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Well-Being Through Reiki in Individuals With Trait Anxiety

Komalpreet Kaur* Ekta Bhambri**

Abstract:

The present study investigated the effect of Reiki on trait anxiety and subjective well-being. Eighty adult participants belonging to the age group (19-60 yrs) were taken for the present study. Participants were then divided into an experimental (n=40) and matched control group (n=40). Pre and post design was followed to study the effectiveness of Reiki. Reiki therapy was administered to the experimental group. The groups were administered on the Spielberger's State- Trait Anxiety Inventory (STAI) & World Health Organization's Subjective Well-being Inventory (SUBI). ANOVA was calculated to study the group differences on all the variables. RM-ANOVA was calculated to study the effect of Reiki across different groups. The following findings were obtained: (i)(a) significant differences were observed between the experimental and control groups on measures of trait anxiety & subjective well- being, (i)(b) significant differences were observed between pre and post condition of experimental group on measures of trait anxiety & subjective well- being. Hence, quantitative findings suggest that Reiki had reduced the trait anxiety and brought about an increase in the subjective well-being of the individuals.

About Authors: **Research Scholar, University of Delhi,*
*** Asstt. Prof, Department of Applied Psychology, Shyama Prasad Mukherjee College, University of Delhi*

INTRODUCTION

In the current scenario, life is full of stress, frustrations and demands which are not controlled. These demands not only pose a threat on one's ability but also their cumulative effects lead to physical, emotional, and mental breakdown. Thus, the subjective well-being of an individual gets affected. World Health Organization (2011) stated mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Subjective well-being is attained when an individual is free from distressful symptoms like anxiety, depression, etc. But anxiety is common in all regions of the world (Institute of Medicine, 2001). Bouras & Holt (2007) stated anxiety as a feeling of fear, worry, uneasiness, and dread, either in the presence or absence of psychological stress. Further, anxiety can be considered to have several components: physical or somatic symptoms (i.e., racing heart, sleep trouble, etc.), affective symptoms (i.e., feeling keyed up or on edge, etc.), and cognitive symptoms (i.e., worry that is difficult to manage, etc.) (Segal, Qualls, & Smyer, 2011). Anxiety is the most common mental illness as approximately 40 million adults are affected by it (Henig, 2012; Narrow, Rae, Robins, & Regier, 2002). The value systems of India are also changing, the satisfaction levels are going down and aspirations levels are growing high. This is giving rise to anxiety along with many other factors.

Cattell (1966) had introduced the concept of state and trait anxiety which was later elaborated by Spielberger (1966, 1972, 1976).

- **State Anxiety:** State anxiety (S-anxiety) can be defined as fear, nervousness, discomfort, etc., and the arousal of the autonomic nervous system induced by different situations that are perceived as dangerous. This type of anxiety refers more to how a person is feeling at the time of perceived threat and is considered temporary (Spielberger & Sydeman, 1994). Example: A person feels anxious to get on an airplane and fly somewhere for the first time.
- **Trait Anxiety:** Trait anxiety (T-anxiety) can be defined as feelings of stress, worry, discomfort, etc. that one experiences on a day to day basis. This is usually perceived as how people feel across typical situations that everyone experiences on a daily basis (Spielberger & Sydeman, 1994). This tendency is consistent across a broad range of situations and is temporarily stable. Spielberger (1999) characterized trait anxiety as a general disposition to experience transient states of anxiety, suggesting that these two constructs are inter-related. Example: A person is anxious in an array of different normal situations such as going to work the majority of the time where others are usually not.

