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Effectiveness of Reiki Therapy on Depressed Adolescents in Tehran, Iran

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Effectiveness of Reiki Therapy on Depressed Adolescents in Tehran, Iran

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Abstract

The major purpose of this study is to examine the effectiveness of Reiki therapy in reducing level of adolescents in Tehran, Iran. An instrument for data collection was CDI. The total number of samples is (65).The age of the respondents was 12-17 years. There was significant difference in pre-test and post-test of Reiki ($t=5.99$, $p<.05$) showing the effectiveness of Reiki therapy, which led to a reduction in the depression score of participants in 6 week. The findings from the present study reveal that Reiki enables change in cognitive and behavior and helps to avoid the problems of depression in adolescents.

Key words: Reiki, Depression, Adolescent.

Introduction

Depression in childhood and adolescence among the most general and disabling Disorders. It is reported that Childhood depression ranges from 2% - 6% among school-age population, and it Childhood and may seriously affect severe reactions in adult life (the world health report, 2001).Depression is among the most common mental disorders in the name of "cold" of mental disease. It is estimated that between 5% -25% of the population to experience depression at some point in their lives and 15% of severely depressed people will commit suicide in the world. (Gotlib and Hammen, 2002).During puberty, about 2% of 13-year-old suffering from depression and missiles in the sky, the rate of 17% at age 18 in world (Angold,2002). Current pervasiveness depressive disorders, 2 %(1.8% and 0.2%major depressive disorder, minor aged, living in cities and not housewife (Mohammadi, et al, 2006). Using the DSMIV criteria and clinical interviews, they concluded that the prevalence of depression disorders was 9.2 %(4.4% major depressive disorder, 3.9%minor depressive and 0.8%dysthymia) (Noorbala, 2008). A literature search of epidemiological studies of adolescent psychological health provides a lot of support that depression, substance abuse, and suicide are among the three most prevalent causes of death in adolescents (Brookman,

2006).Numerous studies have been conducted to estimate mental health in Iran. In a current study in the Northwestern part of Iran using a face to face interview conducted by psychiatrist based on the DSM-IV, 9.7% of the 17–24 year olds were diagnosed as having a mental disorder. The number of cases was establishing to increase with growing age, and women were diagnosed two times more often than men (Fakhari et al, 2007).

Reiki is a Japanese statement meaning universal (Rei) life force energy (ki). This energy is natural in all life forms and supports the body's own innate authority for healing (Nield and Amending, 2001) .Reiki techniques are used to heal the body, mind and the spirit. It has been proven that Reiki can help people suffering from various major and minor ailments. It is often used as a complementary conventional therapy in a number of hospitals today. It complements and enhances the health care the patient receives in the hospital or from other health care providers. Reiki has not only helped patients with physical ailments but also helped those with minor psychological problems as well. One of the greatest Reiki healing health benefits is stress reduction and relaxation, which triggers the body's natural healing abilities, and improves and maintains health. Reiki helps bring about inner peace and harmony; it can be valuable tool in the quest for spiritual growth. Reiki can also strengthened and heal personal relationships. Reiki can heal mental and emotional wounds, work through dysfunction and create a new found closeness and intimacy. Because Reiki enhances your capability to love, it can open you up to the people around you and help your relationships grow. Deep personal connections, by improving your capacity for empathy, Reiki allows you to connect with people on a deeper level (Peggy, 2001).

Previous research

Shore (2004) evaluated the effectiveness of Reiki for depression and stress. Forty five patients (self defined and documented by questionnaire) were randomly divided into one of three groups receiving hands on Reiki, distant Reiki or sham distant Reiki. After 6 weeks, there were significant reductions in depression (EDI, $p < 0.05$ for hand son Reiki and $p = 0.004$ for distant Reiki compared with sham Reiki) and stress (Perceived Stress Scale, $p = 0.004$ for hands on Reiki and $p = 0.005$ for distant Reiki compared with sham Reiki) in treatment groups compared with sham Reiki group and these differences continued to be present 1 year later.

