# Development of a Therapeutic Nursing Model for Reiki to Enhance Living in Harmony with HIV/AIDS

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**A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of**

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**ชื่อเรื่องวิทยานิพนธ์** การพัฒนารูปแบบการบำบัดทางการพยาบาลด้วยเรกิเพื่อส่งเสริมการใช้ชีวิตอย่างสมดุลสำหรับผู้ติดเชื้อเอชไอวี/เอดส์

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## บทคัดย่อ

แพทย์ทางเลือกได้รับความนิยมจากผู้ติดเชื้อเอชไอวีเอดส์เพิ่มมากขึ้นทั่วโลก หนึ่งในระบบแพทย์ทางเลือกที่มีความสำคัญคือเรกิ (ระบบการเยียวยาตามธรรมชาติของอูซูอิ) อย่างไรก็ตามระบบการเยียวยาดังกล่าวยังมีการศึกษาน้อยในกลุ่มผู้ติดเชื้อเอชไอวี/เอดส์ การศึกษาวิจัยเชิงปฏิบัตินี้มีการมีวัตถุประสงค์เพื่อพัฒนารูปแบบการดูแลโดยใช้พลังบำบัดระบบเรกิเพื่อส่งเสริมการใช้ชีวิตอย่างสมดุลกับเอชไอวี/เอดส์ กลุ่มตัวอย่างประกอบด้วยผู้ติดเชื้อเอชไอวีเอดส์จำนวน 10 ราย ใช้กระบวนการวิจัยเชิงปฏิบัติการเก็บข้อมูลโดยการสัมภาษณ์เชิงลึก แบบบันทึกอาการด้วยตนเอง การวัดจักระและออร่าของบุคคล การสังเกตแบบมีส่วนร่วม และการบันทึกภาคสนาม วิเคราะห์ข้อมูลโดยใช้วิธีวิเคราะห์เนื้อหาและการสะท้อนคิด

ผลการศึกษาพบว่า ผู้ติดเชื้อเอชไอวี/เอดส์เกิดการเสริมพลังในตัวเองเพื่อสร้างความสมดุลของวิถีชีวิตเพิ่มขึ้นและการสร้างสรรค์วิถีชีวิตด้านบวกเพื่อจัดการกับปัญหาต่างๆ รูปแบบการบำบัดทางการพยาบาลด้วยเรกิประกอบด้วย 5 องค์ประกอบ คือ การเยียวยาระบบเรกิ พยาบาลที่มีความสมดุล ผู้ติดเชื้อเอชไอวี การปฏิสัมพันธ์ระหว่างพยาบาลและผู้ติดเชื้อเอชไอวีเอดส์ และปัจจัยที่มีอิทธิพล โดย

พยาบาลใช้ 6 กลยุทธ์เพื่อส่งเสริมการมีชีวิตอย่างสมดุลกับเอดส์ประกอบด้วย 1) การประเมินสุขภาพแบบองค์รวม 2) การแนะนำและจัดประสบการณ์ 3) การอบรมและสนับสนุนการใช้เรกิ 4) การเสริมพลังเพื่อใช้เรกิอย่างต่อเนื่อง 5) การสังเกตและการสะท้อนผลการใช้ และ 6) การส่งเสริมเพื่อการใช้อย่างยั่งยืน ผู้ติดเชื้อมีการปรับเปลี่ยนตัวเองจากความไม่สมดุลในการใช้ชีวิตสู่การเป็นผู้มีความสมดุลผ่านขั้นตอน 6 ขั้น คือ 1) กายจิตไม่สมดุล 2) จากความไม่แน่นอนสู่ความมั่นใจ 3) การอบรมและการฝึกปฏิบัติ 4) การตระหนักถึงผลดีของการปฏิบัติ 5) การผสมผสานการปฏิบัติเรกิในชีวิตประจำวัน และ 6) การเกิดปัญญา ผลลัพธ์ที่เกิดขึ้นจากแต่ละขั้นตอน คือ 1) มีความทุกข์กายใจแต่ชีวิตยังมีความหวังจึงแสวงหาหนทางจัดการความไม่สมดุล 2) เรกิอาจสามารถใช้เป็นทางเลือกเพื่อการมีชีวิตอย่างสมดุล 3) ผู้ติดเชื้อเอชไอวีมีการเรียนรู้แบบผู้ใหญ่ 4) มีประสบการณ์ที่ดีเมื่อเริ่มใช้เรกิ 5) สองเส้นทางแห่งการเกิดปัญญา และ 6) สุขกายสุขใจใช้ชีวิตอย่างมีคุณค่า ปัจจัยที่มีผลต่อเส้นทางการปรับเปลี่ยนประกอบด้วยความเชื่อ สถานะทางเศรษฐกิจและสังคมของผู้ติดเชื้อเอชไอวี/เอดส์ และผู้มีส่วนสนับสนุน

ผลการศึกษาแสดงให้เห็นว่ารูปแบบการบำบัดทางการพยาบาลสำหรับเรกิเป็นแนวทางที่มีประสิทธิภาพสำหรับพยาบาลและเกี่ยวข้องกับกระบวนการเปลี่ยนแปลงของสุขภาวะแห่งกาย จิต สังคม และจิตวิญญาณนำไปสู่การใช้ชีวิตอย่างสมดุล พยาบาลมีบทบาทอิสระที่ช่วยส่งเสริมการใช้ชีวิตอย่างสมดุลในผู้ติดเชื้อเอชไอวี/เอดส์

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## ABSTRACT

The use of complementary and alternative therapies by HIV positive people is on the increasing around the world. Reiki, Usui's natural healing system, is one of the most significant complementary therapies, but less implemented by PLWHA. The objective of this action research was to develop Therapeutic Nursing Model for Reiki (TNMR) to enhance living in harmony with HIV/AIDS. Participants were 10 voluntary person living with HIV/AIDS (PLWHA) following the inclusion criteria. The action research processes were implemented to develop the model. Data was collected by in-depth interviews, symptom self-report, taking human chakra and aura photo, participatory observation and writing field notes. Methodological content analysis and critical reflection were used to analyze data.

The findings revealed that PLWHAs empowered themselves from disharmonious living to create a more harmonious way of living and a positive way of dealing with their conditions. The TNMR composed of five core components; Reiki healing system, harmonious nurse, and PLWHA, nurse-PLWHA interactions, and influencing factors. Nurse's strategies for enhancing harmonious living with HIV/AIDS include 1) holistic assessment, 2) introducing and providing Reiki experience, 3) training and couching, 4)

empowering for continuous use, 5) observing and reflecting, and 6) fostering for sustainable use. PLWHA transformed themselves from disharmonious living to being harmonious persons. The six main steps of their journeys included 1) body-mind disharmony, 2) from uncertainty to confidence, 3) training and practicing Reiki, 4) realizing positive outcomes, 5) integrating Reiki practice in daily lives, and 6) gaining wisdom. The results from each step include 1) body-mind suffering, but hope still exist then seeking mastery to overcome disharmony, 2) perhaps Reiki can be a choice for harmonious living, 3) PLWHA is the adult learner, 4) experience initial benefits of self-Reiki, 5) two pathways of gaining wisdom, and 6) body-mind comfort with meaningful living. Factors influenced the transformation were PLWHA's beliefs, socio-economic conditions, and supporting persons.

