

## A STUDY TO ASSESS THE EFFECTIVENESS OF REIKI THERAPY TO REDUCE THE LEVEL OF DEPRESSION AMONG DEPRESSIVE CLIENTS AT INSTITUTE OF MENTAL HEALTH, CHENNAI

Jayalakshmi Lakshmanan<sup>1\*</sup> and P.Yamunadevi<sup>2</sup>

<sup>1</sup>Nursing Tutor, Govt Medical College ,Hospital, Dindigul, Tamilnadu, India.

<sup>2</sup>Nursing Tutor, Madurai Medical College, Madurai, Tamilnadu, India.

### ABSTRACT

Depression is the common cold of psychiatric which affects a person's ability and destroys the quality of life. It is treated with anti-depressants and psychotherapy. An alternative therapy can be used to reduce the depression and to improve over all wellbeing. Reiki therapy has countless benefits physically, mentally, emotionally and spiritually which ensures effective care without any undue restrictions. Depression is the second leading contributor to the global burden of disease. Reiki therapy is the healing art which provides care physically, mentally, spiritually and socially to the client with countless benefits and which is cost effective. We aimed to determine the effectiveness of Reiki therapy in reducing depressive features among depressive clients by comparing pre and posttest depression scores, to find out association between post-test depression score with selected demographic variables. The samples (n=60) were assessed for the pre-existing level of depression among the depressive clients by using BDI-II scale, Reiki therapy was given to depressive clients for 30 minutes once a day for 7 consecutive days , on 8th day post-test was done by using BDI-II. The overall pre-test depression score among depressive clients were 57% whereas in post-test it was 29.9%. Depression reduction score is 27.1%. The study result revealed that Reiki therapy was effective. There was a statistical difference between pre-test and post-test levels of depression score. (P= 0.001). Depression is one of the major disorders among psychiatric illness. It can be treated with anti-depressants and alternative complementary therapy (Reiki is an emerging ancillary therapy). Reiki therapy was effective in reducing level of depression among depressive clients. Since it is cost effective and self- healing procedure it can be applied in all settings.

**Key words:** Depressive Clients, Depression, Reiki Therapy.

Corresponding Author

**L.Jayalakshmi**

Email:- [gopikabrij2820@gmail.com](mailto:gopikabrij2820@gmail.com)

Article Info

*Received 12/02/2021; Revised 20/02/2021*

*Accepted 24/03/2021*

### INTRODUCTION:

WHO (2013) concludes 350,000,000 (5% of world population) people globally are affected by some form of depression. Adolescents who have a depressive disorder by the age of 18 are 11% [1]. And 70% by which women are more likely than men to experience depression in their lifetime. 14% of women from a 2013 postpartum depression study had the disorder four to six weeks after giving birth [2]. 30% of College students reported feeling depressed [3]. Depression is the common cold of psychiatric disorder. Many persons get affected by depression either directly or indirectly. Depression is a

state of low mood and aversion to activity that can affect a person's thoughts, behaviour, feelings and total sense of well-being [4]. Depressed people feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, alone, irritable, hurt, or restless and they don't show interest on daily activities [5]. Depression presents with depressed mood, loss of interest or pleasure, decreased energy, feeling of guilt or low self-worth, disturbed sleep or appetite, and poor concentration .Moreover, depression often comes with symptoms of anxiety. Depression drives the client to feel hopeless and helpless [6]. This leads to suicide. Almost 1 million lives are lost every year due to



suicide, which translates to 3000 suicides every day. Depression is classified under mood disorders [7]. These include major depressive disorder (MDD) where the person has at least two weeks of depressed mood, loss of interest in pleasure from all activities. Dysthymia is a state of chronic depressed mood symptom that does not meet the severity of major depression. Bipolar disorder consists of one or more episodes of elevated mood and one or more episodes of depressive mood [8]. Seasonal affective disorder (SAD) is a type of depression that is related to changes in seasons — SAD begins and ends at about the same time every year. Symptoms start in the fall and continue into the winter months; sapping energy and making one feel moody. SAD causes depression in the spring or early summer. Pre-menstrual disorder occurs during the week prior to menses improving shortly after the menstruation<sup>6</sup>. Reiki is a spiritual healing practice that enhances wellness by gently encouraging balance throughout the entire system: body, mind, and spirit commonly facilitated by light touch [9, 10]. Reiki is a simple, natural and safe method of spiritual healing and self-improvement that everyone can use. It also works in conjunction with all other medical or therapeutic techniques to relieve side effects and promote recovery [11].

