



REIKI IN NURSING CARE: IMAGINARY AND EVERYDAY LIFE OF PEOPLE AND FAMILIES EXPERIENCING CANCER

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ABSTRACT

Objective: To understand the imagery of Reiki integrated into Nursing care in the daily lives of people and families living with cancer. **Methodology:** Convergent Care Research based on Comprehensive and Everyday Sociology, carried out with 20 participants in an oncological and hematological treatment clinic in southern Brazil, from July to December 2018. Approval by the Research Ethics Committee number 2.765.976; three to five Reiki sessions were held and after each session, there were individual open interviews with a semi-structured script. The Nursing Care Process was adopted, considering the Daily and the Imaginary in Health. Data analysis followed the proposal of Thematic Analysis. **Results:** the imagery about Reiki, integrated into nursing care in the daily lives of people and families who experience cancer, outlines the experience with Reiki and its meanings, pointing out the benefits of feeling good, having improved attenuation and disappearance of pains; energetic, emotional, spiritual and physical balances. **Final Considerations:** The imagery about Reiki showed an experience that allowed experiencing the demystification of the disease, a positive attitude, as a power to face it; it enabled to emerge the vital force of each person and family, promoting health in living, based on sensitive reason.

Keywords: Therapeutic touch. Complementary Therapies. Cancer. Daily activities. Nursing.

INTRODUCTION

Reiki or universal vital energy is widespread in the world with characteristics of providing self-care and self-development resources, helping in the search for peace, tranquility, calm, and happiness, involving the interaction between the therapist and the person undergoing treatment through the laying on of hands. Thus, it aims at balance and harmony, contemplating different dimensions of health such as physical, mental, energetic, emotional, and spiritual⁽¹⁾.

Reiki had its origins in the mid-19th century with Mikao Usui. The first practical approach

in a treatment and teaching center took place in 1922, but only in 1938 was named Reiki, a simple and effective practice, based on “universal energy”, to decrease levels of pain, depression, and anxiety⁽²⁾.

In 1978, with the First International Conference on Primary Health Care in Alma Ata, Russia, the initial recommendations for the implementation of traditional medicines and complementary practices gained strength. In Brazil, in 1986, this movement was highlighted after the 8th National Health Conference.⁽³⁾ The practice of Reiki was integrated into the National Policy on Integrative and Complementary Health Practices (*Política*

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Nacional de Práticas Integrativas e Complementares de Saúde - PNPICS), on March 27, 2017, from the publication of Ordinance number 849 that states that this type of care enables the expansion of therapeutic approaches, in search of comprehensive and effective care for health care ⁽⁴⁾.

When the professional nurse integrates Reiki into the care of the person and his family, complementing it, he also performs his self-care, considering the assumption that the professional will need to be in balance to offer it. When reflecting on Reiki, professionals identified feelings of security, tranquility, personal relaxation from their experience, with reports of improvement in reasoning, and these elements directly involved the expansion of the care offered ⁽⁵⁾.

People undergoing long-term treatment in hospitals, upon seeing the benefits, sometimes propose to pay for the application of complementary integrative practices, declaring that these practices reduce anxieties in the hospitalization situation ⁽²⁾.

A study carried out in an oncology hospital in Turkey, with people living with cancer who received care in five Reiki sessions for 30 minutes, one each night, showed a decrease in pain, anxiety, and fatigue ⁽⁶⁾.

For women undergoing cancer treatment, Reiki allowed the release of emotional tension, inner peace, relaxation, hope, and the feeling of care ⁽⁷⁾. Other studies suggest that Reiki can be an alternative practice in self-management of the quality of life of women with cancer ⁽⁸⁾, benefiting patients psychologically, also helping them to deal with the therapeutic process, by integrating Reiki into pain therapy ⁽⁹⁾.

Another investigation showed the use of Reiki in a cancer treatment hospital and the complementarity that this therapy allows for biomedical chemotherapy care. It highlights that Reiki and other Integrative and Complementary Health Practices (IHP) can and should take a leading role when used in primary care, especially in health promotion, involving the prevention of risks and injuries ⁽¹⁰⁾.

The IHP seek to welcome and bring people together in their daily lives, knowing and

respecting their individuality and imagination, through care that encourages understanding, allows proactivity in the search for a cure and a better quality of life, developing human potential, encouraging self-knowledge, self-care, and self-transformation, combined with the benefit of efficiency and low cost ⁽¹¹⁾. However, there are gaps in studies that integrate the family in the care with the practice of Reiki. Given this context, the question is: what is the imagery of Reiki to be integrated into nursing care for people and families living with cancer in their daily lives?