The demographic, social, and ecological factors that are believed to be associated with T-anxiety are age, gender, marital status, economic conditions, educational level, occupation, social class, social mobility, density of habitat, family structure, opportunities for work, etc. Excessive levels of trait anxiety are a risk factor for psychiatric conditions, including anxiety disorders and substance abuse. High trait anxiety influences decision making ability (Peng et al., 2014). It is a common early response to heart disease (Braunwald, Zips, Lippy, Bonow, 2004) and also predicted suicide attempts, psychiatric illness, hospital care, and heart disease (Ringback et al., 2005). Anxious adults had higher BP levels and felt more negative (Raikkonen et. al, 1999). Caughlin et al. (2000), individuals who are high on trait anxiety predicted marital negativity which, in turn, was associated with partner's marital dissatisfaction. In another study by Phillip (2012), high anxiety levels was shown to shorten lifespan by up to six years than those experiencing low levels of stress. Thus, trait anxiety wreaks havoc with our sense of well-being (Csaba, 2006; Sridhar, 2007).

Subjective Well-being

Recent years have witnessed an exhilarating shift in the research literature from an emphasis on disorder & dysfunction to a focus on well-being and positive mental health (Agryle, 1987; Diener, 1984; Kahneman, 1999; Ryff & Singer, 1998; Seligman, 1991, 2002). Subjective well-being is the combination of feeling good and functioning effectively. Diener et al. (2009) stated subjective wellbeing as a combination of positive affect (in the absence of negative affect) and general life satisfaction.

There are two major theories of psychological well-being: **(i) The Hedonic View:** It focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance, **(ii) The Eudaimonic View:** It focuses on meaning and self realization. The two major theories of psychological well-being are similar in that they both represent approaches to understand mental health. However, underlying

constructs differ (Ryff, Singer, & Love, 2004). Further, the Indian traditional perspective offers an ideal state of human functioning and constitutes subjective well-being as a state of mind which is peaceful, quiet, serene, and free from the conflicts and desires. The Indian notion of healthy person is an auto locus person (swastha) who flourishes on the recognition of life force derived from the material reality (mahabhutas) and, therefore, offers remedies for being healthy by opening a dialogue with its environment and recognition of order (dharma) in the entire life world (sristi). The nutrition (ahar), world of leisure (vihar) and thoughts (vichar) need to be synchronized in proper order (Sharma and Misra, 2010).

Many studies have found correlations between more frequent positive mood and higher immune system functioning (Moskowitz, 2003; Stone et al, 1994; Ostir et al., 2000). Happy people are healthier, more successful, and more socially engaged, and the causal direction runs both ways (Lyubomirsky, King, & Diener, 2005). Thus, the approaches to increase well-being generally require a coping from distressful symptoms like anxiety, depression, etc. Therefore, in the present study, the Reiki intervention (one of the complementary and alternative medicine) was designed to help participants in coping with their anxiety. With complementary therapies growing in popularity, and specifically increasing use of Reiki, there is a growing need for current research. Nield-Anderson & Ameling (2000) stated that Reiki has grown in popularity over the past decade, but remain understudied.

Reiki

Reiki is the Japanese word for "universal life force"; "Rei" meaning "higher knowledge" or "spiritual consciousness" and "Ki" meaning "universal life energy" (Lipinski, 2006). It is a form of energy healing in which the practitioner uses light touch to transmit energy. According to Rand (2005), the Reiki energy promotes overall wellness as it flows through energy system of a person. These systems can be well described as universal energy field or chakras. According to Herron-Marx et al. (2008), the practitioner channels 'Ki' to the recipient undergoing Reiki treatment. This brings balance in the mind, body, and spirit. The Reiki practitioner does this by lightly placing his or her hands on or just above the body, using a series of hand placements. Reiki has been found to promote profound relaxation as well as lowering blood pressure, heart rate, and pulse (Alandydy & Alandydy, 1999). It is claimed that this calming effect can lower stress & decrease the amount of pain medication required after operations (Alandydy & Alandydy, 1999). Many other healing methods concentrate on only one aspect, i.e., on physical or mental or spiritual. Reiki claims to promote healing on all these aspects along with spiritual level.

Reiki therapy has several advantages over many other types of therapies.

a. Anyone regardless of age or circumstances can be trained as a therapist or receive treatment.
b. Reiki therapy does not demand any technology and can be practiced anywhere at any time. Reiki therapy can be received and given either sitting, standing or lying down. However, the preferred position is lying down.
c. Reiki therapy does not require the practitioner or recipient to engage in any verbal exchange.