Shiflett (2002) assessed the effects of Reiki as an adjunctive treatment in sub acute stroke patients. Participants were randomized into three parallel groups: intervention by a Reiki master (n = 10), Reiki by a practitioner (n = 10) and sham Reiki (n = 10). At the end of the treatment period, there were no differences on depression (Center for Epidemiologic Studies Depression Scale) and functional recovery (Functional independence measure) between the three groups.

Stephene(2006) found that between pretest and post test by comparison t-test was significant p=0.02. In this study, twelve participants were exposed to 4 weeks of weekly treatments of Reiki from two Reiki Master-level practitioners. The 12 participants served as controls and received no treatment. In addition, Crawford's study (2006), a quasi-experimental study using a pretest-post test design, found significant difference in the pretest and post test of the effects of Reiki on persons with dementia.

Objective

The main objective of the present study is effectiveness of Reiki in reduction depression among adolescents in Iran.

Method

Location and respondents of the study

The location for this research was Tehran, the capital of Iran. Tehran is the largest city in the Middle East and the 16th most populated city in the world, with a population of 8,429,807l. Tehran is the economic centre of Iran. About 30% of Iran's public-sector workforce and 45% of large industrial firms are located in Tehran and almost half of these workers work for the government. The city of Tehran is

divided into 22 municipal districts, each with its own administrative center (Statistical Center of Iran, 2006). One of the most common mental disorders in children and adolescents in Tehran is depression illness. These children are referred for treatment and problem solving to psychological clinics and counseling centers, which prove to be the best locations for choosing the samples.

Measures

The CDI (Kovacs, 1983) is a self-rating scale modeled on the BDI (Beck depression inventory) and adapted to young people 7-17 years of age. The depressive symptoms assessed include cognitive, affective, somatic and behavioral aspects and the 27 items are scored from 0 to 2, where 0 means the symptom is not present, 1, the symptom is present and mild, and 2, the symptom is present and marked. The clinical / categorical approach is evidenced in that it covers most of the symptoms of major and minor depression according to the DSM IV (American Psychiatric Association, 1994). The CDI takes about 10-20 minutes to fill in and contains five subscales: Negative Mood, Interpersonal Problems, Ineffectiveness, Anhedonia and Negative Self-esteem.

Data analyses

Data were coded and entered into Statistical Package for Social Science (SPSS version 16). This program was used for analyzing data for specific aims of the study. The analysis began with a report of the characteristics of the participants in detail. Descriptive statistics such as frequency, percentage, means and standard deviations were used to characterize the demographic variables, the rate of depression, subscales in groups and variables. Comparison Analyses: The paired test (Pre and post) were used for testing the difference between dependent groups in experimental groups.

Children's background

A demographic background of the children is presented. The total number of respondents in the present study is 65, including 47.7% male and 52.3% female samples. The age range of the children was from 12 to 17 years, which was divided into three categories; 12.3% (12-13), 35.4% (14-15), and 52.4% (16-17). In Reiki group, the mean age was 15.32 and the standard deviation of 1.39.

The parental demographic characteristics of children

This section discusses the educational level of the participants' parents. The educational status was divided into four levels (Under diploma, diploma, bachelors, and master's/doctorate.In terms of educational attainment, only (10.8%) of fathers held a PhD or master's and. The same percentage was true about mothers (7.7%). The majority of the parents in all the three groups had a bachelor's degree, whereas the minority was related to those either under diploma or with a master's/doctorate. While the educational level of under diploma (21.5%) in mothers was higher than fathers (4.6%), the educational level of diploma (30.8%) and bachelor's (53.80%) in fathers was higher than mother (32.3%) diploma and (38.50)% bachelors.

The levels of depression in respondents

Depression was measured using CDI, comprising 27 items with three choices scored (0-2). According to data collection, respondents' levels of depression were those of mild depression. The normal score in depression was (Normal≤20) (Kovacs, 1983). It indicated that there was no severe depression in any of the groups. Only (0%) showed that were normal in pretest stage, but about 8 person (10.2%) were normal in post test.