The result has shown that Therapeutic Nursing Model for Reiki (TNMR) becomes an effective guideline for nurses and this involves a process of enhancing bio-psycho-social-spiritual well-being which in turn leads to harmonious living. Nurses play independent roles in helping the infected person living in harmony with HIV/AIDS.

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# CHAPTER 1

# INTRODUCTION

## *Background of the Study*

The first case of AIDS in Thailand occurred in 1984. Soon after, around 1990's gay men, sex workers, injecting drug users and tourists were more commonly affected than other groups.The estimate number of Thais living with HIV/AIDS in 2005 was 580,000 (AVERT, 2008). Young people are the hardest hit that half of all new infections have occurred among youth. It is thought that around 85% of Thai youth do not see HIV as something that they should be concerned about and premarital sex has became more common among young Thais, but only 20-30% of sexually active young people are using condoms consistently (AVERT, 2008). Estimated 60 percent of new infections arise each year among Thai youth (United Nation Economic and social Commission for Asian and The Pacific, 2006), married couples in Thailand account for 40 percent of new HIV, and about 7,000 married people reported that they had HIV/AIDS in 2006, from a total of 17,000 new cases (Medindia, 2008). Then in the future the number of person living with HIV/AIDS (PLWHA) will be increased. The person, who has HIV positive, becomes more disharmonious in society. Patient lives with multidimensional problems, such as, physically weak, emotional and mental disable, social disagreement, and spiritual disharmony etc. Firstly, when person infects from HIV, he primarily shows the symptoms (Sukati, Mndebele, Hons, Makoa, Ramukumba, Makoae, et al., 2005). Sukati. Et al, 2005), and as the disease spreads in body, more suffering is caused by

the HIV co-morbidities (Kibourne, Justice, Rabenneck, Rodrigues – Barradas, and Weissman, 2001). To cure these symptoms patient has to go through highly active antiretroviral therapy (Roca & Garcia, 2001) where he has to suffer from a metabolic side effects. Secondly, HIV infection needs expenditure care and support service (Duraisamy, Ganesh, Homan, Kumarasamy, Castle, Sripriya, et al., 2006), and also impacts on the household financial (Sendi, Schellenberg, Ungsedhapand, Kaufmann, Bucher, Selwyn, et al., 2004; Veenstra & Whiteside, 2005). These problems can not be cured solely by conventional medicines.

Many PLWHAs have chosen to use alternative care for improving quality of living with HIV/AIDS. Complementary and alternative medicine (CAM) is currently experiencing a dramatic increase around the world (Engebretson & Wardell, 2002; Farrish-Barner, 2002; Long, Huntley, & Ernst, 2001; Miles, 2003; Sparber, Wootton, Bauer, Curt, Eisenberg, Levin, et al., 2000). CAM is used by nearly half of all US adults, including HIV positive individuals (Entwisle, 2004). Between 1990 and 2001, 14 studies of CAM use were conducted among persons living with HIV/AIDS (PLWHA), which yielded widely varying estimates of CAM utilization, ranging from 31% to 100% (Wootton & Sparber, 2003). In Thailand, CAM has been using commonly in the general public, including PLWHA (Wiwanitkit, 2003). For instance, CAM is useful to treat HIV/AIDS-related symptoms (Sparber, et. al., 2000). One of those widely used modalities is *Reiki,* a hands-on healing modality (Miles, 2003).

Reiki is a healing system whereby a Reiki practitioner taps universal energy and applies that energy to balance a human body for better health (Yeshe, 2001). Reiki is administered by a light touch (Horan, 1990; Rand, 2004; Vitale,2003), which is a simple, practical, and non-invasive technique (Miles & True, 2003; Rand, 2004).

Additionally, Reiki can be used with other therapies (Long, et al., 2001; Sommers, Kristen, & DeGurski, 2002). Reiki is increasingly used as an adjunct to conventional medicine in both in-hospital and out-hospital settings (Alandydy & Alandydy, 1999; Farrish-Barner, 2002), including HIV/AIDS clinics (Miles & True, 2003). By providing Reiki treatments, nurses can play an independent role in patient care (Lipinski, 2004).

Reiki has benefits of relaxation, it decreases the perception of pain, reduces anxiety and improves sense of well-being have been shown to enable and enhanced quality of life among those with chronic diseases such as HIV/AIDS (Burden, Herron-Marx, & Clifford, 2005). Reiki is popularly used by HIV positive persons, and many studies have shown the intervention outcome of receiving Reiki in general patients as well as in HIV positive persons (Alandydy & Alandydy, 1999; Demmer & Saucer, 2002; Farrish-Barner, 2002; Fontaine, 2000; Goldman, 2002; Kumar & Kumar, 2003; Marlene, 1997; Miles & True, 2003; Wardell & Engebretson, 2001). However, there is no research analyzing how nurses can encourage an HIV infected person to use Reiki to enhance living in harmony with HIV infection.

There are evidences that Reiki is being used increasingly by PLWHA. Entwisle (2004) reports that Reiki can eliminate headaches, fatigue, and mild flu-like symptoms; however, this report provides no details as how and who used Reiki to eliminate these symptoms. Schmehr (2003) studied the uses of Reiki in hospitals and found that the depression and anxiety were reduced, as well as increased adherence to HAART (highly active antiretroviral therapy. The patients from this study believe that the Reiki treatments are the single greatest factor in contributing to their successful administration of HAART. Miles (2003) utilized Reiki for PLWHAs, an

outpatient unit and found that there was a decline in reported pain after Reiki treatment. Albert Einstein Medical Center (2002) also presented a randomized control trial of Reiki for adults with advanced AIDS, and found that it helped patients to relieve from pain. This study also demonstrates the potential value of integrating Reiki into conventional medical care. However the process whereby Reiki helps to overcome the patients' health problems was not mentioned. Therefore, it is important to investigate step-by-step the uses of Reiki.

Although these three previous studies provide evidences that Reiki treatment can be use to reduce pain, anxiety, depression, and increase CD4, there is a need to further explore the possibilities of Reiki being used to treat other symptoms among PLWHAs. Additionally, those studies employing Reiki treatment were conducted in clinical settings and were mainly planned and organized by healthcare personnel lack of the involvement and active participation of PLWHA in their design, so the treatments may not have been sustainable and suitable for them in their daily lives. In addition, holistic care is not widely integrated into routine nursing care practice. Then the providing care does not support the PLWHA as a whole person, similar to the previous nursing practice, the research on Reiki, in nurse profession less focus on holism (Miles, 2003). So in this study, the researcher has focused on developing the knowledge which integrates philosophy of holism, nursing, and Reiki. The aim was to develop a new knowledge for giving holistic nursing care to PLWHAs.

The preliminary study found that PLWHAs self-Reiki employees were able to relieve from their some symptoms. These include headaches, weakness, muscle and joint pain, chronic wounds, insomnia, fever, poor appetite, and irritability. So self-Reiki is one of the significant alternative health-care options that can significantly

improve the quality of life in HIV infected persons. When PLWHA were able to live in harmony with HIV/AIDS by practicing Reiki, it was found that Reiki is an effective approach in reducing their problems. However, due to the limitations of previous studies, there is no guideline for nurses and PLWHA to follow in order to enhance harmonious living among those with HIV/AIDS. Thus, the important of this research on Self-Reiki, improves health conditions and also enhances living in harmony of HIV infected people.