#### **AIMS & OBJECTIVES:**

- To identify the socio demographic variables of the depressive clients at IMH.
- To assess the existing level of depression among depressive clients at IMH.
- To evaluate the post- test level of depression among depressive clients at IMH.
- To determine the effectiveness of Reiki therapy in reducing depressive features among depressive clients by comparing pre and posttest depression scores.
- To find a significant association between post-test depression score with selected demographic variables of depressive clients.

#### **METHODOLOGY:**

Psychiatric inpatient wards at Institute of Mental Health, Chennai. Institute of Mental Health involved in Health care for the past 207 Years. It was founded in 1794 as an Asylum to manage only 20 inpatients. Now it has grown up to an Institute with 1800 beds. It is now well established with all special services like rehabilitation, industrial, occupational, recreational family therapy, yoga etc. It has separated areas for male and female clients.

#### **Study design**

The adopted research design for this study is Pre – Experimental One group Pre-test and Post-test design. A single test group is selected and the dependent variables are measured before and after the intervention.

#### **Data collection period:**

The data were collected for the period of four weeks from 16.07.2015 to 14.08.2015

#### **Inclusion criteria**

- Inpatient depressive clients of both genders with the age group between 15 to 70.
- Clients who available during the time of data collection
- Clients who are accepting and believing the healing of Reiki
- who speaks and understands Tamil or English.

#### **Exclusion criteria**

- Clients who are not willing to participate.
- Clients who do all not believe Reiki healing.
- Clients with general debility and comorbid illness
- Clients with other psychiatric disorders.

#### **Ethical consideration**

The study objective, intervention and data collection were approved by the ethics committee of DR. M.G.R. Medical University, permission for conducting the study was obtained from the Head of the Department, Department of Psychiatric Nursing, College of Nursing, Madras Medical College, Chennai, and the Director, Institute of Mental Health. An informed consent was obtained from the each study subject before starting the data collection and assurance was given that confidentiality and privacy would be maintained.

#### **RESULTS:**

The investigator conducted a study to assess the effectiveness of Reiki therapy as a means reduce the level of depression among the depressive clients at Institute of Mental Health, Chennai. The collected data were analysed by using the descriptive statistics (percentage, mean, standard deviation) and inferential statistics (student paired t test and chi square test). This chapter represents the essence of the study.

The demographic information of depressive clients who participated in the study Is: Seventy seven percentages of (76.7 %) of the clients in the age group of 26- 45 years, followed by 20% who were in between 41 to 70 years and 3.3% were between 15 to 20 years. Majority of the respondents were female (70.0%) and 30% of the clients were male. (46.7%) of the clients had higher secondary education, followed by 25% of clients got primary education and graduates 21% and 6.6% had no formal education. Religions: Ninety percentages of the clients were Hindus, followed by Christians 5% and 5% of the clients were Muslim. Sixty five percent were unmarried (65.0%) 31 % were married clients and 3.3% of the clients were separated or divorced. Concerned with number of children, 58.3% had 2 children, 15% had 3 to 4 and 26.9% had no children. Clients from nuclear were



90%, and 10 % of the clients from joint families. According to their occupational status, (43.3%) in private sector, 23.4% of the clients are self-employed, agriculture 20%, unemployment 10% and 3.3% of clients were government employee.

Majority of the client's Family monthly income was between Rs 6000-10000 (61.7%), 28.3% of the clients had earnings below Rs 6000 and some clients were earning between Rs 10000-20000. Ninety five percentage (95%) of depressive clients have no family history of psychiatric illness and only 5% of had a family history of psychiatric illness. Seventy one percentage of clients got admitted once (71.7%), twice (23.3%) and thrice (5%). According to place of residence, 53.3% from rural area (and 46.7% of the participants from urban. Knowledge regarding Reiki: 96.7% of the respondents did not know regarding Reiki and 3.3% of the clients had information through their friends.