We understand daily life as:

“the way of life of human beings that is shown daily, expressed by their interactions, beliefs, values, symbols, meanings, images and imagination, which go on outlining their process of living, in a movement of being healthy and getting sick, punctuating its life cycle. This journey through the life cycle has a certain cadence that characterizes our way of living, influenced both by the ought to be and by the needs and desires of daily life, which is called the rhythm of life and living” ⁽¹²⁾.

Michel Maffesoli proposes the study of everyday life centered on the Theories of the Imaginary as a social and spiritual force, a true mental construction, ambiguous and perceptible. For the author, the Imaginary is something that goes beyond the individual, that permeates the collective, or at least part of the collective ⁽¹³⁾. The imaginary is sensitivity, impalpable and real, little individual and above all shared, community, group ⁽¹⁴⁾. Reiki pervades several meanings in the daily life of each being cared for and being a caregiver, involving their Imaginary.

Thus, the objective is to understand the imagery of Reiki integrated into Nursing care in the daily lives of people and families living with cancer.

We justify this study by demonstrating the possibility of contributing to humanized care and support for people with cancer and their families, adopting a practice that favors and encourages a better quality of life, as well as the autonomy of care in which the involvement of individual and collective skills occurs.

Studying and investigating this theme allows for a better understanding of the practice of

Reiki, expanding the discussion, spreading this approach in the scientific area, helping to identify bases that structure, reorganize and reorient health services in search of new models of health care policy. Thus, including family members, as well as the perspective of the imaginary, to understand the complementarity and integration that Reiki can promote in the care of people and families, experiencing a chronic disease that brings suffering, uncertainties, and fears, making this study unique.

METHODOLOGY

This is a study with a qualitative approach, of the Convergent Care Research (CCR) type⁽¹⁵⁾ guided by the perspective of Michel Maffesoli's Comprehensive and Daily Sociology⁽¹⁴⁾.

The study setting was a private oncologic and hematologic treatment clinic. Founded in 2004, it is located in southern Brazil, in the city of Florianópolis, in the state of Santa Catarina. It includes 28 workers, including receptionists, administrative assistants, general services assistants, administrators, nurses, nursing technicians, pharmacists, nutritionists, psychologists, dentists, and doctors. In addition to the chemotherapy service, the clinic also assists SUS programs for the treatment of chronic diseases with a team of Oncology specialists; Pediatric Oncology; Hematology; Mastology; Coloproctology; Neurology; Digestive tract surgery; Oncology Surgery; Thoracic Surgery, and General Surgery.

The profile of clinic patients at the time of the research ranged between 8 and 93 years old for both genders, with levels of education from elementary school to graduate school. The diseases being treated were oncological and hematological tumors. Chemotherapy treatment protocols ranged from 8 to 36 weeks. The average monthly treatment was 150 to 200 people.

The practice of Reiki integrated into Nursing Care was developed by the main author, a nurse, between July and December 2018. The inclusion criteria of the participants included: people and family members, over 18 years old, living with cancer in their everyday; people

undergoing chemotherapy who underwent a chemotherapy protocol with an interval of no more than two weeks between one treatment cycle and another; family members who were being monitored and were available to participate in the protocol for the application of Reiki therapy and the interview conducted by the nurse researcher. The exclusion criteria were: people who presented some complication or instability in the health condition, impossible for them to receive the practice of Reiki associated with nursing care.

During the proposed practice, we adopted the Nursing Care Process involving Daily Life and the Imaginary in Health (NCPDLIH)⁽¹²⁾, which integrates the following steps: knowing the daily life and health care; defining the situation of daily life and health care; proposing and implementing care in everyday life; rethinking care and daily life.

Knowing the daily life and health care: Initially, there was an approach with people and families living with cancer, from observing them or indication of professionals from the institution. During the period of chemotherapy treatment of the research participant, an invitation was made for voluntary participation, presenting the research objective and the steps to be taken for data collection, as well as the ethical issues involved.

According to the chemotherapy schedule of the person experiencing cancer, a schedule for Nursing Care with Reiki was organized with the participants, followed by an interview. At this stage, we sought to know the day-to-day, that is, the way of living, involving interactions, beliefs, and values of people and families living with cancer, as well as the chosen health care, diagnosis, and protocol of the proposed treatment.