To gain sustainable practice and suitable knowledge to fit with the PLWHA's context, the participation of PLWHA need and a critical social science paradigm is required. From this paradigm, people collaborate in democratic dialogues, define the question and methodology for that exploration, and finally apply this methodology into their practices which lead to experiential knowing (Reason, 2005). Action research is a research method of choice for improving and changing in critical social science paradigm. The research employee use action research to develop the therapeutic nursing model for Reiki. It used when the philosophy of the critical social science paradigm is in congruence with the philosophy of Reiki and holism, which stresses that a person to take responsibility for their life. The researcher applied philosophical elements from action research, holism and Reiki in developing the knowledge.

This study implemented 'Participatory Action Research' throughout the basic principles of the empowerment of participants, the collaboration with participants, the acquisition of knowledge, and the social changes. These research stages exist interdependently and follow each other in a cycle (Kemmis & McTaggart, 1997).

### *Purpose of the Study*

To develop a Therapeutic Nursing Model for Reiki to enhance living in harmony with HIV/AIDS.

### *Research Questions*

This study attempts to answer the following questions:

1. How can PLWHAs apply Reiki to enhance living in harmony with HIV/AIDS?
2. How can nurses help PLWHAto live in harmony by using Reiki?
3. What is an appropriate therapeutic nursing model employing Reiki to enhance living in harmony with HIV/AIDS?

### *Theoretical Framework of the Study*

This study aims to develop a model for living with HIV/AIDS through the application of Reiki. Holism, holistic nursing, and energy healing are using as a theoretical framework and action research uses as a methodological framework in accordance with the following details:

Holism provides a way of comprehending the interconnectedness of natural structure in the universe. The natural structures vary in size from the level of subatomic particles to the universe, but each possesses specific characteristics and

governs by similar principles of organization. From the perspective of holism, disease can originate in a disturbance at any level from the subatomic to the suprapersonal, and it may result when a force disturbs or disrupts the structure of the natural system themselves. The goal of health care is to decrease any different disturbances and stressors caused by a person's illness (Dossey & Guzzette, 2005).

Holistic nurses recognize the importance of holism so holistic nursing integrates body-mind spirit principles and modality in daily life and clinical practice. The holistic nurse is an instrument of healing and facilitator in the healing process. To be the therapeutic partner with PLWHA, holistic nursing practice draws on nursing knowledge, theories, research, expertise, intuition, and creativity. There are four essential features of practice; attention to human experience, integration of objective data with knowledge of person's subjective experience, application of scientific knowledge to the process of diagnosis and treatment, and provision of a caring relationship that facilitate health and healing, as shown in Figure 1 (Potter & Guzzetta, 2005). Also holistic nurses are guided by holistic caring processes which are established upon reflective practice which the insights derived from the four patterns of knowing identified by Carper: empirical, ethical, aesthetic, and personal. The goal of holistic nursing is to assist patient's growth as integral body-mind-emotional-spiritual people and enable individuals to achieve their wholeness (Potter & Guzzette, 2005).

Energy healing is one of the strategies that nurses can integrate independently to provide holistic care. Based on new theories of physics, there is the relativity of matter and energy (Mctaggart, 2002). Everything is energy, and the universe is the important vibrating energy which is constantly changing and moving unified whole,

striving to achieve a dynamic balance of all the forces operating on it. The universe is also composed of objects large and small vibrating at different energies, and so creating electromagnetic fields and waves of vastly different amplitudes and frequencies, including through human beings (Brennan, 1987; Samways, 1992, Slater, 2005), as shown in Figure 1.

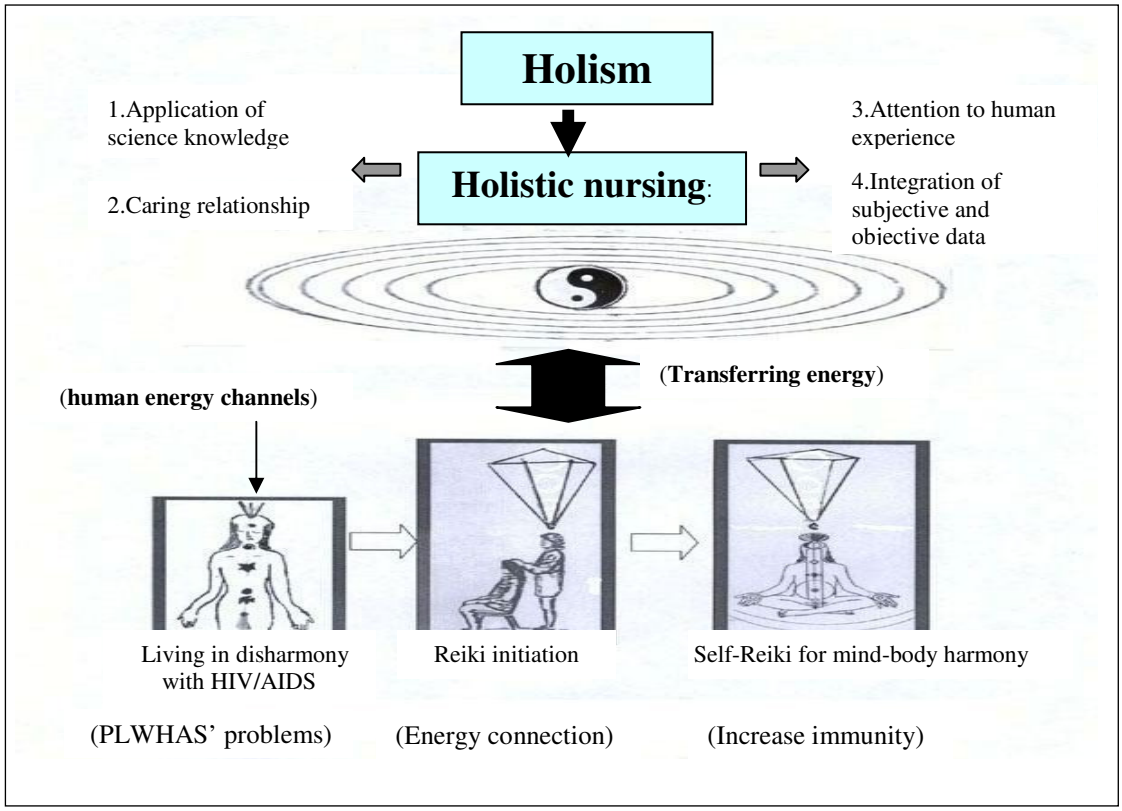


*Figure* 1 Using Reiki to enhance harmonious living with HIV/AIDS

Human beings are the embodiment of the energy of life itself. They are channels of universal energy and consciousness. Each person has his or her own energy resonance and also has the ability to transmit and receive electromagnetic waves of varying types to improve body-energy systems of other people (Brennan, 1987; McTaggart, 2002; Quinn, 2005). Since the ancient time, energetic healers have

learned to use themselves as instrument to change the energy flow in their meridians (pathways carry human subtle energy throughout the body), chakras (ports of energy exchange with the environment), and aura (multilayer field of energy surrounding the physical body), to harmonize and balance within the individual and their environment (Samways, 1992; Slater, 2005).