Participants were relaxing themselves by music (81%), exercise 13.3%, and yoga 3.3% and meditation 1.7%.

The association between the levels of Depression score associated with diverse socio demographic variables of client groups. It identifies that elders, urban and high earning and educated clients are significant. Statistical significance was calculated using chi square test.

There exists a non-significant association with gender, religion, marital status, number of children, type of family occupational status, family history of psychiatric illness, number of times hospitalization, source of information and relaxation methods.

## DISCUSSION:

### I. To assess the level of depression among the depressive clients after the Reiki therapy.

The overall level of depressive score after Reiki therapy is 29.9% in that 16.7% (10 clients) had minimal depression, 35.0% (21 clients) had mild depression and 48.3% of the clients had moderate depression.

The investigator study is consistent with one conducted by **Adina Goldman Shore (2004)** for evaluation of long-term effects of Reiki, on depression and stress. Forty five adult participants aged 19 to 78 were randomly assigned one of 3 groups, hands-on Reiki, non-touch Reiki, distance Reiki placebo. Reiki was given 1 to 1 1/2 hour treatment each week over a period of 6 weeks. Significant differences were noted between treatment and control groups ( $p < .05$ ) BDI pre-test value is  $M=10.44$  and post-test is 3.75, by HS pre-test  $M=3.63$  and post-test  $M=1.81$  and by PSS pre-test value is  $M=1.81$ , post-test is  $M=1.26$ , all subjects in experimental group reported experiences of deep relaxation, calming, increased energy flow, and greater connection to Spirit as a result of Reiki treatments.

### II. To determine the effectiveness of Reiki therapy on reducing depression among depressive clients

The investigator found the overall pre-test score of depression as 56.95% with a standard deviation of 4.35. The post-test depression score was 29.9% with the standard deviation of 3.64. Hence the depression score was 27.1% which highlights the effectiveness of Reiki therapy among depressive clients. (In pre-test none of them had minimal and mild depression in post-test none of them had severe depression.) So the difference is there and statistically significant ( $P \leq 0.001$ ) in paired 't' test.

This study is consistent with study conducted by **Silpa dharan (2012)** an experimental study conducted to examine the effectiveness of Reiki therapy on depressive clients at SIMHANS and spandana rehabilitation and research centre, Bangalore. Samples (50) were selected by simple random sampling for experiment and control group. BDS-II was used for data collection. Reiki therapy was administered for 30 minutes once a day for 7 days continuously. Over all pre-test score is 50.6%, post-test score is 21.5% and the depression reduction score is 29.1% P value is  $<0.05$ . This study reveals that significant decrease in depression level after Reiki therapy.

### III. To associate the level of depression with selected socio demographic variables

The variables like elders, more educated clients, urban people, earning more income showed statistically significant association.

This study is consistent one conducted by **Jamie C Barner (2010)** a cross-sectional study design was employed using the 2002 National Health Interview Survey. A nationwide representative sample of adult approximately one in five (20.2%) CAM past 12 month users. Ten of the 15 CAM modalities (such as prayer, biofeedback, and Reiki) were used primarily for treatment by African-Americans. CAM for treatment was significantly ( $p < 0.05$ ) associated with the graduate education, smaller family size, higher income, and region.

#### Hypothesis (H1):

There is a significant difference between pre and post-test level of depression among depressive clients. The overall obtained calculated paired 't' test was 28.74 which is statistically significant at 0.001 level. Hence the research hypothesis **H1** is accepted.

#### Hypothesis (H2):

There is a significant association between post-test levels of depression with selected demographic variables of depressive clients. The demographic variables such as age, education, family monthly income and place of residence were found to be significantly associated at  $<0.05$  levels. Hence research hypothesis **H2** is accepted.