The Present Study

In course of everyday interactions, people frequently encounter situations at home, at workplace, and at social gatherings that create

threat to ones' well-being. Such experiences lead to futuristic fear. Thus, more and more number of people these days is suffering from trait anxiety (T-anxiety).

Several researches have demonstrated the positive impact of Reiki on depression, anxiety, cancer and on many other diseases. But studies conducted in the Indian context are limited. Therefore, the present study demonstrates how the holistic practice of Reiki therapy can help in reducing the anxiety scores and improving the subjective well-being in a sample of Indian population. It offers supportive treatment as more individuals are searching for holistic therapies to alleviate stress and treat physical and mental ailments (Pugh, 2005). Therefore, the **objectives** of the research were stated as follows:

1. To investigate the effect of Reiki on trait anxiety.
2. To investigate the effect of Reiki on subjective well-being.

The present study aims at investigating the effect of healing through Reiki in people with trait anxiety. It further aims to study its (Reiki) effects on subjective well-being as well.

Hypotheses:

In the light of the objectives of the present study, and the general direction of the findings of the previous research, the following hypotheses were formulated to be tested:

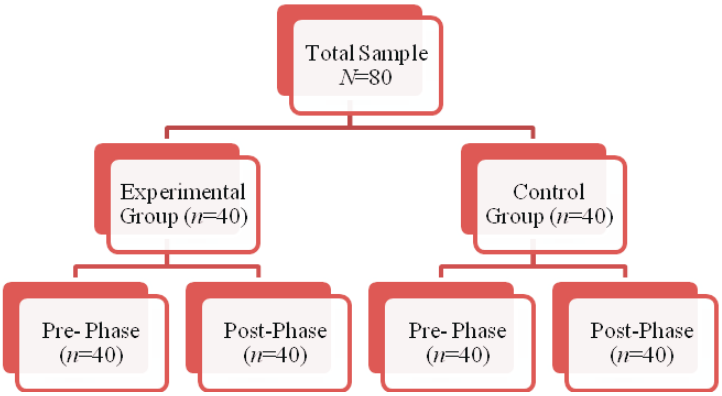
1) There will be a significant difference in the level of trait anxiety before and after the administration of Reiki in the experimental group as compared to its counterparts in the control group where no intervention is given.

2) There will be a significant difference in the subjective well-being scores before and after the administration of Reiki in the experimental group as compared to its counterparts in the control group where no intervention is given.

METHOD

Sample:

The categorization of the total population into the experimental and control group was based on purposive sampling method. It is a form of non-probability sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher, based upon a variety of criteria which may include specialist knowledge of the research issue, or capacity and willingness to participate in the research (Oliver, 2006).



Inclusionary Criteria: Participants were screened using the following eligibility criteria: (a) age range 19-60 yrs; (b) high on trait anxiety; (c) willingness to participate in a 40 days Reiki intervention; (d) willingness to participate in a research study.

Exclusionary Criteria: Participants were screened using the following exclusionary criteria: (a) not suffering from any chronic illness and not taking any kind of drug; (b) never experienced Reiki; (c) at present not taking any kind of intervention, such as, yoga, acupressure, any kind of psychotherapy, etc.

Research Design

The pre-post design was used. Reiki was administered on the participants of the experimental group whereas control group participants did not receive Reiki. The study was carried out in three phases:

i) **Pre-Phase:** The participants were assessed for trait anxiety and subjective well-being.
ii) **Intervention:** Intervention (Reiki) was provided to the participants of the experimental group.
iii) **Post-Phase-** The assessment that took place in the pre- examination phase was repeated after a period of 40 days

Tools Used:

The following tools were used for the purpose of data collection on 80 people for assessing Trait Anxiety and Subjective Well-being.

