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## REIKI AS A NURSING INTERVENTION FOR USERS OF A PSYCHIATRIC INSTITUTION

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**Abstract: Introduction:** Reiki is an oriental philosophical technique developed by the Buddhist monk Mikao Usui, which is currently recognized by the Unified Health System (SUS) as an integrative and complementary therapy. This therapy uses attunement symbols with the laying on of hands to influence vital energies (CHI), through the recipient's chakras, providing balance to the body, soul and mind with low risk and low cost. (DE'CARLI, 2014; MORAES et al, 2019)

**Objective:** To describe the therapeutic effects of using Reiki as a nursing intervention for users of a philanthropic institution specializing in mental health care and psychiatry in a municipality in the interior of the state of Goiás.

**Methodological Path:** This is a qualitative descriptive study of the convergent care type and was carried out with the participation of ten patients in the research setting where they were able to experience two Reiki sessions for data collection through a semi-structured instrument.

**Results:** The therapeutic effects of Reiki experienced by users of a psychiatric institution include: pain relief, the presence of positive, beneficial and altruistic emotions as well as well-being, happiness, comfort and tranquillity, and also the desire to "want to see family" or "feel at home" and the "discharge of bad feelings".

**Final considerations:** The need to implement Reiki and other integrative practices in the environment that provides specialized care in mental health and psychiatry is highlighted, due to their great contribution to the well-being of the assisted client, as well as to the autonomy of the professional nurse in implementing these practices in their care prescriptions.

**Keywords:** Reiki; Integrative Practices; Psychiatry.

## INTRODUCTION

Health is understood as a dynamic phenomenon, historically constructed and crossed by social, economic, cultural and political factors. It reflects the marks of its time and space, and is considered a critical way of interpreting and intervening in human realities (BATISTELLA, 2007). Since ancient times, the understanding of health and illness has been permeated by mythical and religious elements. In the great civilizations, illness was interpreted as divine punishment, the consequence of moral or spiritual deviations. In the Middle Ages, influenced by Catholicism, a misogynistic perspective spread that blamed women - seen as witches - for calamities, plagues and illnesses (GEVEHR; SOUZA, 2016; HEGENBERG, 1998).

Over time, scientific rationality began to differentiate the physical from the spiritual, although mental disorders were still misunderstood. Many behaviors outside the norm were treated as demonic possessions, leading to cruel treatments such as exorcisms or public executions (BRITTO, 2004). Studies into the history of psychoanalysis show that the perception of mental illness varies according to the time, culture and lifestyle of each society (WATTERS, 2010). From the 18th century onwards, the institutionalization of madness began, with the isolation of individuals in mental institutions and the use of aggressive methods, such as insulin and cardiac shocks, reflecting the social exclusion of individuals with mental suffering.

In Brazil, the psychiatric reform process, culminating in the enactment of Law No. 10.216/2001, represented a milestone in replacing the asylum model with care in freedom, centered on human dignity and the social reintegration of individuals with mental disorders (BRASIL, 2001; MONTEIRO; ARAÚJO, 2018). As a result, integrative and complementary therapeutic alternatives have emerged that work to promote mental health, including Reiki.

Reiki is a Japanese therapeutic technique developed by Mikao Usui (1865-1926), based on the laying on of hands to channel vital energy (Chi), seeking the individual's physical, emotional, mental and spiritual balance (DE'CARLI, 2014; VARNÓ, 2009). Rooted in Eastern philosophy, Reiki has now been recognized by the Brazilian Ministry of Health as an Integrative and Complementary Practice (PIC), regulated by Ordinance No. 849/2017, and implemented in several SUS units (BRASIL, 2017).

This practice has been shown to be effective in mental health contexts, especially in reducing psychic symptoms, coping with trauma and strengthening self-care. In psychiatry, Reiki has emerged as a low-cost therapeutic strategy with no adverse effects, promoting well-being and quality of life for patients (MEDEIROS, 2020). Its application, especially by nursing professionals, favors holistic care and the appreciation of the subject in their entirety, as well as strengthening the autonomy of nursing as a science of care (GOMES; OLIVEIRA, 2005).