Defining the Situation of Daily Life and Health Care: At this time, we sought to know the meaning of the experience of cancer for people and families, as well as the meaning of Reiki brought by the study participants.

Proposing and Carrying Out Everyday Care: At this stage, Reiki was presented as a complementary practice in health care. Upon acceptance, the practice was offered at a time separate from the infusion of chemotherapy. Reiki does not have a pre-defined time, but this

research stipulated appointments of 20 to 30 minutes and with a sequence of 03 to 05 sessions for the person and family living with cancer, followed by an interview. The space for performing Reiki was made up of medical offices, according to availability at the time each person or family member was cared for. We prepared the environment to isolate possible external sounds for better reception and concentration at this time. Low light or no lighting at the time of practice was used. Then, hands were placed in places of pain, according to people's complaints, following Reiki techniques with the imposition on the face, chest, abdomen, and dorsal region.

Rethinking Care and Daily Life: At this stage, we sought to assess, reassess and rethink the care offered in the clinic's daily life, reflecting on the integration of Reiki in the effective search for health promotion and offering a model for other health services. In this process of caring together, we collected data.

The interviews were carried out in the clinic's rooms and offices, individually, with the family member or the person undergoing treatment, after each Reiki session. The open interviews were guided by a semi-structured script, previously constructed and tested by the authors, involving questions about: the experience of cancer in the daily life of the person and family; the meanings of Reiki practice, at different times. The interviews lasted on average 20 to 30 minutes, using a voice recording application and later transcribed in full and organized in a digital program (google form®).

Data collection was finished from the moment the data was saturated. The concept of theoretical saturation refers to the establishment of criteria for the identification of participants, aiming at a selection that provides the necessary data to achieve the established objectives and the suspension of the inclusion of new participants when the collected data start to present redundancy or repetition⁽¹⁶⁾.

Data analysis followed the Operative Proposal, through Thematic Analysis, which is divided into three stages: pre-analysis, material exploration, and treatment of the results obtained with its interpretation⁽¹⁷⁾.

The study was approved by the Ethics Committee for Research with Human Beings (Opinion number 2,765,976). To guarantee anonymity and confidentiality of information, participants chose a code name, which is accompanied by the letter "P" for people with cancer and "F" for their families. All signed the Informed Consent Form (ICF) in duplicate.

RESULTS AND DISCUSSION

Fifteen of the 20 people in the study were female, 15 were undergoing chemotherapy and five were family members. The age range varied between 26 and 75 years old, with different occupations: a businesswoman, a micro-businesswoman, a hairdresser, a plumber, a student, a commercial manager, a nursing technician, a commercial representative, a commissioner of the board. Six participants reported being housewives and five were retired. Among the people undergoing chemotherapy, five were diagnosed with multiple myeloma, three with breast cancer, and one with bowel cancer, pancreas, acute myeloid leukemia, acute lymphocytic leukemia, bladder, Hodgkin's lymphoma, colon of the uterus. Treatment time ranged from three months to nine years.

From the analysis of the data, the category "The imagery of Reiki and nursing care in the daily life of people and families living with cancer" emerged, with two subcategories that will be described below:

The Reiki experience in the daily lives of people and families living with cancer

The condition of suffering and experience of illness due to cancer caused the need for nursing care with practices that bring those involved together and enable a sensitive and comprehensive look, bringing Reiki to this scenario, as an Integrative and Complementary Practice in Health. Reiki provides an experience that involves *feeling: feeling good, feeling better*, denoting an *esthetic and emotional ethic*⁽¹⁸⁾.

...I felt a lot better in the throat because I had a problem when I started and I reported, and

really, I feel a significant improvement. (SANTA MARIA-P)

I feel like I had a lot of pain...in my legs and horrible local pain and after I started doing Reiki...they don't come back and I don't have any symptoms after chemotherapy. (ANJO - P)

The feeling good that the experience with Reiki makes possible presents the attenuation or disappearance of pain, contributing to feeling well and being calm.

...the pains also disappeared. So, for me it was very good and it helped me a lot and I'm fine, I'm very calm now. (NERA-P).

We observed improvements in situations of pain, nausea, fatigue, anxiety, depression, characterized by general well-being in people with cancer and hospitalized when integrating Reiki into care.⁽¹⁹⁾ The benefits of practicing Reiki extends to specific situations such as the relief of symptoms of a disease, to other complex aspects, such as improving self-esteem and quality of life ⁽²⁰⁾.