1. Spielberger State and Trait Anxiety Inventory (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983): This scale is divided into two sub scales that is, State Anxiety (STAI Form Y-1) & Trait Anxiety (STAI Form Y-2). The T-Anxiety scale consists of 20 statements that ask people to describe how they generally feel. The S- Anxiety scale also consists of 20 statements, but the instructions require subjects to indicate how they feel at the particular moment in time. However, we are interested in studying only individual's trait; therefore only trait subscale was used. It is a self administered questionnaire with four point rating scale. The higher score indicate higher trait anxiety.
2. Subjective Wellbeing Inventory (SUBI; Sell & Nagpal, 1992): The SUBI developed by Nagpal & Sell (1985) for the World Health. The inventory consisted of 40 items in which there were 19 positive items (resembling personality traits) and 21 negative items (influenced by life circumstances).

PROCEDURE

After the sample and the tools had been selected, a pilot study was carried out on a sample of 20 participants to see the feasibility of selected and constructed tools. On the basis of the pilot study, certain amendments were made and hypotheses were formulated. For the final study, a sample of 80 participants was selected from the group of 289 participants on the basis of inclusion and exclusion criteria and willingness to participate in the study. Selection was done by introducing the purpose and the method of the study and asking for their voluntary participation. The participants were then divided into control and experimental group on the basis of their willingness to become a part of Reiki sessions. The study was carried out in three phases: pre-phase, intervention, and post-phase. In the first phase, pre- assessment measures were administered for both the groups. The second

phase of the study involved the therapeutic intervention with the participants of the experiment group for the period of 40-days. Finally, post- assessment measures were administered for both the groups to see the effect of intervention technique.

Data Analysis

The data generated from the study were analyzed using the qualitative method. Descriptive and Inferential Statistics were used to analyze the data. Mean and standard deviation of all the variables were computed. Analysis of Variance (ANOVA) was calculated to study group differences on all the variables. ANOVA with repeated measures (RM-ANOVA) were calculated to study pre-post differences within the groups on all the variables.

RESULTS AND DISCUSSION

As described in methodology, the present study was carried out using the quantitative method to study the process of healing and well-being through Reiki in people with trait anxiety.

In this section, descriptive statistics like mean and standard deviation of all the variables were computed. According to Broota (2008) and Chadha (1991), analysis of variance (ANOVA) was used to determine differences between two means. Hence, in the present section, ANOVA was calculated to study group differences on all the variables. According to Vogt (1999), a research design in which subjects are measured two or more times on the dependent variable is called ANOVA with repeated measures (RM-ANOVA). Rather than using different subjects for each level of treatment, the subjects are given more than one treatment and are measured after each. Hence, ANOVA with repeated measures (RM-ANOVA) were calculated to study pre-post differences within the groups on all the variables.

The results have been discussed in the light of the hypotheses.

Hypothesis 1(a) that "there will be a significant difference in the level of trait anxiety before and after the administration of Reiki in the experimental group as compared to its counterparts in the control group where no intervention is given" and Hypothesis 2(a) that "there will be a significant difference in the subjective well-being scores before and after the administration of Reiki in the experimental group as compared to its counterparts in the control group where no intervention is given" have been discussed in section1.

1. Pre and Post-test Comparison of Trait Anxiety and Subjective Well-being between the Experimental Group (EG) and Control Group (CG) Participants

Table 1 : Pre and Post- test Mean, SD and ANOVA for the Experimental Group (EG) and Control Group (CG) (n=40)

Variables	Pre –Test			Post -Test		
	M & SD (EG)	*M & SD (CG)*	*F (1,78)*	*M & SD (EG)*	*M & SD (CG)*	*F (1,78)*
Anxiety	53.28 ±5.40	53.08±6.58	.02	46.02±7.62	53.25±7.43	18.41***
Well-being	82.45±10.78	85.52±7.00	2.28	90.68±10.19	84.80±8.33	7.96**

*p<.05, **p<.01,***p<.001

The results in the Table 1 show that in the pre-phase, no significant differences were found in the scores of trait anxiety, and subjective well-being between the experimental group and control group. Also, there were no significant differences on the factors of subjective well-being. Hence, the results reveal that the trait anxiety and subjective well-being is same in both the groups in the pre-phase.