Currently, ICPs are present in 15,955 health services in Brazil, 92% of which are focused on Primary Health Care (BRASIL, 2019). This shows the consolidation of a public policy aimed at comprehensive care. However, there is still resistance, prejudice and lack of knowledge about these practices, which reinforces the need for research that shows their benefits and applications.

In view of this, this study aims to analyze the therapeutic effects of Reiki as a nursing intervention for users of a philanthropic institution specializing in mental health and psychiatry in the interior of the state of Goiás. The research aims to contribute to the advancement of knowledge about Reiki in clinical practice, demystify prejudices and increase adherence to integrative therapies in mental health care.

## OBJECTIVES

### GENERAL OBJECTIVE

To describe the therapeutic effects of using Reiki as a nursing intervention for users of a philanthropic institution specializing in mental health care and psychiatry in a municipality in the interior of the state of Goiás.

### SPECIFIC OBJECTIVES

- To understand the historical, philosophical and scientific bases of the use of Reiki in humanity and in health care;
- To characterize nursing care with the use of Reiki for users of a philanthropic institution specializing in mental health and psychiatric care in a municipality in the interior of the state of Goiás; and
- To identify the therapeutic effects of Reiki from the perspective of users of a philanthropic institution specializing in mental health care and psychiatry in a municipality in the interior of the state of Goiás, based on the narratives of their experience with the intervention.

## LITERATURE REVIEW

### REIKI

Reiki is a therapeutic practice of Japanese origin, of an initiatory and spiritual nature, whose systematization dates back to the beginning of the 20th century, attributed to the monk Mikao Usui (臼井甕男). Based on the philosophical principles of Buddhism, the technique was developed after intense studies and meditative practices involving the sacred texts known as Sutras, traditionally attributed to the teachings of the historical Buddha, Siddhartha Gautama (MCKENZIE, 2006).

The Buddhist Sutras are compilations of doctrinal teachings, usually written by later disciples or schools, and represent a body of

text that guides meditative, behavioral and spiritual practices. In the Mahayana tradition, the Sutras are treated as discourses by the Buddha himself, offering reflections on the nature of reality, the mind and existence (BELUZZI, 2018).

The term “Reiki” comes from the combination of two Japanese ideograms: “Rei” (霊), which can be translated as spirit, divine or universal, and “Ki” (気), which represents vital energy, the vital breath present in all beings. This concept of vital energy is observed in various cultural and spiritual traditions: “Ki” in Japan, “Prana” in India, “Pneuma” in Ancient Greece, “Ruach” in the Jewish Kabbalah and “Holy Spirit” in Christianity (DE’CARLI, 2014; FORTUNE, 2000).

Historically, the Reiki school was consolidated through the succession of three great masters. Mikao Usui, the founder, passed on his knowledge to Chujiro Hayashi (1878-1941), a doctor and officer in the Imperial Japanese Navy, who incorporated conventional medical practices into Reiki and founded a clinic in Tokyo called Shinano Machi, where he maintained the technique for over two decades (DE’CARLI, 2014). Hayashi, in turn, initiated Hawayo Takata (1898-1980), a Hawaiian immigrant who discovered Reiki as a patient. Cured of a chronic illness through regular sessions, Takata became a disciple and then a master, and was responsible for introducing Reiki to the West. After her training, she initiated 22 masters, who founded the American International Reiki Association (AIRA), ensuring the spread and legitimization of the practice on an international level (DE’CARLI, 2014).

### FUNDAMENTALS OF REIKI

Reiki is not just an energy healing technique; it is a philosophy of life based on moral and spiritual values. The practice promotes not only the harmonization of the physical body, but also of the emotional, mental and

spiritual fields of the human being. Mikao Usui emphasized that the true purpose of Reiki is inner transformation, a process of self-knowledge and energetic self-regulation that precedes and enhances physical healing (MAGALHÃES, 2015).

