

This study results point to the beneficial effects of Reiki on the subjective well-being phenomenon, more precisely on your positive affection, which assesses dimension if the experiences were interspersed by pleasant emotions much more than suffering^(11,12). Soon the Reiki, acting in the energy fields of people, seems to contribute to the achievement of a satisfactory BES.

CONCLUSION

Reiki enhances positive affection without, however, influence the negative affect and satisfaction with life of the BES of people seeking this therapy.

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