Once infected with the virus, HIV positive individuals must endure a debilitating and unpredictable experience that impacts on the harmony of their lives including the physical, mental, emotional, and spiritual harmony. As a result, living in disharmony within their energy system (Brodie, 2008: Myss, 1996), it changes the shape of second and fourth chakras, as shown in Figure 1. Then PLWHAs need holistic care to improve their life conditions and living in harmony.

Reiki is a complementary therapy of choice that holistic nurses use for healing. It was developed by Dr. Mikao Usui, a Japanese physician. One cannot practice self-Reiki without receiving proper initiation by a Reiki master to enable the human body to be used as an energy conduit. The Reiki initiation is the first step of learning Reiki. It is a sacred spiritual practice which Reiki master connects the learner's energy channel with the higher source of healing energy (universal consciousness). It heals and conditions the crown, heart, and palm chakras for their use in channeling Reiki to make other adjustments in the students' energy system necessarily on an individual basis (Petter, 1999). Furthermore, to be completely gaining the benefits of Reiki needs Reiki practitioners to follow the Reiki principles as guideline for daily practice (Goldberg, 1997).

Reiki-healing for harmonious living requires a person to exercise responsibility by practicing self-Reiki. The practice harmonizes body and mind is

acquired through the regular, persistent, and long term practice of Reiki (Dorcas & Yung, 2003). Reiki energy helps each individual to find harmony in life by using themselves as instrument to change the energy flow in their meridians, chakras, and aura (Slater, 2005). The balance of these energy systems brings the new consciousness (wisdom) which change the person's old ways of perceiving and interpreting the life event (Slater, 2005). Furthermore, balancing the body and mind also brings a more effective immune system and helps to recover from illness. Especially, it improves an immune of the HIV/AIDS patients. Hence, increasing the immunity system will improve symptoms of person living with HIV/AIDS (Mackey, 2005: Oschman, 2002: Schmer, 2003: Stein, 1996). In addition, not only these changes the chemical structure of the body that helps to regenerate tissues and restore organs, but it also balances the emotional, mental, and spiritual aspects of life (Goldberg, 1997; Mackey, 2005: Oschman, 2002; Stein, 1996).

In this study, Participatory Action Research Methodology use for developing a Therapeutic Nursing Model for Reiki throughout a spiral cycles, Namely, reconnaissance, planning, acting and observing, reflecting, and plan revision. Reconnaissance includes an initial discussion with PLWHA to identify a shared concern or problem, understand the problems of holistic life, and factors related to living with HIV as well as strength and weakness of PLWHA. Planning is constructive and arises during discussions among the participants and strategies are identified. After planning, participants follow the plan for using Reiki to improve harmonious living. Observation is the part of process where the changes are outlined in the patients' plan. Reflection uses for examine, construct, and evaluate throughout the process (Kemmis & McTaggart, 1997). The critical reflection between researcher

and PLWHAs follow the action research spiral provided knowledge to gain and learn to develop a Therapeutic Nursing Model for using Reiki.

Living in harmony through self-Reiki practice could be measured through personal perception of changes such as trust in self, as well as the improvement of symptoms. Additionally, human energy field change to show the harmonious state, especially the change of total personal chakra and aura bodies. The indicators living in harmony determine by in-depth interviews, symptomatic self-report forms developed by the researcher, and human energy measure. This conceptual framework is shown in Figure 2.

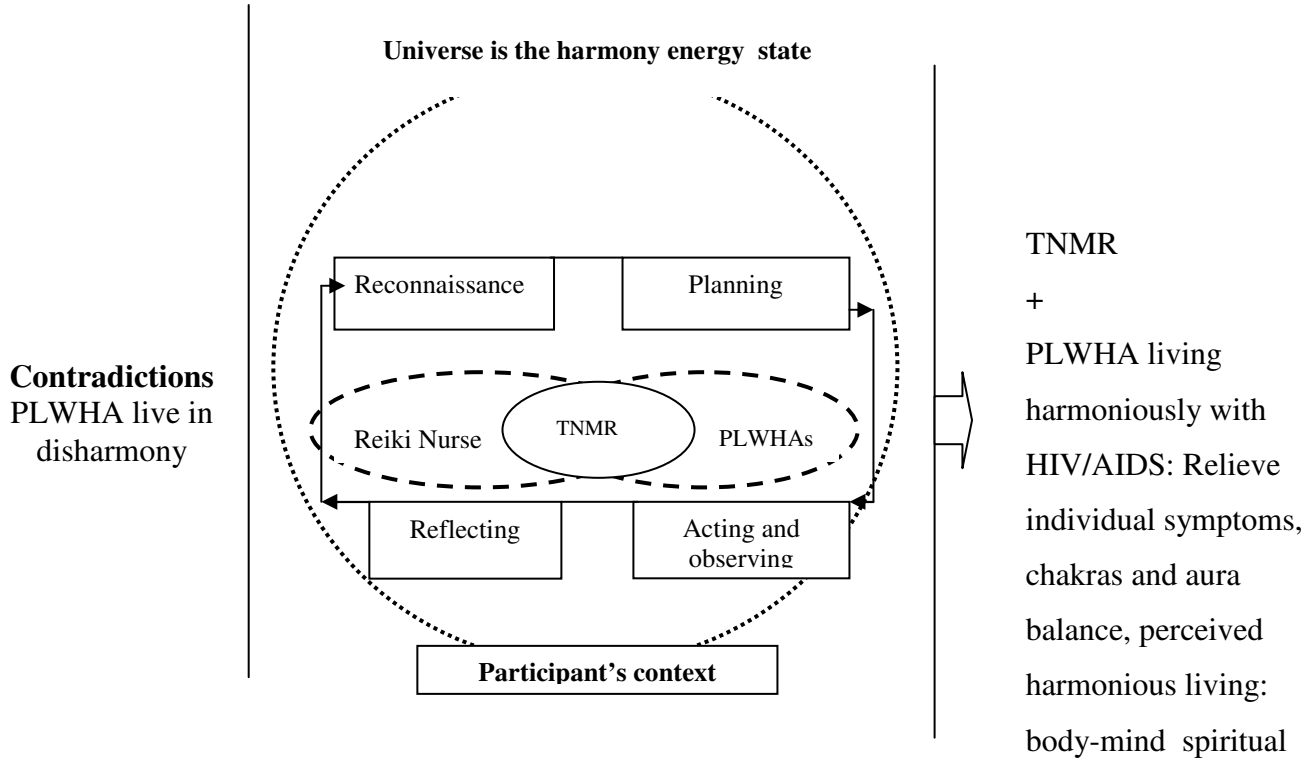


*Figure* 2 Action research as a methodological framework

TNMR= Therapeutic Nursing Model for Reiki

***Definition of Terms***

***Reiki and self-Reiki*** means processes that use Dr. Usui Reiki's hands-on healing system modified by Croyman-Plagki (2004). The Reiki practitioner is able to perform self-healing by channeling the universal life force. PLWHAs will be trained to use self-Reiki to enhance living harmoniously with HIV/AIDS.

***Therapeutic Nursing model for Reiki (TNMR)*** means an organized pattern of guidelines based on holistic nursing knowledge for using Reiki to enhance healing and harmony in the lives of individuals with HIV/AIDS. The tentative model was first developed by literature review and a pilot study that was composed of 11 steps. Then it was applied by researcher and PLWHAs to develop final TNMR.