This philosophical dimension of Reiki is condensed into the “Five Principles”, or the “Secret Method that Invites Happiness”, conceived by Usui after a retreat on Mount Kurama. The principles are: “Just for today, don’t get angry; don’t worry; be grateful; work with dedication; be kind to other living beings” (VARNO, 2009, p. 66). These precepts act as an ethical and spiritual guide for practitioners, integrating the therapeutic dimension with the moral.

## REIKI SYMBOLS AND THE HUMAN CHAKRAS

Reiki uses sacred symbols - called cosmic symbols - as tools for channeling and directing vital energy. These symbols are activated by the therapist during sessions, usually by laying hands on the body’s energy centers, known as chakras. Chakras are subtle structures present in Eastern tradition, described as vortices that regulate the entry, storage and distribution of vital energy (DE’CARLI, 2014; MILLER, 2015).

The Reiki initiation process is divided into three main levels:

- **Level I - Awakening:** the individual is attuned to Reiki energy, learning to channel it, although they have not yet received the cosmic symbols.
- **Level II - Transformation:** the initiate receives three sacred symbols, which deepen the healing capacity, acting on physical, emotional and mental levels.
- **Level III - Realization and Mastery:** the therapist is trained for deep self-healing (level 3A) and for initiating other practitioners (level 3B).

The three main symbols of the second level are:

- **Choku Rei:** symbol of strength, it acts on the physical body, intensifying energy and promoting cleansing and protection.
- **Sei He Ki:** symbol of harmony, acts on the emotional body, treating imbalances such as anxiety, sadness and addictions.
- **Hon Sha Ze Sho Nen:** symbol of time and space, it acts on the mental body, allowing Reiki to be sent from a distance and healing past traumas (DE’CARLI, 2014; VARNO, 2009; FREUD, 1996).

The symbols are applied directly to the seven main chakras of the human body, located from the base of the spine to the top of the head. Each chakra is linked to specific physiological and psycho-emotional functions. Imbalances in these centers can lead to pathologies and disorders at the physical, mental and spiritual levels (GREGUER, 2016; MAGALHÃES, 2015).

## THE REIKI SESSION

Reiki sessions represent the pinnacle of therapeutic practice, when the reiki therapist - also called a channel - acts as a mediator of universal vital energy, transmitting it to the recipient through the laying on of hands. Reiki can be applied both to maintain health and to treat specific illnesses, following traditional and individualized protocols according to the patient’s needs (DE’CARLI, 2014; SALLES et al., 2014).

The session environment must be carefully prepared, as sensory aspects contribute significantly to the patient’s relaxation and increased energetic receptivity. Elements such as soft music, subdued lighting, the use of specific colors and pleasant aromas (usually through incense or essential oils) are used in order to induce states of tranquility and introspection (DE’CARLI, 2014).

In addition to sensory elements, symbolic and traditional initiatory rituals form the spiritual basis of the session. These can include the use of crystals, candles, energized water glasses, salt, alcohol, mantras and cosmic symbols, the latter being activated mentally or drawn on the patient's body (STEIN, 2008; DE'CARLI, 2014). The posture of the therapist and patient is also relevant: the patient should remain in a relaxed position (preferably lying down), while the therapist adopts a centered posture, with their hands in a shell shape and fingers joined, facilitating the flow of energy.