Expansion of general well-being, involving physical, but also mental and spiritual issues, gave new meaning to the process of living with the oncological disease, strengthening care for a better quality of life during the disease scenario.

I noticed that I was much calmer, I think the energetic part, the emotional part, was very well balanced (ALEXIA-P)

In an investigation on the family imagination, we observed that feeling good was brought up as the meaning of being healthy ⁽²¹⁾. Thus, there are indications that Reiki can contribute to promoting the healthy being that inhabits each being, even in a situation of illness.

Reiki ... is a break in the routine to take care of yourself, to be more careful, and during the treatment, I put myself in the caregiver position, so Reiki, for me, it is a care situation, it's very healthy to have... that moment of disconnection. (BRU-F of Alexia)

The break-in in daily life has been pointed out as a possibility to bring strength, power, providing *short breaks, big reinforcements*⁽¹³⁾, being considered care that also contributes to

promoting health, as it creates vents ⁽²²⁾, oxygenating living and the life together.

Thus, the experience with Reiki in nursing care, anchored in the imagination, helps in the care process and can collaborate with emotional, psychic, spiritual, and even physical healing, contributing to health promotion, validating it as a situation of care, a moment of pause in the daily life troubled by the experience of cancer, thus, being healthy and experiencing a cure that is not only physical, limited to the disease, given results that benefit, in association with traditional methods of pain and anxiety control, the condition of suffering from cancer (22).

Feeling good, improving the quality of life, shows a look, a different experience for the daily lives of people living with cancer, that is, not living the disease as a focus, feeling tranquility, calm, the balance, security and noticing the improvements of this relaxation that is reflected in everyday actions.

[...] Reiki is helping me, reorienting me a lot in this situation. Me, for example, I used to get nervous due to the disease very easily, very often, and now that doesn't happen anymore... I'm experiencing it now after having Reiki applications. (CAÇULA-P)

I feel safer, better, ...it's not because I have cancer that I don't do something, but I feel safer with the disease today after I started the treatment with you (Reiki). (ROSA-P).

The will to live, the feeling of peace, serenity, calm, and relaxation are perceived and reported after the Reiki sessions applied by the nurse. People undergoing chemotherapy treatment after receiving Reiki, by health professionals, reported feeling well, welcomed, cared for, with greater willingness to face the disease and its conventional treatment ⁽²¹⁾.

[...] today I'm connected to healing and certainty, with peace, joy, a will to live, well-being, so I think this energetic part was very important to me... I thank you from my heart for this, for the work, and for the opportunity that was given to me because it made a difference to me. (ALEXIA-P).

Ah, I was much calmer I felt more relaxed! Then, I felt well-being like that, a good thing, I don't know what to tell you... what more can I

say... I think I've become more serene and it's very good. (ORQUÍDEA-P)

Everyday life, that is, the way human beings live daily, expressed by their interactions and imagination, also shows the strength of the experience, based on the experience with Reiki, which outlines the person's process of living with cancer and their family, in a movement to be healthy and get sick ⁽¹⁷⁾.

[...] I do Reiki, I get a good night's sleep, I work, I feel more willing and the sensations and pains go away. (ANJO-P).

From the beginning with Reiki, I felt an improvement in my sleep, great well-being, in my day-to-day positivism, and more... (MARIA - P).

[...] I felt stronger, more excited, it certainly helped me a lot daily. The treatment has been very good and I like it, I like it, I'm enjoying it, for me, it's a very good improvement. (NADO-P).

I notice that there is a considerable improvement in my daily life, in my quality of life within my possibilities. Of course! But it has improved as a function of how it used to be. (CAÇULA - P).

The perception of everyday life is due to each one's imagination. On the other hand, this imaginary is also constantly re-signified by the living. That is, the imaginary expresses an individual sensation, linked to the social, which identifies their experiences throughout life, based on their interactions, bringing their concepts, their notions of well-being and quality of life, and what actions they can induce this state ⁽²³⁾.

The meanings of Reiki for people and families living with cancer

By diving into the imagination, we saw the meanings of Reiki emerge for people and families who experience cancer. Thus, Reiki, while ICHP, developed by the nurse, means a care technology, presenting several benefits, which expand possibilities in the search for balance, physical, mental, and spiritual healing, and can bring tranquility, especially emotional.