***Living in Harmony with HIV/AIDS*** (LHWA) means a state of balance that is achieved after practicing self-Reiki by PLWHAA. This state refers to PLWHAs' perceived physical, psychological, social, and spiritual well being. They also gained in knowing, understanding and having skill of how to manage daily living without suffering.

Living in harmony with Reiki can be measured through personal perception of trust in self and others as well as personal perception of the symptoms improvement. Electromagnetic wave showed harmony state, especially the change of total personal chakra and aura bodies. The conditions of living in harmony with HIV/AIDS are determined by self report developed by the researcher (Appendix C), chakra and aura measurements (Appendix D), in-depth interview guideline questions (Appendix F), and reflective practice (Appendix H).

***Significance of the Study***

The findings of this study contributed to a new and simple therapeutic nursing model for guiding nurses to enhance harmony of bio psycho-social-spiritual aspects and living conditions of the HIV infection persons.

# CHAPTER 2

# LITERATURE REVIEW

This chapter presents a review of the theoretical and empirical literature related to persons living with HIV/AIDS, harmony and holistic nursing, Reiki, development of nursing model through action research. The purpose of literature review is to identify the gaps in the knowledge relevant to Reiki.

## *Persons Living with HIV/AIDS*

The contents in this section cover the major problems of living with HIV/AIDS and the HIV/AIDS epidemic in Thailand and Thai national policy on HIV/ AIDS.

### *Major Problems of Living with HIV/AIDS*

Once infected with the virus, HIV-infected individual must endure debilitating and unpredictable impacts in all aspects of their lives. The major multidimensional problems of living with HIV/AIDS involve a combination of physical, mental/emotional, social, and spiritual aspects.

People living with HIV/AIDS (PLWHAs) experience physical symptoms, according to the particular stage of the HIV disease. During primary infection, some individuals have indistinct symptoms indicative of a viral infection, including fatigue, headache, low-grade fever, and night sweating (Nielsen, 1999). As the disease

progresses, there is more suffering from the common HIV co-morbidities, such as candidiasis (21%), peripheral neuropathy (16%), and herpes zoster (16%) (Kibourne, Justice, Rabeneck, Rodriguez-Barradas, & Weissman, 2001), diarrhea (Snijders, Boer, Steenbergen, Schouten, Danner, & Van Dam, 1998), and dementia (Starace, Dijkgraaf, Houweling, Postma, & Tramarin, 1998). In addition, the side effects associated with the use of antiviral drugs can severely affect the physical health of PLWHAs. For example, Zidovudin has adverse affects on bone marrow; Didanozine most frequently causes abdominal cramps and diarrhea, painful peripheral neuropathy, acute pancreatitis and hepatotoxicity; and Nervirapine can cause rash, headache, diarrhea, and nausea (Nittayananta, 2001). According to Moore (2000), peripheral neuropathy is the most common neurological complication of HIV and is associated with antiretroviral therapy. Furthermore, some drugs have long term toxicity. Kibourne, et al. (2001) presented the most common general medical co-morbidities of HAART including chemical hepatitis (53%), and hypertension (24%). Powderly (2003) mentioned that the long-term use of antiretroviral therapy causes cardiovascular disease. In addition, Pawiowska (2002) reviewed and showed hepatotoxic of HAART

HIV/AIDS also causes, as well as significantly affects, pre-existing mental/emotional problems for infected persons. Some of the causes of psychological problems are greater difficulty in coping with life's stresses, the occurrence of AIDS-discrimination, greater personal fear that their HIV status will be discovered by others, and the loss of satisfaction with their lives (Crawford, 1996). These mental and emotional problems include dealing with loss, fear of illness and death, perceived helplessness, uncertainty about the future, anxiety, sadness, anticipatory grief,

frustration in dealing with the medical system, financial worries, and interpersonal stress (Hendrick, 2005). Furthermore, those with HIV infection tend to experience more anger, hostility, suicidal ideation, and mood and adjustment disorders than their HIV-seronegative counterparts (Rural Center for AIDS/STD Prevention, 2001). There is evidence to suggest that certain HIV infections may result in a particular high risk of developing acute depressive symptoms. According to Moneyham, Murdaugh, Phillips, Jackson, Tavakoli, Boyd, et al. (2005), the major causes of depressive symptoms among HIV-positive women are the frequency of HIV symptoms, as well as recent experiences of sadness and/or hopelessness and the lack of availability of social support. In addition, using antiviral therapy can also cause psychological symptoms among PLWHA. Based on the report of Kibourne, et al. (2001), PLWHA have reported significant psychological symptoms when using highly active antiretroviral therapy (HAART). These include depression, anxiety, mania, schizophrenia, and cognitive impairment. Same as recent study, HIV-infected women in the HAART era are significantly more likely than women in the pre-HAART era to report health related stress from stigma and disclosure, to view HIV as having caused them harm, to report that health is due to chance, and to report more use of maladaptive forms of coping such as escape-avoidance coping (Siegel & Schrimshaw, 2005).

HIV infection also has an enormous social impact. Firstly, HIV infection impacts on the family, causing mistrust between those infected with HIV and their family members (Tangmunkongvorakul, Celentano, Burke, De Boer, Wongpan, Suriyanon, 1999). According to Songwathana and Manderson (1998), people in Songkhla Province of Thailand perceived HIV/AIDS as a disease associated with dirt

and danger, as well as a woman's disease' associated with prostitution which is hardly accepted by Thais in general. This impact is also supported by Im-em & Phuongsaichai (1999) who researched household resources allocation and responses towards AIDS related illness and found that there have been many couples that have separated once the HIV status of one of the members was known. Although there are some cases where a woman and her children live with the parents of her husband, many women normally return to their own parents, taking their children with them after the couples separate. Secondly, this disease brings increased expenditure and also loss of income (Duraisamy, et al., 2006). When a person becomes sick with HIV infection, his or her family is faced with the expenses of medical care and they often have to sell off productive assets. Other family members may need to stay home from school or work to provide care. When the person dies, the resulting loss of income can force the family into poverty. According to Chancharas (1994) and Knodel, Sangteinchai, Valadingham, & Im-em, (2001), HIV infection, being a long term illness, creates serious economic difficulty for the family. In most cases the husband dies before the wife, who is then forced to re-marry due to economic reasons (Im-em & Phuongsaichai, 1999). In addition, the loss of income decreases access to education, health care, and social services for the children in the family (Wijngaarden & Shaeffer, 2002). Thirdly, living with HIV infection brings added burden to family members. For example, Knodel, et al, (2001) researched the socio-demographic nature of the AIDS epidemic among the elderly in Thailand. The results found that care givers who provide care for their ill family member experienced fatigue, insomnia, and anxiety. A substantial minority in this study also experienced strained muscles, headaches, or stomachache. Fourthly, HIV infection causes social stigma and

discrimination. This social impact is caused by ignorance and fear of AIDS in the community and the moralistic and judgmental views of community members who equate AIDS or being HIV positive as 'bad', while being HIV negative is seen as 'good.' Santipreuk (1994) researched the attitudes of nurses in caring for HIV/AIDS patients at the hospitals in Region 12 of Thailand, and found that 77% of those sampled had a negative attitude towards HIV/AIDS patients. Additionally, the study of Aeukowitchai (1994) found that 21 % of motorcycle drivers and 15% of taxi drivers in the Songkhla area had negative attitudes towards HIV/AIDS. According to Brown & Sittitrai (1995), children of HIV-positive parents also experience discrimination in many social and institutional settings. Families may be shunned and children driven out of school. Relatives may be unwilling to look after the children whose parents have died, particularly if the children are also infected with HIV.