However, in the post-phase, significant differences were found in the scores of trait anxiety (F= 18.41, p<.001) and subjective wellbeing scores (F= 7.96, p<.01) between the experimental and control groups after the Reiki therapy was applied on the participants of the experimental group and no therapy was given to the participants of the control group.

Hypothesis 1(b) that "there will be a significant difference in the level of trait anxiety after the administration of Reiki in the experimental group" and hypothesis 2(b) that "there will be a significant difference in the subjective well-being after the administration of Reiki in the experimental group" have been discussed in the section 2.

2. Pre and Post-Phase comparison of the Experimental group and also within the Control Group to see the Effect of Reiki Therapy on Trait Anxiety and Subjective Well-being

The results in Table 2 show significant difference in the trait anxiety scores before and

Table 2 : Pre-test and Post-test Mean, SD and RM-ANOVA Experimental and Control Group (n=40)

Variables	Experimental Group			Control group		
	M & SD (Pre)	*M & SD (Post)*	*F(1,39)*	*M & SD (Pre)*	*M & SD (Post)*	*F(1,39)*
Anxiety	53.28±5.40	46.02±7.62	68.70***	53.08±6.58	53.25±7.43	.05
Wellbeing	82.45±10.78	90.68±10.19	77.09***	85.52±7.00	84.80±8.33	.79

*p<.05, **p<.01, ***p<.001

after the Reiki therapy (F=68.70, p<.001). Significant difference was also seen in the scores of subjective well-being (F=77.09, p<.001), in the participants of the experimental group in the pre and post- phase.

On the other hand, when no therapy was given to the participants of the control group, no significant differences were found in the pre and post scores of trait anxiety and subjective well-being.

DISCUSSION

According to the World Health Organization (2011), mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Subjective well-being is attained when an individual is free from distressful symptoms like anxiety, depression, etc. But anxiety is the most common in all regions of the world (Institute of Medicine, 2001). Davison (2008) stated that anxiety is a displeasing feeling of fear and concern. Anxiety can be considered to have several components: physical or somatic symptoms (i.e., racing heart, sleep trouble), affective symptoms (i.e., feeling keyed up or on edge), and cognitive symptoms

(i.e., worry that is difficult to manage) (Segal, Qualls, & Smyer, 2011). When a person is in a state of anxiety, he must be given such treatments that could calm his mind and make him feel better. Thus, Reiki healing stands out to be one of the most beneficial anxiety cures that bring balance and harmony to the body, mind, and spirit, restoring a sense of wholeness and well-being. Reiki works on physical, emotional, mental, and spiritual levels and goes beyond the person to treat the whole person (Ray, 2001). Reiki is simple, natural and safe method of spiritual healing and self improvement (Harrison, 2000).

The purpose of the present study was to investigate the effect of Reiki on well-being of people with trait anxiety. In particular, the major objectives of the study were to investigate the effect of Reiki on trait anxiety and subjective well-being. The participants of the study were divided into two groups, i.e., experimental group (Reiki therapy was given to these participants) and control group (no therapy was given to these participants). The study was carried out in two phases, i.e., pre- phase (before the intervention), and post-phase (after the intervention or a gap of 40 days).

The results have been discussed in this section, in line with the hypotheses of the study.

Hypothesis 1(a) states that "there will be a significant difference in the level of trait anxiety before and after the administration of Reiki in the experimental group as compared to its counterparts in the control group where no intervention is given."

The results of the present study (Table 1) revealed that significant differences in the level of trait anxiety were seen between the experimental and control group participants as a result of Reiki. The participants in the experimental group reported less anxiety after Reiki as compared to the participants of the control group. These findings also get support from the study conducted by Vitale et al. (2007). In his study, Reiki was provided to the participants of the experimental group. The results indicated that the participants in the experimental group reported less anxiety than the control group. In a review of studies (e.g., Beard et al., 2011; Bowden et al., 2009; Potter, 2007; Shore, 2004; Tsang et al., 2007; Wardell & Engebretson, 2001), Reiki was found to be effective in reducing anxiety. Another study by Witte & Dundes (1988) reported Reiki of 3-weeks to be the most effective treatment for lowering stress. In another study, Witt & Dundes (1988) indicated that Reiki enhanced physical relaxation even when it was limited to only 20-minute sessions. Burden, Herron-Marx, & Clifford (2005) found profound effect of Reiki in alleviating anxiety and stress.