[...] I came home after having a Reiki session and, I remember, I got home and I was much

calmer and I was able to make a more accurate and calmer decision about going bald... gave a balance to my emotional side. (ALEXIA-P)

[...] I was very nervous and anxious and also worried, but after I started doing Reiki I was calm, calm. During the week, I was fine. (NERA-P)

The insertion of Reiki in the daily lives of people who experience cancer and their families stimulated a new meaning in this context. The increasing use of complementary therapies to supplement traditional Western therapeutic strategies has demonstrated that people treated in health services are interested in this holistic approach to health care ⁽²¹⁾. Thus, given this perception, health professionals identify the possibility of new therapeutic approaches. The applicability of ICHP by nurses reframes the therapeutic relationship beyond pharmacological therapies ⁽²²⁾, enabling comprehensive and sensitive care.

Reiki made me feel very good, it made me feel relieved and it made me even calmer to continue the medical treatment. (BIBO FATHER-P)

Greater tranquility and trying at least for greater emotional balance so that we can minimize even the possible problems that sometimes arise. (BUDA-F of Orquídea).

A study approaching three ICHP in cancer resource centers identified that many patients and health professionals did not understand exactly what the therapies were about, but sought to try to identify the need of each patient to direct the most suitable therapy. The activities were Reiki, Yoga, and Massage, and these practices showed positive results, evidenced by the reduction of stress and anxiety, improved mood and the perception of influence on health in general, and better quality of life for people in treatment. This study also identified that Reiki reduced the pain of cancer patients to a greater extent than Massage or Yoga ⁽²²⁾.

The imagination of each person and family living with cancer is presented in daily life with the integration of Reiki to nursing care, reflecting in natural improvement through the energy balance provided by the transfer of vital energy. Understanding Reiki involves

understanding that each individual has vital energy. The person identifies an improvement in his general condition, once he finds balance with vital energy. The physical body receives Reiki energy, through the laying on of hands by the Reiki, which stimulates the improvement present in each person's thoughts. After the stimulus of the Reiki nurse applying the therapy, this energetic force nourishes our organs and cells, regulating vital functions ⁽³⁾. From this experience, the patient, when feeling the need, can resume the good sensations from the Reiki experience, giving power in overcoming daily difficulties from their health condition.

I mentalize again when there is any symptom of something coming back near me, I remember what was done (words and thoughts during the application of Reiki) and it passes... (ANJO-P).

I think Reiki brought me calmer to understand the disease and more wisdom and to understand that things are like that and that it happens and we have to take it in the best possible way, right. (RITINHA-F of Rosa).

Some people approach spirituality in their reports, indicating that Reiki is a therapy that moves the imagination of each individual as a human being. According to the World Health Organization, spirituality is a determining factor for health, regardless of religious beliefs and that requires attention in nursing and health care ⁽¹⁰⁾.

I realized that the treatment (Reiki) involves a lot of the psychological part of the person and involves a little spirituality, it seems to me, something like that reminds me and fascinates me this kind of thing. (BIBO FATHER-P).

Laying on of hands and with hands, I finally liked the proposal and it did me good. (PRETA-P).

It is possible to rescue here the idea of potency ⁽¹⁴⁾ as the strength that comes from within each one, and that has been insistently integrated into the care that seeks to promote the healthy being of people, families, and communities.

It seems to be a force that enters us and makes us feel light and feel stronger to fight the disease. (PRETA-P).

[...] I felt stronger to continue my chemotherapy treatment because I was shaken... I feel stronger, more spirited, more willing. (MARIA- P).

One of the things I noticed was the balance and feel safe to know that we have the potential for us to take the good things that we have inside us. (LETA-F of Nado).

Oriental medicine seeks comprehensive care in harmony with nature and with all the psychobiological, social, and spiritual aspects that permeate the human experience. It brings subjective aspects in the diagnosis and traditional therapeutic model, which implies a different methodology from western medicine with a biomedical basis.

The ICHP gain space for considering the individuality of each being, their beliefs, their imagination, and, in this way, integrating the individual into their care. Furthermore, the professional nurse has stood out in the implementation of ICHP in their care scenarios⁽²³⁾.

Reiki is a relatively new practice in the hospital-centered context, and in the biomedical and Cartesian model for the care of people living with cancer, with a low number of studies that show the treatment of pain and cancer symptoms control to conclude evidence of its effectiveness, which points to the need for further studies to expand the knowledge of its benefits^(4,21). An integrative literature review that included 13 articles identified that Reiki is among the most implemented complementary integrative practices among cancer patients; however, it occupies only 17% of the analyzed studies ⁽²⁴⁾.