The world is moving very fast, so hectic which has trendy people, pointing to depression getting more chances to snatch precious lives. It has a great impact on people's feel go in for suicide as the only way to escape from the painful situations. Effects and consequences of the depression are unbearable to many persons.

Reiki is the alternative and complementary treatment which is becoming familiar in recent days due to people's

emotional, mental, physical, social and occupational functions. Thoughts of death and suicide are the symptoms of depression; if left untreated, may get worse. People may confidence in natural and divine healing. Reiki therapy is one of the methods of healing which contributes countless benefits. Reiki healing is not intended to replace the allopathic medicine, but rather to compliment it. Reiki is doing cleansing and energizing with life forcing energy.

**Table 1. Distribution of Socio Demographic Variables of Depressive Clients**

S. No	Demographic variables	Frequency	in %	
1	Age	15- 25 years	2	3.3
		26 -45 years	46	76.7
		46 -70 years	12	20.0
2	Gender	Male	18	30.0
		Female	42	70.0
3	Education	No formal education	4	6.6
		Primary education	15	25.0
		Secondary education	28	46.7
		Graduation	13	21.7
4	Religion	Hindu	54	90.0
		Muslim	3	5.0
		Christian	3	5.0
5	Marital status	Unmarried	39	65.0
		Married	19	31.7
		Separated/ Divorced	2	3.3
6	No of children	None	16	26.7
		1 – 2	35	58.3
		3 – 4	9	15.0
7	Type of family	Nuclear family	54	90.0
		Joint family	6	10.0
8	Occupation	Government	2	3.3
		Private	26	43.3
		Self-employed	14	23.4
		Agriculture	12	20.0
		Unemployment/house wife	6	10.0
9	Residence	Urban	28	46.7
		Rural	32	53.3
10	Family monthly Income	Less than Rs. 6000	17	28.3
		Rs.6000-10000	37	61.7
		Rs.10000-20000	6	10.0
11	Family history of psychiatric illness	Yes	3	5.0
		No	57	95.0
12	No. of times hospitalization	Once	43	71.7
		Twice	14	23.3
		Thrice	3	5.0
13	Source of information-Reiki	Friends	2	3.3
		None	58	96.7
14	Relaxation methods	Music	49	81.7
		Meditation	1	1.7
		Yoga	2	3.3
		Exercise	8	13.3

\*Significant at  $P \leq 0.05$ , Depression reduction score= pre-test-post-test.