Although PLWHA have been discriminated against by other members of society, some reports indicate that they have received vital support from their own family members. For example, in Chareunpatpaesat's (1994) research on the social support provided by families of those infected with HIV, it was found that 88% of the family members had feelings of understanding, sympathy, and compassion towards the individual member who had HIV infection.

The suffering of individuals inflicted by HIV/AIDS also significantly involves their spiritual dimension of life. Spiritually, individuals affected by HIV/AIDS may face certain existential dilemmas (Brown & Powell-cope, 1993), uncertainty (Brashers, Neidig, Cardillo, Dobbs, Russel, & Hass, 1999), stigma (Lawless, Kippax, & Crawford, 1996), loss, fear, helplessness, sadness, anticipatory grief, and frustration (Hendrick, 2005). Some aspects of this spiritual dimension can be seen in a complex

combination of various factors. For example, Kylmä, Vehviläinen-Julkunen, and Lähdevirta (2001) conducted research on spiritual well being of those living with HIV/AIDS and found that the dynamics of spirituality is a multifaceted and complex combination of hope, despair and hopelessness.

### *The HIV/AIDS Epidemic in Thailand and Thai National Policy on HIV/AIDS*

Since the widespread transmission of HIV/AIDS began in the late 1980s, the public policy of Thailand has been to prevent the spread of HIV/AIDS. Consequently, the number of new infections fell from 143,000 cases in 1991 to only 21,000 in 2003. The national plan for the prevention and alleviation of HIV/AIDS in Thailand covers the period from 2002-2006, and was launched at the end of 2001. There are three specific targets in relation to the long term plan: 1) reducing adult HIV prevalence to less than 1% by the end of the plan period, 2) providing access to care and support for at least 80% of the people living with HIV/AIDS, and 3) promoting other affected individuals, and local stakeholders involved in the plan and carrying out work on HIV/AIDS prevention and alleviation (National AIDS Prevention and Alleviation Committee, 2001).

Even though the number of new cases has fallen, the AIDS epidemic has had a major impact on the present Thai population. The estimated number of people living with HIV/AIDS at the end of 2003 was 570, 000 and included 560,000 adults between the ages of 15 and 49 (200,000 of those adults infected were women), and 12,000 were children (AVERT, 2008). According to the Thai Working Group (2004), the

estimated number of Thais living with HIV/AIDS in 2006 was over 600,000. According to the Population and Housing Census (2000), the AIDS case rate was 16.37 per 100,000 populations, and the prevalence rate of HIV infection in pregnant women was 160 per 10,000.

Not only does the Thai government have a long term policy on HIV/AIDS, but there are Thai non-government organizations that have been working on HIV/AIDS in Thailand. The PLWHA response has expanded into a broad involvement of PLWHA in counseling, home visits, home and community care, as well as advocacy on a range of issues such as access to medication, access to unprejudiced clinical care, and stronger human rights protection of those infected, their families, and school children (Lyttleton, 2004; Saengtienchai & Knodel, 2001; UNAIDS, 2007). According to the Songkhla Provincial Health Office (2004), the total cumulative number of HIV/AIDS cases in the registry from 1988 to 2004 was 4,080, of which 3,082 were males and 1,028 were females. The highest percent of HIV infection were adults between 30 and 39 years old. The majority of HIV cases in the Province were through heterosexual transmission, mother to children transmission, and intravenous drug use. Most of those that contracted HIV infection were agricultural and fishery workers, merchants and housewives.

In conclusion, HIV infection influences the physical, psychological, social, and spiritual conditions of those affected, causing disharmony in their lives. Thai policy had launched the long term plan of providing care and support for those living with HIV/AIDS and the needs for improving their remained life. There are many complementary therapies of choice to improve their lives, and this study will focus on using self-Reiki for enhancing harmonious living among those with HIV/AIDS.

Details on the nursing process to enhance harmonious living of those with HIV/AIDS are presented as follow.

## *Harmony and Holistic Nursing*

The contents in this section cover the definition of harmony, the characteristics of harmony, harmony in holistic nursing, and the consequence and measuring harmony.

### *The Definition of Harmony*

Synonyms to the word *harmony* include *unity, integrity, connection, reconciliation, congruence,* and *cohesion* (Quinn, 2005).

The American Heritage Dictionary of the English Language (2000) described the word harmony as follows: 1) Agreement in feeling or opinion 2) A pleasing combination of elements in a whole, such as color harmony.

Merriam-Webster Online Dictionary (2005) detailed harmony: 1) the pleasing or congruent arrangement of parts, internal calm, correspondence, 2) an interweaving of different accounts into a single narrative, 3) a systematic arrangement of parallel literary passages for purpose of showing agreement.

Samways (1992) described the meaning of harmony as a compatible resonance between things that does not disturb their intrinsic order or the order of the system as a whole.

Carboni (1995) defined harmony as flowing movement, unbroken and undivided, while disharmony is defined as the appearance of being static or fixed.

Delmar, Boje, Dylmer, Forup, Jakobsen, Moller, et al. (2005) conducted the study with patients on chronic illness and presented the meaning of living with chronic illness as the state of achieving harmony with oneself. Getting in harmony with oneself was defined as movement towards, and a form of, acceptance of the chronic suffering and disease.

Quinn (2005) presented harmony as an ordered or aesthetically pleasing set of relationships among the elements of the whole.

In conclusion, harmony is a pleasing, flowing state showing the acceptance, agreement, and congruence of things, parts, systems, idea, or components.

### *The Characteristics of Harmony*

Regarding relationships, harmony occurs between individuals, between human beings and nature, and between human beings and God (Shen, 2006). Harmony is a core concept of East-Asian philosophy. It can be described as a state of equilibrium. It is a concept or cosmic principle governing heaven and earth as well as a concept combining the realities of heaven and earth, such as principles of Yin and Yang. The implication of harmony within a cultural context, relates to significant meaning in human wholeness, and emerging from a structure involving tension (Bae, 1999; Govinda (1991), in his book "Buddhist Reflection," reflects the Buddhist philosophy on harmony: human salvation consists of awakening to reality, and then to arrive at completeness by conquering greed, hatred, and delusion. This insight can be gained

through the triple path of world experience, world-transformation, and world-conquest. The path of world-experience culminates in the recognition of suffering and its causes; the path of world-conquest reaches its peak when the causes of suffering are removed by overcoming the self; the path of world transformation ends in the realization of that totality in which the duality of world and ego are removed. These are three aspects of the same path, and can be regarded as occurring either successively or simultaneously. These three aspects are recognized as the basis of the Buddhist path to deliverance, and were formulated as prajna (wisdom), sila (morality), samadhi (concentration). Wisdom is the harmony between mind (cognitive power) and the laws of real life. Morality (sila) is the harmony between convictions and actions. And concentration (Samadhi) is the harmony between feelings, knowledge, and wishes, or the integration of all creative powers. In other words, prajna is the principle of understanding, sila the principle of morality, and Samadhi the unifying principle of integrated experience.