This situation leads us to the Theoretical and Sensitivity Assumptions, especially the criticism of dualism and relativistic sensitivity⁽¹³⁾ present in the process of researching and caring. This allows us to show that the imagery of the person and their family who receive Reiki in nursing care indicates that there is no single reality and that both the thought of the caregiver and that of the person and their family who are the focus of care move between reason and sensitivity in their daily experiences.

The assumption of stylistic research shows the search for a vision of science that integrates

academia and the community, inserting Reiki in the practice of nursing care to integrate practice and research. Libertarian thinking ⁽¹⁴⁾ presents in research-teaching-learning-caring. At each new Reiki session, an attempt was made to “forget”, that is, to remove previous judgments from the service to “allow a new look”, without letting go of the fact that no reality is unique and the daily life of the person living with cancer and his family member is immersed in this constant transfiguration ⁽¹⁵⁾.

The consideration of affections, emotions, passions, and various societal moods allows integrating the forces of the imagination in the holistic understanding that we can have of being together in our dynamic ⁽⁶⁾. The Ethics of Aesthetics, that is, feeling together mobilizing participation, enables the resumption of strength and vigor, relativizing the power relations present in the health-disease-care process, and the structures that provide the conditions for these relationships reproduce ⁽²²⁾. Thus, delving into the imagery of Reiki integrated into nursing care for people and their families living with cancer and what this care means with the practice of Reiki in daily life, allowed to redirect the focus of the disease to a positive attitude, illuminating the potency that dwells in each being, awakening the vital force to win each day, seeking to promote comfort, improving this condition to be healthier to live and live together, by the powerful threads of sensible reason.

FINAL CONSIDERATIONS

The experience with the practice of Reiki and the meanings attributed to it, based on the imagination and daily life of people and their families living with cancer, presents benefits

such as energetic, emotional, spiritual, and physical balance. In some cases, there was the experience of living the cure, demystifying the disease through a positive attitude. Reiki enables to emerge a force, that is, the potency that inhabits each human being and his family, stimulating the proactiveness of taking care of each other in the daily life of each person and family.

This research brought contributions to an integrative, welcoming, and integrated practice with biological therapeutic practices, creating gaps and openings in a context predominantly permeated and suffocated by technical guidelines and the medicalization of life. In this context, the theoretical and sensitivity assumptions brought by Michel Maffesoli's Comprehensive and Everyday Sociology allow us to reflect on the imagery of Reiki integrated into nursing care for people and families who experience cancer. This study contributes to a better understanding of this practice and provides an expansion of discussions on the applicability of Reiki in the health area.

Some of the limitations of this study identified were the lack of knowledge of this practice by doctors, families, and people undergoing treatment, which sometimes generated insecurity about the practice. Also, the lack of physical space that assists people and their families was another limitation found. The experience with Reiki, in this study, points out that we need to be aware of the imagery that makes up the daily reality of people and families experiencing cancer, with empathy and respect, immersing in their feelings and perceptions for sensitive, affective nursing care and, therefore, effective, promoting healthier and more dignified living conditions.

REIKI NO CUIDADO DE ENFERMAGEM: IMAGINÁRIO E QUOTIDIANO DE PESSOAS E DE FAMÍLIAS VIVENCIANDO O CÂNCER

RESUMO

Objetivo: Compreender o imaginário do Reiki integrado ao cuidado de Enfermagem no cotidiano de pessoas e de famílias em vivência do câncer. **Metodologia:** Pesquisa Convergente Assistencial fundamentada na Sociologia Compreensiva e do Quotidiano, realizada com 20 participantes em uma clínica de tratamento oncológico e hematológico no sul do Brasil, de julho a dezembro de 2018. Aprovação pelo Comitê de Ética e Pesquisa, n.º 2.765.976; realizaram-se de três a cinco sessões de Reiki, e após cada sessão, entrevista aberta individual com roteiro semiestruturado. Adotou-se o Processo de Cuidar em Enfermagem considerando o Quotidiano e o Imaginário em Saúde. A Análise dos dados seguiu a propostada Análise Temática. **Resultados:** O Imaginário sobre o Reiki, integrado ao cuidado de Enfermagem no cotidiano de pessoas e de famílias que vivenciam o câncer, delinea a experiência com

o Reiki e os seus significados, apontando os benefícios de sentir-se bem, atenuação ou desaparecimento das dores; equilíbrios energético, emocional, espiritual e físico. **Considerações Finais:** O imaginário sobre o Reiki mostrou uma experiência que permitiu vivenciar a desmistificação da doença, a atitude positiva - enquanto potência para seu enfrentamento -, possibilitou emergir a força vital de cada pessoa e família, promovendo a saúde no viver e conviver, a partir da razão sensível.