Before starting to assist others, it is essential that the therapist carries out a self-application to rebalance their own chakras and ensure that they are in harmony with universal energy (VARNO, 2009). The session follows the following main stages:

1. **Informed consent from the patient;**
2. **Hand hygiene and preparation of the environment;**
3. **Tuning in to universal energy through prayer or intention;**
4. **Raising the vibration of the environment with the Choku Rei symbol;**
5. **Activation of cosmic symbols according to need;**
6. **Imposition of hands about 5 to 15 cm from the body on the chakras, remaining for 3 to 5 minutes at each point;**
7. **Ending the session with thanks and collecting the energies.**

The application sequence goes from the upper to the lower chakras, following an energetic logic that goes from the most subtle to the most dense. It starts with the **crown chakra**, then the **frontal, laryngeal, heart, solar plexus** and **sacral chakras**, and finally the **base chakra**. The laying on of hands is accompanied by the conscious use of symbols, promoting energetic activation and the functional rebalancing of the body (STEIN, 2008; GREGUER, 2016).

The duration of a session can vary between 20 and 40 minutes, depending on the complexity of the complaint and the energetic sensitivity of each individual. It is important to note that although Reiki acts subtly, its effects can be profound and prolonged, reverberating for days after application (VARNO, 2009).

## THE BENEFITS OF REIKI

The inclusion of Reiki in integrative and complementary practices is due to its multiple physiological, emotional and spiritual benefits, progressively recognized by scientific studies and the clinical experience of therapists and patients. It is a **low-cost, low-risk practice with high therapeutic potential**, which makes it particularly suitable for public health systems such as SUS (MORAES et al., 2019).

Empirical studies have proven the effectiveness of Reiki in various clinical contexts. One example is the research by Freitag (2014), conducted with a sample of ten elderly people with chronic pain in the north of Rio Grande do Sul. After five sessions of Reiki, the participants reported an improvement of approximately 70% in the intensity of their pain, indicating significant effects even in conditions refractory to pharmacotherapy.

In the field of chronic and metabolic diseases, Dacal and Silva (2018), in a study carried out at the endocrinology outpatient clinic of the State University of Bahia (UNEB), observed that among 244 patients treated with integrative practices, including Reiki, there was an average improvement of 23% in the main complaints, which reinforces the complementary role of the technique in integral health.

In immunological and physiological terms, an experimental study carried out by Vannucci (2017) at the Cruzeiro do Sul University (UCS) with five healthy volunteers showed an increase in cell viability and in the activity of the enzyme myeloperoxidase - associated with the innate immune response. These findings corro-

borate the hypothesis that Reiki enhances self-regulation and organic defense mechanisms (DE'CARLI, 2014; VANNUCCI, 2017).

In addition, Reiki has shown consistent benefits in the field of mental health. A qualitative study conducted by Medeiros (2020), in a mental health outpatient clinic with 10 patients diagnosed with depression, revealed that already in the first 20-minute session it was possible to observe relief from anxiety, a feeling of well-being and tranquility. These results point to the effectiveness of Reiki as an adjunct tool in the treatment of emotional disorders.

### REIKI AS AN INTEGRATIVE SUS PRACTICE

Reiki was recognized as an integrative practice in Brazil through **Ordinance No. 849 of March 27, 2017**, which officially included it in the National Policy for Integrative and Complementary Practices (PNPIC) in the Unified Health System (SUS). This measure represents a historic milestone in the valorization of traditional knowledge and alternative therapies in the country (BRASIL, 2017).

Since its regulation, Reiki has gradually been incorporated into the public health network, especially in Primary Care, in Basic Health Units (UBS) and in some Family Health Strategies (ESF). Studies show that its adoption has contributed to improvements in welcoming users, reducing the use of medication, relieving physical and emotional symptoms, and strengthening the professional-patient bond (SPEZZIA, 2018).

International experiences corroborate these findings. In hospitals in the United States and Canada, Reiki is often used as a complementary therapy after surgery, helping to reduce pain, length of stay and complications resulting from pharmacological interventions (CARDOSO, 2013).

Despite its growth, the practice faces challenges in Brazil. According to Vieira (2017), the lack of qualified professionals, the absence of more specific regulations for its implementation and the scarcity of incentives for training are significant obstacles. Although the Ministry of Science promoted support for research into PICS in 2013, investments remain insufficient for its full institutionalization in the SUS.