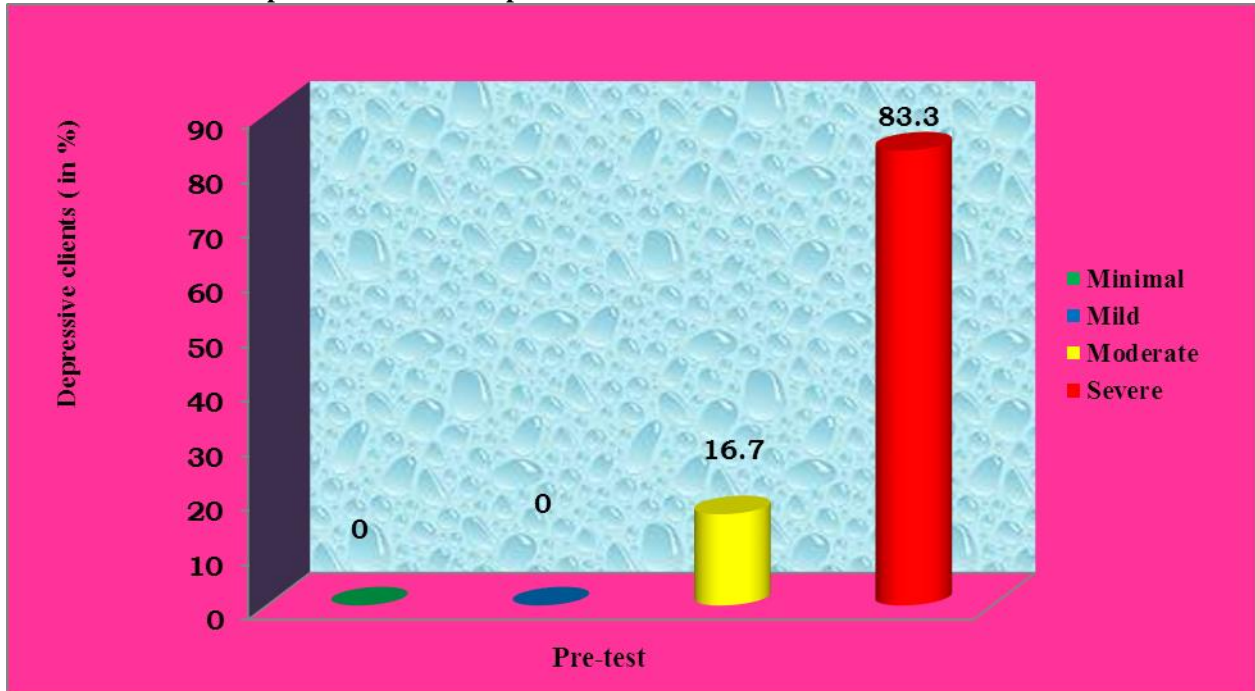


**Table 2: Association Between Level Of Depression Reduction Score And Demographic Variables Depressive Clients**

S.No	Demographic variables		Level of Depression reduction score				Total	Chi square test
			Below average (≤17.07)		Above average (>17.07)			
			Frequency	%	Frequency	%		
1	Age	15- 25 years	2	100.0	0	0.0	2	χ <sup>2</sup> =8.11 p=0.02* DF=2
		26 -45 years	26	56.5	20	43.5	46	
		46 -70 years	2	16.7	10	83.3	12	
2	Gender	Male	10	55.6	8	44.4	18	χ <sup>2</sup> =0.31 P=0.57DF=1
		Female	20	47.6	22	52.4	42	
3	Education	No formal education	3	75.0	1	25.0	4	χ <sup>2</sup> =8.17 P=0.05* DF=3
		Primary education	11	73.3	4	26.7	15	
		Secondary education	13	46.4	15	53.6	28	
		Graduation	3	23.1	10	76.9	13	
4	Religion	Hindu	25	46.3	29	53.7	54	χ <sup>2</sup> =3.63 P=0.17 DF=2
		Muslim	2	66.7	1	33.3	3	
		Christian	3	100.0	0	0.0	3	
5	Marital status	Unmarried	18	46.2	21	53.8	39	χ <sup>2</sup> =0.70 P=0.70 DF=2
		Married	11	57.9	8	42.1	19	
		Separated/ Divorced	1	50.0	1	50.0	2	
6	No of children	None	9	56.3	7	43.8	16	χ <sup>2</sup> =0.39 P=0.82 DF=2
		1 – 2	17	48.6	18	51.4	35	
		3 – 4	4	44.4	5	55.	9	
7	Type of family	Nuclear family	29	53.7	25	46.3	54	χ <sup>2</sup> =2.96 P=0.09 DF=1
		Joint family	1	16.7	5	83.3	6	
8	Occupation	Government	1	50.0	1	50.0	2	χ <sup>2</sup> =5.75 p=0.21 DF=4
		Private	15	57.7	11	42.3	26	
		Self-employed	5	35.7	9	64.3	14	
		Agriculture	4	33.3	8	66.7	12	
		Unemployment/house wife	5	83.3	1	16.7	6	
9	Residence	Urban	10	35.7	18	64.3	28	χ <sup>2</sup> =4.28 p=0.04*DF=1
		Rural	20	62.5	12	37.5	32	
10	Family Monthly Income	Less than Rs. 6000	13	76.4	4	24.6	17	χ <sup>2</sup> =8.11 P=0.02* DF=2
		Rs.6000-10000	16	43.2	21	56.8	37	
		Rs.10000-20000	1	16.7	5	83.3	6	
11	Family history of psychiatric illness	Yes	0	0.0	3	100	3	χ <sup>2</sup> =3.15 p=0.08DF=1
		No	30	52.6	27	47.4	57	
12	No. of times hospitalization	Once	21	48.8	22	51.2	43	χ <sup>2</sup> =0.35 p=0.87 DF=2
		Twice	7	50.0	7	50.0	14	
		Thrice	2	66.7	1	33.3	3	
13	Source of information-reiki	Friends	1	50.0	1	50.0	2	χ <sup>2</sup> =0.00 p=1.00 DF=1
		None	29	50.0	29	50.0	58	
14	Relaxation methods	Music	22	44.9%	27	55.1	49	χ <sup>2</sup> =6.01 p=0.11 DF=3
		Meditation	0	0.	1	100.	1	
		Yoga	1	50.0	1	50.0	2	
		Exercise	7	87.5	1	12.5	8	