Analysis on the differences between pretest and posttest in Reiki

The result of the paired sample t-test (Table-1) illustrated the pre-test score for Reiki group (30.62, SD=5.38) while post-test score had mean value of (29.33, SD=5.88).based on data above, the mean score for the post-test of Reiki group was 29.33 lower mean value in pre-test 30.62 indicated that the depressed score decreased in post-test of Reiki than Pre-

test. The t-value, degree of freedom, and the two–tail reveled significant difference ($p<.05$) between the mean scores of the pre-test and post-score which suggests that Reiki program led to decreased depressed score in adolescents. Thus, the result showed that there was a significant difference in mean value *(*t=5.99, $p<.05$) between the pre-test and the post-test score of Reiki group. So, the effectiveness of Reiki therapy led to reduce depression score in the participants. cohen (1988) classifies .01 as a small effect , .06 as a medium effect and .14 as a large effect. The eta-squared obtained was ή=.35 indicated that the mean difference between two measurements is large.

Results

The mean score for the post-test of Reiki group was 29.33 lower mean value in pre-test 30.62 indicated that the depressed score decreased in post-test of Reiki than Pre-test. It indicated that there was no severe depression in any of the groups. Only (0%) showed that were normal in pretest stage, but about 8 person (10.2%) were normal in post test. Thus, the result showed that there was a significant difference in mean value *(*t=5.99, $p<.05$) between the pre-test and the post-test score of Reiki group. So, the effectiveness of Reiki therapy led to reduce depression score in the participants.

Discussion

The results from hypothesis of this study indicated that there was significant difference in mean scores of Reiki between pretest and post test and also follow-up assessments in the experimental groups. The outcome of this research demonstrated the potential efficacy of Reiki Therapy for the treatment of depression in adolescents. These findings supported the effectiveness of Reiki intervention for decreasing depression. Nancy E (2010) investigated the effect of Reiki as an alternative and complementary approach to treating community-dwelling older adults who experience pain, depression, and/or anxiety. Participants (N = 20) were randomly assigned to either an experimental or wait list control group. The pretest and post test measures included the Hamilton Anxiety Scale, Geriatric Depression Scale-Short Form, Faces Pain Scale, and heart rate and blood pressure.

Conclusion

The result showed that there was a significant difference in mean value between the pre-test and the post-test of ineffectiveness score in Reiki. Significant differences were observed between the experimental and treatment groups on measures of pain, depression, and anxiety; however, no changes in heart rate and blood pressure were noted. Content analysis of treatment notes and interviews revealed five broad categories of responses; relaxation, improved physical symptoms, mood, well-being, curiosity, a desire to learn more, enhanced self-care, and sensory and cognitive responses to Reiki. the effects of Reiki to solve this social and individual problem should be considered. Thus, it is recommended that the Iranian Ministry of Education support and encourage both the establishment of counseling centers in schools and other education centers, where counselors and clinical psychologists can help students to treat mental and academic problems and support training Reiki masters for to ensure the health and talents of youth. To elevate Reiki to an advanced holistic nursing practice, advance practice nursing can continue to research the practice of Reiki and further legitimize the practice in the scientific community; educate the public about Reiki practice and help to facilitate and institute Reiki practice in hospitals, clinics, and hospices; build Reiki practice, whether private or public, and consult with people and institutions who want to incorporate Reiki into their lives and businesses, and lead nursing to dialogue about Reiki and other holistic healing arts through committee processes and political forums. In this way advance practice nurses fulfill the role of expert clinician, researcher, educator, consultant, and change agent or leader.

Table-1 Paired sample t-test (pre-test and post-test) Reiki scores

Test	N	Mean	SD	t	df	sig
Pre-test	65	30.62	5.38	5.99	64	.000
Post-test	65	29.33	5.88			

p<.05

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