Even in the face of these limitations, Reiki presents itself as a powerful practice for **expanding the integrality of health care**, capable of promoting the humanization of care, the prevention of illnesses, rehabilitation and the well-being of users. These characteristics make Reiki especially relevant for nursing, a profession that historically has integral and humanized care as one of its fundamental pillars (WINTERS; PRADO; HEIDEMANN, 2016).

## METHODOLOGICAL APPROACH

### TYPE OF STUDY

This is a qualitative, descriptive and explanatory study with a convergent care design. The qualitative approach is centered on the natural environment as a direct source of data, with the researcher as the main instrument of investigation. It seeks to understand the meaning that the participants attribute to the phenomena, valuing their subjective perspective on the subject under investigation (LÜDKE; ANDRÉ, 1986).

Descriptive research aims to observe, record and interpret phenomena, deepening the understanding of a given reality through techniques such as interviews and observations (GIL, 2002). Explanatory research aims to identify the factors that influence or determine the occurrence of a phenomenon, deepening the analysis of the reality studied (GIL, 2002).

The convergent care design allows scientific research to be articulated with healthcare practice, with a view to implementing changes and innovations in the context of care (TREN-TINI et al., 2017). The choice of this methodological approach was motivated by its relevance to the object and objectives of this research.

### LOCATION OF THE STUDY

The study was carried out in a medium-sized philanthropic institution, located in a municipality in the interior of the state of Goiás, which specializes in mental health and psychiatric care. The unit has a capacity of 100 beds, distributed between wards and 24-hour emergency care. It offers services in various specialties: child psychiatry, adult psychiatry, psychogeriatrics, chemical dependency, neurology, outpatient care and hospitalization, with a multi-professional team made up of psychologists, psychiatrists, therapists, nurses, nursing technicians, social workers, among others.

### RESEARCH PARTICIPANTS

Ten users of the institution with mental disorders, with or without a history of psychoactive substance use, took part in the study. Participants were selected based on inclusion criteria: age 18 or over; absence of altered level of consciousness, disorientation or psychomotor agitation; and having received at least two Reiki treatments. Cognitive conditions were assessed through clinical observation based on mental state examination criteria (SADOCK; SADOCK, 2007).

Participation was voluntary and mediated by signing the Informed Consent Form (ICF). The interviews were conducted in a private environment, recorded with authorization, transcribed in full and guided by a semi-structured script.

### NURSING PROCEDURES AND INTERVENTION

The research was approved by the Research Ethics Committee of the Universidade Evangélica de Goiás - UniEVANGÉLICA, under opinion no. 4.914.914, in accordance with CNS Resolution no. 466/2012. The stages of the study were:

1. Meeting with the institution's multi-professional team to present the project;
2. Request for users to participate;
3. Inviting users to read and sign the ICF;
4. Reiki treatments in an appropriate room, with a relaxing atmosphere (music and aromatherapy), following sanitary measures against COVID-19 (BRASIL, 2020);
5. Application of the Reiki technique by a level 2 Reiki practitioner, supervised by a nurse specializing in mental health;
6. Sessions were recorded using a follow-up form;
7. Interviews after the second session to assess the therapeutic effects.

Each session lasted around 30 minutes and followed a standardized Reiki application script, including connection, activation of the symbols and laying on of hands on the main chakras (STEIN, 2008; VARNÓ, 2009).

### DATA COLLECTION

Data collection took place between August and September 2021, through individual interviews based on a semi-structured script (APPENDIX A), prepared by the authors. The interviews were conducted in a private environment, lasting an average of 15 minutes, and ended at the tenth interview, when theoretical saturation was reached (FONTANELLA; RICAS; TURATO, 2008).



## DATA ANALYSIS

The data was transcribed and subjected to the thematic analysis proposed by Lüdke and André (1986). The analysis involved: exhaustive reading of the reports; marginal notes; coding of units of meaning; formation of categories; and critical discussion of the findings, based on the objectives of the study.