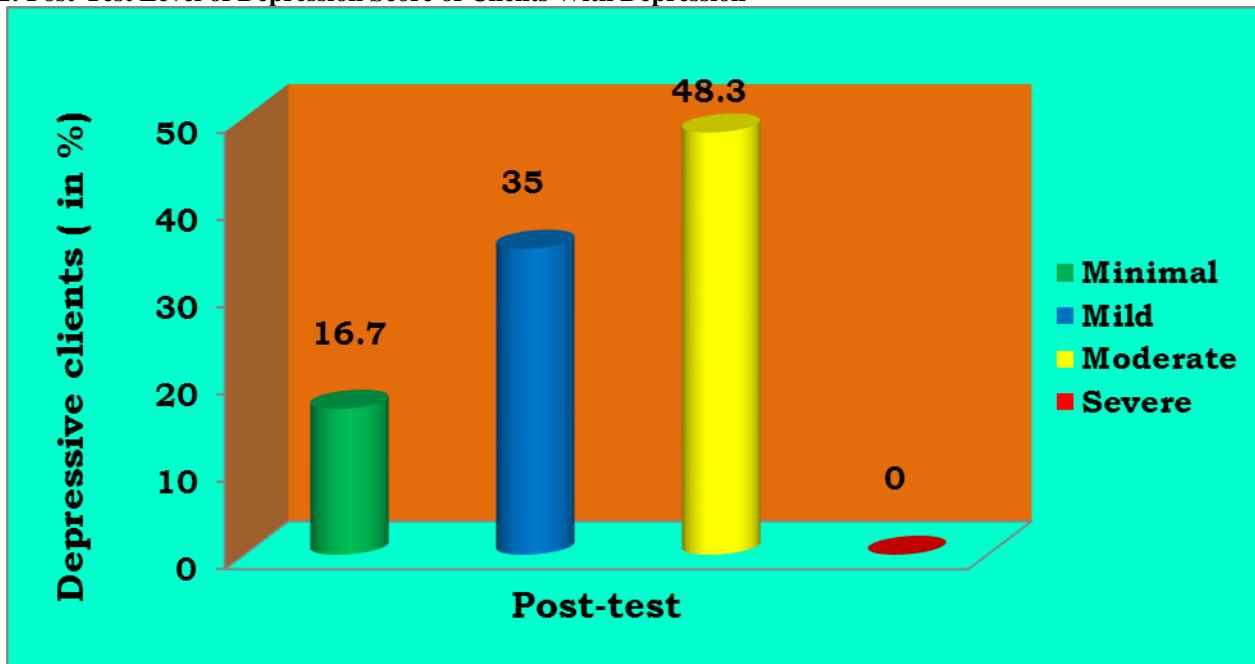


**Fig 1: Pre-Test Level Of Depression Score Of Depressive Clients**



Overall pre- test depression score is 56.95% among depressive clients at Institute of Mental Health. In those punishment feelings 82%, Pessimism 71%, suicidal thoughts 67 %, loss of interest 67% and loss of energy 64%.