Palavras-chave: Toque Terapêutico. Terapias Complementares. Câncer. Atividades Cotidianas. Enfermagem.

REIKI EN EL CUIDADO DE ENFERMERÍA: IMAGINARIO Y COTIDIANO DE PERSONAS Y FAMILIAS VIVIENDO EL CÁNCER

RESUMEN

Objetivo: comprender el imaginario del Reiki integrado al cuidado de Enfermería en el cotidiano de personas y familias en vivencia del cáncer. **Metodología:** investigación Convergente Asistencial fundamentada en la Sociología Comprensiva y del Cotidiano, realizada con 20 participantes en una clínica de tratamiento oncológico y hematológico en el sur de Brasil, de julio a diciembre de 2018. Aprobación por el Comité de Ética e Investigación, n.º 2.765.976; se realizaron de tres a cinco sesiones de Reiki, y después de cada sesión, entrevista abierta individual con guion semiestructurado. Se adoptó el Proceso de Cuidar en Enfermería considerando el Cotidiano y el Imaginario en Salud. El análisis de los datos siguió la propuesta del Análisis Temático. **Resultados:** el Imaginario sobre el Reiki, integrado al cuidado de Enfermería en el cotidiano de personas y familias que viven el cáncer, delinea la experiencia con el Reiki y sus significados, señalando los beneficios de sentirse bien, atenuación o desaparición de los dolores; equilibrio energético, emocional, espiritual y físico. **Consideraciones finales:** el imaginario sobre el Reiki mostró una experiencia que permitió experimentar la desmitificación de la enfermedad, la actitud positiva - como potencia para su enfrentamiento -, posibilitó surgir la fuerza vital de cada persona y familia, promoviendo la salud en el vivir y convivir, a partir de la razón sensible.

Palabras clave: Toque Terapêutico. Terapias Complementarias. Câncer. Actividades Diarias. Enfermería.