## ETHICAL PRECEPTS

The study complied with the principles of CNS Resolution no. 466/2012, with approval from the Ethics Committee (opinion no. 4.914.914). Participants signed the ICF in two copies and were guaranteed confidentiality, anonymity and the right to withdraw at any time. The data will be stored for five years and then incinerated.

## RISKS AND BENEFITS OF THE STUDY

- Risks: possibility of embarrassment due to exposure of personal information, mitigated by data confidentiality and the use of numerical codes. Participants could stop the interview at any time.
- Direct benefits: understanding of the therapeutic effects of Reiki and recognition of the technique as a nursing intervention.
- Indirect benefits: production of knowledge in mental health, expansion of integrative practices in the SUS and incentive to train professionals in the area. The data will be used exclusively for academic purposes.

## RESULTS AND DISCUSSION

After a thorough analysis of the data collected, they were organized in Table 1, characterizing the profile of the 10 (ten) users who took part in this study, where it was possible to observe a predominance of males, aged be-

tween 40 and 49, with a period of hospitalization of more than 30 days and mental disorder being the reason for hospitalization.

VARIABLES	NO.	%
<b>Gender</b>		
Male	6	60%
Female	4	40%
<b>Age</b>		
18 to 20 years old	2	20%
21 to 29 years old	1	10%
30 to 39 years old	3	30%
40 to 49 years old	4	40%
> 50 years	0	0%
<b>Length of hospital stay</b>		
1 to 10 days	3	30%
11 to 20 days	2	20%
21 to 30 days	1	10%
> 30 days	4	40%
<b>Main reason for hospitalization</b>		
Mental disorder	7	70%
Alcohol and drugs	3	30%

**Table 1:** Characterization of the profile of the participants in the study entitled “Reiki as a nursing intervention for users of a psychiatric institution”. Anápolis, 2021.

**Source:** Research data, 2021.

As for gender, this study showed a predominance of males (n=6). The literature shows different realities depending on the scenario investigated. The study carried out in the state of São Paulo found a male prevalence of 61.5% of psychiatric hospitalizations between 2009 and 2020 (OLIVEIRA; SILVA, 2021), corroborating the results of this study.

On the other hand, a systematic review of the literature published in 2010 attested to a higher female prevalence of 42.5% for diagnoses of mental disorders (SANTOS; SIQUEIRA, 2010).

With regard to the age of the participants, there was an average of 33.9 years in this study, with 4 (four) users aged between 40 and 49, 3 (three) aged between 30 and 39, 2 (two) aged between 18 and 20 and 1 (one) aged between 21 and 29. The study by Oliveira and

Silva (2021) found that 25.41% of the participants admitted to a psychiatric institution were aged between 30 and 39.

With regard to length of stay, this study found that 4 (four) of these participants had been hospitalized for more than 30 days, 1 (one) had been hospitalized for between 21 and 30 days, 2 (two) had been hospitalized for between 11 and 20 days and 3 (three) participants had been hospitalized for between 1 (one) and 10 (ten) days. The average time for psychiatric hospitalization, according to the Ministry of Health's recommendation, is 30 days, so some of the participants interviewed in this study were hospitalized for a period that exceeded this recommendation. The reasons for prolonged hospitalizations are justified by the relationship between clinical and social conditions, with the aspect of family support prevailing as the main cause of prolonged hospitalizations. In a study published in 2016, factors such as crisis relapses or the flow of recurrent hospitalizations due to lack of family support were highlighted (BRASIL, 1999; PEIXOTO et al., 2016).

Another factor raised to characterize the profile of the participants was the main reason for hospitalization, with seven (7) being hospitalized due to complications related to mental disorder (MD) and three (3) due to problems arising from alcohol and drug use (AD). Psychiatric hospitalization as a result of problems arising from the use of alcohol and other drugs is the main reason for hospitalizations according to the study by Silva et al. (2014), followed by hospitalizations arising from mental disorders.