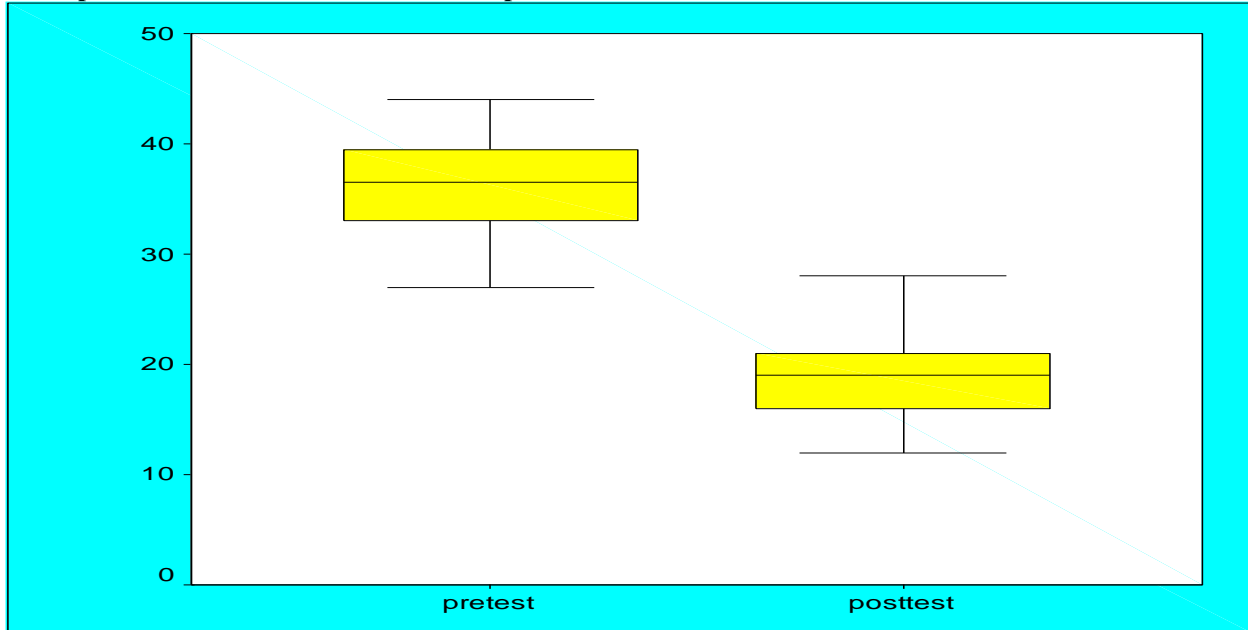
**Fig 2: Post-Test Level of Depression Score of Clients With Depression**



Each question wise post-test depression score of among depressive clients at IMH. On an average 29.9% of them are seen having depression after receiving Reiki therapy. In those punishment feelings 36%, Pessimism 29%, suicidal thoughts 17.7 %, loss of interest 29% and loss of energy 32%.