Harmony is a significant belief in Native Hawaiian culture also, and Native Hawaiians have a profound belief in a universe that operates on principles of harmonious relationships. Native Hawaiians believe that there is a natural and harmonious order to the entire universal including God(s), nature, and man. The evidences of this triad of relationship can be seen in Native Hawaiian social values and beliefs of practice; for example, Native Hawaiian spiritual concerns are presented in Hawaiian interaction and ceremonies such as *hula* dancing, blessing of work endeavors, social gatherings, and opening and closing ceremonies. Additionally, in Native Hawaiian culture the relationship found in the love of nature is apparent in the popular phrase *aloha ‘aina* (love of the land). In the case of a negative relationship, to

ameliorate this negative state, Native Hawaiians are required to restore balance and harmony by using the Ho' oponopono (to set things right) method of restoring harmony; this requires voluntary public self-scrutiny, publicly admitting their wrongdoing, publicly asking forgiveness, and publicly making restitution (Shook, 2002). Harmony is especially mentioned in traditional Native Hawaiian healing practices and health. Native Hawaiians insist that Hawaiian health requires *lokahi* (unity, harmony) with the sacred environment with no separation. Health was defined in its broadest sense, as *pono.* Pono was defined as achieving balance or harmony, of body, mind, and spirit; the word *pono* today still implies and can be used in place of the words *righteousness*, *morality*, *goodness*, or *moral quality* (Mailelauli'I Oneha, 2001). Similar to the Native Hawaiian emphasis on harmony in community health and healing, health in Native American Indian and Alaskan cultures are based on the concept of balance and harmony; there, harmony is defined as a peace with oneself as well as with others, and is in harmony with all other elements of ones' environment (Joe, 2001).

Moreover, harmony describes the Trinitarian doctrine taught among Christian communities worldwide. The two-millennium old example of Trinitarian interpretation that began in the early Christian church of the Holy Land (modern-day Israel) has been spread to all but a few cultures and has mingled with other doctrines the world over. Thus Trinitarian doctrine is even presented in modern times by Korean Christian theological paradigms for human wholeness, namely a theology of harmony (Bae, 1999). A picture of a theology of harmony in Korean context (Korea was Buddhist before Christianity arrived there) include firstly, ultimate truth does not lie in a dualistic approach, but in a non-dualistic one. Secondly, the starting point of

theology of harmony is to recover a sense of holistic mind in order to deal with the broken reality of the society and the church. Thirdly, the Korean church should not translate western theology, but it needs theological imagination and vision which can make both Korean church and society healthy and strong. Finally, a theology of harmony is a wholeness-centered theology based on the presence of the Holy Spirit working in the human beings' existential reality.

Harmony has also been widely used in the concept of health. The ancient Greeks believed the human body to be a microcosm that reflected a cosmic order, and that health was a matter of keeping oneself in tune or balance with the life rhythms of the universe (Pratt, 1993). The concept of harmony related to health is clearly explained in Chinese medicine philosophy. To be healthy in traditional Chinese medical systems means living in harmony with the natural rhythms of the five elements: Wood, Fire, Earth, Metal, and Water. These elements manifest in persons in the shape of organs, systems, and their function according to the degree of balance, or level of health. (Gumernick, 1993). Chinese philosophy is applied through traditional practices such as Qi Qong, a form of Chinese breathing exercise (Dorcas & Yung, 2003).

In conclusion, the idea of harmony can be understood in the context of looking at interrelationships between all earthly beings; all are in some kind of relation in which they turn towards one another to constitute the meaningfulness of their existence. The major characteristics of positive and nurturing relationships are that they are dynamic, balanced, moral, and aesthetics states of energy, things, qualities, components, and elements under universal laws. Real-life or living examples of this balanced state can be seen in persons we meet who seem to have achieved an ideal

state of *chi*, *ki*, ideally balanced health (body, mind, and spirit), spiritual or religious faith, and/or a balance between the masculine and feminine sides of their nature. Thus harmony is used as a goal of holistic nursing; details are presented as the following.

### *Harmony in Holistic Nursing*

Holistic nursing is rooted on the philosophy of holism. The philosophy of holism evolved from the work of scientific theorist and philosophers who presented a worldview of interconnectedness and field theory provides a view of how all life is vibrationally connected. For example, Einstein states that all matter is a manifestation of energy. The idea provides the basis for understanding humans, living creatures, and the natural world as dynamic energy systems. From this perspective, health is view as a vibration of spiritual mental and physical phenomena. The meaning of health from holistic philosophers comprises four interrelated bodies including physical, etheric, astral and spiritual. Health reflected in a state of dynamic balance that is constantly created and re-created, and can be observed in the unitary function of these four bodies. Illness is manifested in symptoms that reveal imbalance (Dossey & Guzzetta, 2005).

In holistic nursing, harmony is used to explain the state of health. For example, the theory of transpersonal caring focused on health as a subjective state, having to do with unity and harmony; illness can be understood as disharmony (Frisch, 2005). A state of living in harmony occurs when a person perceives the congruence of mind, body, and soul (Watson, 1999). Additionally, Rogerian theorist also proposed the theory of health harmony. Harmony is revealed though the unity of person and place

that is, as unitary irreducible human beings integrated in dynamic relationship with their respective environs (Carboni, 1995). Holistic health practices concerns on the holistic view as the following:

Firstly, Holistic health focuses on health promotion and disease prevention. It stresses on healthy living patterns. Health is seen as balance, integration, and harmony. The goal of health care emphasizes on quality rather than the length of life. The experience of joyful, aliveness, vigor, optimism, happiness, relational intimacy, and spiritual growth and considered as important as bodily health (Dossey & Guzzette, 2005) Secondly, culture has a significant impact on health and illness behaviors and patterns of response then the cultural competent care is needed. These including: 1) awareness and acceptance of cultural difference, 2) an awareness of one's own biases and attitude, 3) understanding dynamic differences and recognizing basic differences among cultures without promoting superiority of one culture to another culture, 4) develop and share knowledge and skill in a straightforward manner, and 5) adaptive skills into one's practice (Engebretson & Headley, 2005).

Thirdly, client is viewed as a totality and in his or her individual's uniqueness rather than in just the symptoms of the manifested disease (Slater, 2005). Then holistic health promotes individual responsibility. Person is seen as an active participant in the healing process. Self-awareness and self-understanding can facilitate growth and health enhancing life style changes (Slater, 2005).

Fourthly, a holistic nurse is an instrument of healing and a facilitator in the healing process, as well as a person who honors the individual's subjective experience about healing beliefs, and values. To become a therapeutic partner with the client, holistic nursing practice draws on nursing knowledge, theories, research, expertise,

intuition, and creativity. Holistic Nurses require integrating self-care, self-responsibility, spirituality, and reflection in their lives. The goal of holistic nursing is to assist each other's growth as integral body-mind-emotional-spiritual people. Nurse plays the role of an instrument of healing.