REFERENCES

- Spezzia S, Spezzia S. O uso do Reiki na assistência à saúde e no Sistema Único de Saúde. R. Saúde Públ. 2018. <https://doi.org/10.32811/2595-4482.2018v1n1.49>.
- Demir DM. The effect of reiki on pain: A meta-analysis. Complement Ther Clin Pract. 2018 May;31:384-387. doi: 10.1016/j.ctcp.2018.02.020. Epub 2018 Mar 10. PMID: 29551623.
- Telesi Júnior E. Práticas integrativas e complementares em saúde, uma nova eficácia para o SUS. Estud av. 2016. <http://dx.doi.org/10.1590/S0103-40142016.00100007>.
- Ministério da Saúde (BR). Secretaria Executiva. Secretaria de Atenção à Saúde. Glossário temático: Práticas integrativas e complementares em saúde. Brasília (DF): Ministério da Saúde; 2018.
- Freitag VL, Andrade A, Badke MR, Heck RM, Milbrath VM. A terapia do reiki na Estratégia de Saúde da Família: percepção dos enfermeiros. Rev Fund Care Online. 2018. Disponível em: <<http://dx.doi.org/10.9789/2175-5361.2018.v10i1.248-253>>
- Demir M, Can G, Kelam A, Aydinler A. Effect of Distant Reiki on Pain, Anxiety and Fatigue in Oncology Patients in Turkey: A Pilot Study. Asian Pac J Cancer Prev. 2015. Disponível em: <doi: 10.7314/apjcp.2015.16.12.4859>
- Kirschbaum MN. An exploratory study of reiki experiences in women who have cancer. 2016. Disponível em: <doi: 10.12968/ijpn.2016.22.4.166>
- Kirschbaum, Marilynne N ; Stead, Maxine ; Bartys, Serena . Um estudo exploratório de experiências de reiki em mulheres com câncer. Int J Palliat Nurs ; 22 (4): 166-72, abri. 2016.
- Iacorossi, Laura; Di Ridolfi, Paolo; Bigiarini, Liciano; Giannarelli, Diana; Sanguineti, Giuseppe. The impact of Reiki on side effects in patients with head-neck neoplasia undergoing radiotherapy: a pilot study. Prof Inferm; 70(3): 214-221. 2017. Disponível em: <https://doi.org/10.7429/pi.2017.704214>.
- Toniol R. O que faz a espiritualidade?. Relig. soc., Rio de Janeiro, v. 37, n. 2, p. 144-175, dez. 2017. Disponível em: <<https://doi.org/10.1590/0100-85872017v37n2cap06>>
- Lemos LL. Práticas integrativas e complementares na promoção da saúde de servidores públicos federais: contribuições da terapia Reiki. 2019. 88 f. Dissertação de Mestrado em Saúde Ambiental e Saúde do Trabalhador - Universidade Federal de Uberlândia, 2018. Disponível em: Disponível em: <http://dx.doi.org/10.14393/ufu.di.2019.2256>.
- Nitschke R, Tholl AD, Potrich T, Silva KM, Michelin SR, Laureano DD. Contribuições do Pensamento de Michel Maffesoli para Pesquisa em Enfermagem e Saúde. Texto Contexto Enferm. 2017. Disponível em <https://doi.org/10.1590/0104-07072017003230017>.
- Maffesoli M. Pactos emocionais: reflexões em torno da moral, da ética e da deontologia. Tradução de Eduardo Portanova Barros. Curadoria de Fabiano Incerti. Curitiba: PUCPRESS, 2018.
- Maffesoli M. O conhecimento comum: introdução à sociologia compreensiva. Porto Alegre: Sulina; 2020.
- Paim L, Trentini M, Silva DGV. Pesquisa convergente assistencial. In: Lacerda MR, Costenaro RGS, organizadores. Metodologias da pesquisa em enfermagem e saúde: da teoria à prática. Porto Alegre (RS): Moriá; 2016.
- FONTANELLA, B.J.B.; RICAS, J.; TURATO, E.R. Amostragem por saturação em pesquisas qualitativas em saúde: contribuições teóricas. Cadernos de saúde pública, Rio de Janeiro, v. 24, n.1, p.17-27, jan. 2008.
- Minayo MC. O desafio do conhecimento: pesquisa qualitativa em saúde. 14nd ed. São Paulo: Hucitec; 2014.
- Vergo M, Broglio K, Pinkson B, Li Z, Tosteson T. The Impact of Reiki Versus Massage on Symptoms for Hospitalized Patients: A Single Rural Academic Center Prospective Cohort Study. J pain symptom manage. 2018. Disponível em: Disponível em: <https://doi.org/10.1089/acm.2017.0409>.
- Amarello, M. M., Castellanos, M. E. P., & Souza, K. M. J. de. (2021). Terapia Reiki no Sistema Único de Saúde: sentidos e experiências na assistência integral à saúde. Revista Brasileira de Enfermagem, 74(1), 1–7. Disponível em: <https://doi.org/http://dx.doi.org/10.1590/0034-7167-2019->

0816.

20. Costa JC, Nitschke RG, Tholl AD, Henckemaier L, Michelin S, Martini JG. Imaginário da promoção da saúde da família: olhar do familiar no cotidiano da Atenção Primária. *Ciênc cuid saúde*. 2017. Disponível em: <https://doi.org/10.4025/ciencucuidsaude.v16i1.33006>.

21. Thrane SE, Maurer SH, Ren D, Danford CA, Cohen SM. Reiki Therapy for Symptom Management in Children Receiving Palliative Care: A Pilot Study. *American Journal of Hospice and Palliative Medicine*. 2017;34(4):373-379. doi:10.1177/1049909116630973.

22. Chirico A, D'ajuto G, Penon A, Mallia L, De Laurentis M, Lucid F, et al. Self-Efficacy for Coping with Cancer Enhances the Effect of Reiki

Treatments During the Pre-Surgery Phase of Breast Cancer Patients. *Anticancer Res*. 2017.

23. Moura, A. C. D. Abreu, & Silva Gonçalves, C. C. (2020). Práticas integrativas e complementares para alívio ou controle da dor em oncologia. *Revista Enfermagem contemporânea*, 9(1), 101. Disponível em: <<https://doi.org/10.17267/2317-3378rec.v9i1.2649>>.

24. Vieira TC. O Reiki nas práticas de cuidado de profissionais do Sistema Único de Saúde. Dissertação (Mestrado) - Universidade Federal de Santa Catarina, Centro de Ciências da Saúde, Programa de Pós-Graduação em Saúde Coletiva, Florianópolis, 2017. Disponível em <https://repositorio.ufsc.br/handle/123456789/185635> acesso em 28 mar.2021.

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