This scientific study was developed with the aim of describing the therapeutic effects of Reiki on hospitalized psychiatric patients, identifying through the semi-structured instrument contained in this work the alterations and changes in the biopsychosocial condition were perceived by the participant.

The description of the therapeutic effects and the discussion of the results will be based on a single category that emerged from the analysis of the material collected.

## THE THERAPEUTIC EFFECTS OF REIKI EXPERIENCED BY USERS OF A PSYCHIATRIC INSTITUTION

This category will present the participants' accounts of the therapeutic effects experienced after two sessions with Reiki. They reported an improvement in physical and emotional symptoms at the time of the approach, such as tiredness, sadness, anxiety, stress, anger, nervousness and anguish. They also reported feeling more cheerful, motivated, calm, excited and hopeful, as can be seen in the following reports:

*"[...] I feel calm, relaxed and light in all physical and mental aspects [...]" (E5)*

*"[...] this process has made me calm" (E4)*

*"[...] I feel happy, calm and hopeful [...]" (E3)*

*"I felt good, I'm feeling happier and more motivated, I'm very calm, it was an invigorating and energizing session for me" (E1)*

*"In both sessions I felt comfort, tranquillity and a lot of relaxation [...]" (E6)*

Recent studies have shown the effectiveness of Reiki as a complement to traditional medical therapy in treating infections and relieving pain, as well as inducing deep relaxation, which causes momentary and prolonged states of good feelings such as happiness, tranquillity, rest, motivation and vigor. In Reiki, the therapeutic process aims to detoxify the patient from harmful factors on the three levels of the human formula, these being the body, the soul (emotion) and the mind, in the body it acts to relieve organic symptoms, in the soul, which is referred to as emotion, Reiki provides emotional stability experienced by the antagonism of negative emotions, and in the mental sphere

re the session provides long-term coping with thoughts and feelings harmful to the individual, such changes can be perceived during and after the session (BARBOSA, 2016).

Reiki, being an intelligent energy, also helps to treat mental illnesses such as depression, anxiety and panic, as the therapy results in an improvement in the emotional forms caused by these disorders. The intention of Reiki in the treatment of mental disorders is not directly related to a cure, but to maintaining the patient's physical, emotional and mental well-being, acting, for example, in the perception of emotions and feelings such as calm and tranquillity in individuals affected by anxiety; hope, motivation and coping with difficulties in patients with depressive conditions (MEDEIROS, 2020; SILVA, 2015).

Another therapeutic effect observed was the stabilization of the vital signs of the participants in this study. Vital signs were measured before and after the second Reiki session and there was an 80% reduction in heart rate and respiratory rate after the intervention. Reiki provides regulation at the subtle level of the organs and thus of the hormones they secrete, due to the correlation between human chakras and endocrine organs, thus translating sensations and feelings at the organic level, reflecting even in the stabilization of vital signs, as was verified in this study (OLIVEIRA et al., 2019; DE'CARLI, 2014; GREGUER, 2016).

Vital signs are indicators of the body's current state of health as well as ensuring the functioning of the body's circulatory, respiratory, neural and endocrine functions, so vital signs are extremely important for detecting diseases and disorders in the individual's body as they point to variables that may indicate problems in some organic system. Vital signs are divided into five: temperature, blood pressure, heart rate, respiratory rate and pain, each with its own indication scheme and re-

lationship with pathophysiology (TEIXEIRA, 2015; NISHIDA; VIEIRA; NASSAR, 2016).

However, vital signs have other indicative functions, one of which is the variation in the emotional and sentimental state, alternating according to the sensations experienced at the time, justified by the stimulation of emotions and feelings in the brain's chemistry through endocrine functions, an example of this are emotions that come from the idea of escape, such as fear and euphoria, which trigger an increase in heart and respiratory rate as a signal to stimulate the brainstem regions, while emotions that are antagonistic to these, such as tranquillity and rest, cause these signals to decrease (TEIXEIRA, 2015; NISHIDA; VIEIRA; NASSAR, 2016; ESPERIDIÃO-ANTONIO, 2008).