Therefore, the findings of the present study clearly revealed that when Reiki was applied on the participants of the experimental group, trait anxiety was reduced as compared to the participants of the control group. The present findings also get support in the study by Richeson et al. (2010), who evaluated the effect of Reiki as an alternative and complementary approach to treat anxiety among the participants of experimental or control group. Significant differences were observed between the experimental and control groups on anxiety. Porter et al. (2012) also reported reduction in state anxiety and trait anxiety after completion of three Reiki treatments.

Thus, the hypothesis 1(a) that "there will be a significant difference in the level of trait anxiety before and after the administration of Reiki in the experimental group as compared to its counterparts in the control group where no intervention is given" has been verified.

The next hypothesis 1(b) states that "there will be a significant difference in the level of trait anxiety before and after the administration of Reiki in the experimental group".

The results of the present study (Table 2) revealed significant differences in the level of trait anxiety in the participants of the experimental group in pre and post-phase. These findings get support from the study conducted by Wardell & Engerbretson (2001). In his study, anxiety was measured to be lowered after 30-minutes of Reiki session. On the other hand, no significant changes were seen in level of the trait anxiety in the participants of the control group in pre and post-phase. These findings are in line with the studies conducted by Vitale et al. (2007) and Richeson et al. (2010). They reported no significant changes in the level of anxiety in the participants of the control group where Reiki was not administered. Thus, in the present study also, Reiki seems to be effective in reducing trait anxiety among the participants of the experimental group.

Thus, the hypothesis 1(b) that "there will be a significant difference in the level of trait anxiety after the administration of Reiki in the experimental group" has been verified.

The next hypothesis 2(a) states that "there will be a significant difference in the subjective well-being scores before and after the administration of Reiki in the experimental group as compared to its counterparts in the control group where no intervention is given".

The results presented in Table 1 revealed that significant changes were seen in subjective well-being scores among the participants of the experimental and control group in the post-phase. This finds support in the study by Richeson et al. (2010), who reported improved well-being in the participants of the experimental group with Reiki therapy as compared to the participants of the control group with no therapy. In other studies (e.g., Burden et al., 2005 and Gudrun et al. 2007), found significant improvement in subjective well being following Reiki.

Thus, the hypothesis 2(a) stated that "there will be a significant difference in the subjective well-being scores before and after the administration of Reiki in the experimental group as compared to its counterparts in the control group where no intervention is given" has been verified.

The next hypothesis 2(b) states that "there will be a significant difference in the subjective well-being before and after the administration of Reiki in the experimental group".

The results of the present study (Table 2) revealed significant changes in the subjective well-being scores after the administration of Reiki in the participants of the experimental group. This finds supports in the study conducted by Wardell and Weymouth (2004). They found that recipients of healing touch often reported subjective benefits, including improved mood, well-being, and interpersonal relationships. In another study, Baldwin & Schwartz (2006) reported improved social, physical and emotional well-being after Reiki. However, no significant changes were seen in our study on subjective well-being in the participants of the control group in the pre and post-phase. This finds support in the study by Richeson et al. (2010), who reported improved well-being in the participants of the experimental group with Reiki therapy as compared to the participants of the control group with no therapy.

Hence, in the present study, Reiki was effective in improving the subjective well-being of the participants. This finds support in the findings of Birocco et al. (2012) who found Reiki to be helpful in improving the subjective-well-being of the cancer patients.

Thus, the hypothesis 2(b) that "there will be a significant difference in the subjective well-being before and after the administration of

Reiki in the experimental group" has been verified.

Hence, the discussion and related review of literature indicates that Reiki is helpful in reducing trait anxiety and increasing subjective well-being.

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