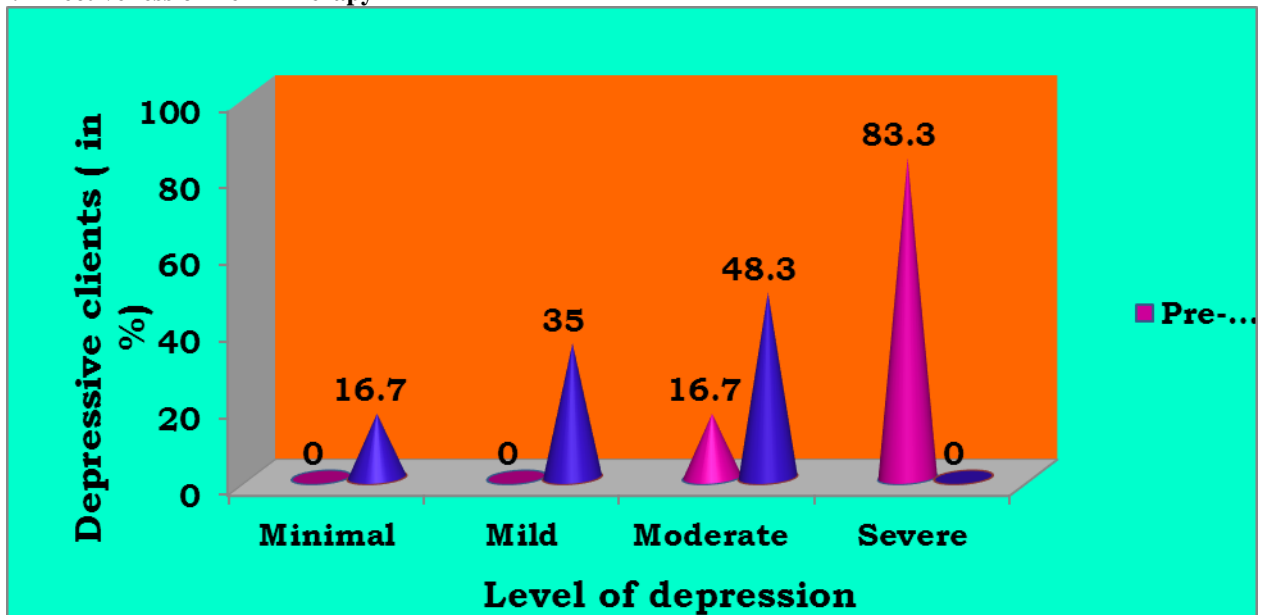


**Fig 3: Comparison of Pre-Test And Post-Test Depression Score**



Maximum reduction in “Suicidal thoughts or wishes” and minimum reduction score in “Concentration difficulty”.

**Fig 4: Effectiveness of Reiki Therapy**



A comparison of overall depression scores between pre-test and post-test. On an average, in post-test, 27.1% of reduction in depression score after implementing Reiki therapy. Differences between pre-test and post-test score were analysed using percentage with 95% CI and mean difference with 95% CI.



## CONCLUSION:

Education in evidence based care gives the opportunity to nurses to improve their ability to apply theoretical knowledge to practice.

Depression is the condition which causes many psychological and physical problems in our life resulting even in termination. It occurs when a person has difficulty dealing with challenging situations, continuous failures, over and negative expectations. Each person facing the problems reacts differently according to their inner abilities.

This study concluded that nurse's role in managing the depression is mandatory. Through Reiki

therapy, the level of depression had got reduced to 27.1%. This reduction in depression level reflects the effectiveness of Reiki therapy. So the nurses can educate the clients regarding Reiki self-healing which is cost effective and covers all aspects of the client.

Reiki therapy was effective in reducing level of depression among depressive clients. Since it is cost effective and a self-healing procedure it can be applied in all settings, by all the people who underwent Reiki training and it can be used to all people irrespective of age, gender, religion and societal status.

## REFERENCES

1. Neeraja.K.P. (2008) *Essential of Mental Health and Psychiatric Nursing*, I st Edition, New Delhi, Jaypee Brothers Publications.
2. Mary C Townsend (2015) *Psychiatric Mental Health Nursing*, 8th Editions, Philadelphia F.A. Davis Company.
3. Sreevani. R. (2010) *A Guide to mental health and psychiatric Nursing*, 3rd edition, New Delhi, Jaypee brothers.
4. Katherine M.Fortinash (2008) "Psychiatric Mental Health Nursing"4 th edition, mosby Elsevier.
5. Raman Deep Pattanayak, Rajesh Sagar, *Depressive Disorders in Indian context Journal of the association of physicians of India*, volume 62, 2014.
6. Kaplan & Shaddock (2015) *Synopsis of Psychiatry*, 10<sup>th</sup> Edition, Wolter Kolver: Lippincott Williams and Wilkins.
7. Jane Soukup et al. *The Use of Complementary and Alternative Therapies to Treat Anxiety and Depression in the United States*, *American journal of psychiatric*, volume 158(2)2001.
8. Mark Stallabrass (2015) *A M annual of first degree Reiki and self -healing 11 Version*.
9. Choa Kok Sui(2006) *The Ancient Science and Pranic Healing*, California.
10. Miles P. Reiki for Support of Cancer Patients. *Advances in Mind-Body Medicine.*; volume 22(2): 2007, 20-26.
11. Niranjan Kumar Reddy, (2005) *The Ultimate guide to Reiki*.