Participants also reported relief from physical pain after the Reiki session, such as low back pain, headaches and muscle pain, and improvement in other symptoms such as constipation. All the participants who complained of the aforementioned symptoms before the session reported relief from them after the intervention, as can be seen in the following statements:

*I was in disbelief about Reiki when I arrived in the room and after you started my back pain disappeared straight away [...] (E5)*

*[...] I felt my headache ease when you finished. (E10)*

*[...] I had constipation, which eased after the first session. (E6)*

When there is physical suffering present, the human body tends to have responses such as increased blood pressure, tachypnea, tachycardia and adverse symptoms such as anxiety and psychomotor agitation and a clear view of change in this situation consolidates the beneficial effects of Reiki. As for pain in general, whether it is chronic or acute and regardless of whether it is caused by physical, psychological,

social or spiritual factors, Reiki energy is directed to where healing is needed, guaranteeing effectiveness without the need for invasive procedures and without contraindication, as there are no side effects or addiction. It is important to mention that some of the most common benefits are related to muscle relaxation and drowsiness, and that in patients with insomnia problems, sleep control and recovery can be achieved (RIGOTTI; FERREIRA, 2005).

Reiki, which is already used in some cancer treatment hospitals as a complementary/alternative therapy, shows immediate results in terms of pain control, anxiety and reducing the side effects of chemotherapy, as well as improving self-esteem, which has a major emotional impact on the lives of certain patients (ALMEIDA; GONÇALVES, SANTOS, 2016).

Another important report stated by the participants after the Reiki intervention was the desire to go and see family members, the good feeling of feeling at home (the desire) and the discharge of bad feelings, as can be seen in the following statements:

*I felt at home, this process made me feel calm  
[...] (E4)*

*[...] I felt motivated and wanted to see my family. (E9)*

*[...] I felt that the bad feelings were discharged, I feel light and calm. (E8)*

Mikao Usui, the systematizer of Reiki, believed that when the soul is at peace, the body heals itself and that there is no right pattern for the experiences lived. Therefore, each individual can react in a unique way with results equivalent to general well-being in physical, mental, emotional and spiritual dimensions (FERREIRA, 2018).

There are various ways of expressing Reiki, and it can be through the desire to speak, smile, cry or even not move. The important thing is that the patient knows the need not to prevent these feelings in order to experien-

ce them better. These forms of manifestation are part of the emotional unblocking, which re-establishes the energy circuits so that the body returns to its normal vital force by aligning the seven human chakras, which brings emotional, mental and karmic healing (NONHA et al., 2014).

## FINAL CONSIDERATIONS

In summary, Reiki as an integrative practice in the hospital setting has proved to be of great value for improving therapeutic routines in inpatient and outpatient settings, as already mentioned in several articles cited in this study. This therapeutic technique contributes to health and care assistance, aiming to be a perfect supplement to traditional medicine because it is a low-cost therapy with no contraindications.

Therefore, Reiki provides patients with improvements in their general condition at all levels of human complexity, obtaining results in the physical, emotional and social dimensions when pain relief is verified, the presence of positive, beneficial and altruistic emotions as well as well-being, happiness, comfort and tranquillity, and also the desire to “want to see family” or “feel at home” and the “discharge of bad feelings”.

In this way, this study proved to be very important in attesting to the therapeutic effects of Reiki in nursing care in mental health and psychiatry, emphasizing that this practice can also be extended to any health and care environment in which nurses work, as long as they are trained to do so.

Therefore, it is still necessary to publicize and encourage integrative and complementary practices, such as Reiki, in the academic and professional environment, thus arousing the desire and interest for more professional nurses to train and integrate this practice into nursing care in health and mental health.

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