Characteristics of nurse affect the relationship. Holistic nurse should aware that; 1) self-healing is a continual process and is also one's own development, 2) nurse recognize to strength and weakness, 3) openness to self-discovery, 4) continued effort to develop clarity about life's purpose to avoid mechanical behavior and boredom, 5) awareness of present and future steps in personal growth, 6) modeling of self-care in order to help self and clients with the inward process, 7) awareness that a nurse's presence is as important as technical skills, 8) respect and love for client regardless of who or how they are, 9) willingness to offer the client methods for working with life issues, 10) ability to guide the client in discovering creative options, 11) presumption that the client knows the best in life's choices, 12) active listening and using use therapeutic communication to relating client that enhances self-discovery and ownership of personal issue. The therapeutic communication helping model has three stage: 1) building of the relationship, 2) deeper exploration and, 3) implementation (Scandrett-Hibdon, 2005), 12) empowerment of client to recognize that they can cope with life processes, 13) sharing of insight without imposing personal values and beliefs, 14) Accepting of what clients say without judging, and 15) perception of time with clients as being there to serve and share with them (McKivergin, 2005), 16) Therapeutic environment is needed to increase he effectiveness of healing such as warmth, caring highly valued, egalitarian relationship, mutuality interaction (Keegan, 2005), and 17) The practice harmonizes body and mind that is acquired through the

regular, persistent and long term practice of specific exercises (Dorcas & Yung, 2003).

Holistic caring process incorporates nursing process and holistic nursing practice. There are four essential features of practice: 1) Attention to the full range of human experience and response to health and illness without restriction to a problem-focused orientation, 2) integration of objective data with knowledge of person's subjective experience, 3) application of scientific knowledge to the process of diagnosis and treatment, 4) provision of a caring relationship that facilitate health and healing (Potter & Guzzetta, 2005).

Holistic nurse is guide by holistic caring process. The process is an adaptation and expansion of the nursing process that incorporates holistic nursing philosophy. It is systematic, dynamic, living framework for discovering, describing and documenting health patterns unique to a person. The patterns provide the foundation for mutual goals and responses to actions initiated in the nurse-person caring process (Potter & Guzzette, 2003). The holistic caring process is established upon reflective practice which the insights derived from the four patterns of knowing identified by Carper; empirical, ethical, aesthetic, and personal (Potter & Guzzette, 2005). This circular process involves the following six steps, which may occur simultaneously. The first is assessment. Holistic nurses assess each person holistically using appropriate conventional and holistic methods while the uniqueness of the person is honored. The second is patterns/challenges/needs. This step holistic nurse identify and prioritize each person's actual and potential patterns/challenges/needs and life process related to health, wellness, disease, which may or may not facilitate well being. The third is outcomes. Holistic nurse specify appropriate outcomes for each person's actual or

potential patterns/challenges/needs. The fourth is therapeutic care plan. Holistic nurses engage each person to mutually create an appropriate plan of care that focuses on health promotion, recovery, restoration, or peaceful dying so that the person is as independent as possible. The fifth is implementation. Holistic nurse prioritize each person's plan of holistic care, and holistic nursing interventions are implemented accordingly. The last is evaluation. Holistic nurse evaluate each person's response to holistic care regularly and systematically and the continuing holistic nature of the healing process is recognized and honored (American Holistic Nurse Association, 2003).

In conclusion, nurses apply the philosophy of holism to promote client's health. Holistic nursing stresses on harmony of healthy living patterns. The client is seen as a unitary whole that has a significant impacted by culture and one's environment. To provide nursing care, holistic nurse plays a role as an instrument of healing and facilitator by using the holistic caring process. The goal of nursing care is the client's quality of life that client's experience of bodily health, happiness, and spiritual growth. The consequences and empirical references of using holistic nursing to promote client's health are presented as follow.

### *The Consequences and Measuring of Harmony*

Harmonizing the body and mind has therapeutic effect to prevent illness and foster physical and mental health (Ardath, 1995; Dorcas & Yung, 2003). The benefits include physical, psychological, physiological, biochemical, and spiritual benefits: physical benefits include improved muscle tone and flexibility (Farhi, 1992), while

psychological benefits extend to mind and body unity, self-acceptance, improved social skills, decreased anxiety and depression, improved memory and concentration, and improved learning ability (Rouble, 2006). Physiological and biochemical benefits include increased cardiovascular efficiency, improved sleep patterns, increased energy levels, increased immune function, decreased pain levels, decreased glucose and sodium and triglyceride levels, improved good and reduced bad cholesterol levels, and increased hemoglobin and lymphocyte counts (Rouble, 2006). The last and most important in many cultures is spiritual benefit. Being in harmony means congruence between the self as perceived and a person's experience or a united selfhood (Horan, 1990; Carboni, 1995; Watson, 1999). Research by Delmar et al. (2005) asserts that achieving harmony with oneself is conditional to the existence of hope and courage; and from this hopeful and courageous balance within, people are in harmony with nature and balanced in all other aspects of life (Lovett, 1990) as well as being productive (Rajgor, 2004). In society, harmony brings happiness (Pauw, 2002) and leads people to discover meaning in their life (Haley & Ratliffe, 2006).

The state of harmony occurs when a person perceives congruence in mind, body, and soul. For example, congruence between the self and a personal experience are evidence of individual harmony; conversely, if a person feels or perceives incongruence, they reject themselves or become obsessed with an ideal self, thus resulting in being dissatisfied, maladjusted, separated and alone in the quest to be and grow (Watson, 1999).

Dreaver (2000) in his book "Harmony: Walking the Inner Path to Balance, Happiness and Success" indicated that harmony helps persons shift the way they see themselves and their life as they achieve balance, true happiness, and inner peace.

In harmony, a person finds meaning in one's life, and a state of harmony may be defined as being open to the moment with a sense of presence that is all-pervasive and without limitation. Harmony is the absence of resistance, and this leads to discovering meaning in everything (Haley and Ratliffe, 2006). Furthermore, harmony influences the change in physical, physiological and biological aspects, and thus it can be measured by scientific devices (Pratt, 2005).

In conclusion, the consequences of this ideal harmony include physical, physiological and biochemical, mental/emotional, spiritual dimensions; and empirical reference of living in harmony can be found through personal perception (i.e., we can sense by a person's behavior if that person is out of control or living a harmonious life) and scientific measurement (e.g., good mental and physical health vs. poor mental or physical health). In addition, physiological and biological markers can be measured by scientific device such as level of hemoglobin, glucose, and lymphocyte count. Many nursing interventions are applied in the clinical practice. The aim is to promote client's harmonious living; both in healthy people and persons living with chronic illness including HIV-infected persons. Thus this study is focused on using self-Reiki of PLWHA for enhancing the harmonious living with HIV/AIDS, details are present as follow.

### *Reiki for Living in Harmony*

The contents of this section cover the history, philosophy, principles, and theoretical explanations of self-Reiki for living in harmony, as well as methods for measuring Reiki for living in harmony.

### *History of Reiki*

Reiki was originated from Vajarayana Buddhism, an esoteric form of Mahayana Buddhism that came to Japan in early 9th century through the Japanese monks Kukai and Saicho, who studied in China. Kukai was a student of Huikuo, a student of an Indian monk named Amoghavajra, who was in turn a student of a famous Indian teacher. Kukai returned to Japan, taught what he had learned in China, and then became the founder of Shingon Buddhism. Saicho studied on the Tien-tai Mountain in China, and after his return he became the founder of Tendai Buddhism (Petter, 1999).

With the introduction of Buddhism in Japan, medicinal Tantra was introduced, and numerous systems of esoteric healing developed, combining the monks' esoteric knowledge, power, and allopathic healing modalities. The Reiki system, developed by the well known Dr. Mikao Usui, combined both the metaphysical aspect and allopathic methodology. The main source of Reiki is taken from the Tantra of lightning-flash, which uses the mantra, symbols, mudras, ritual hand-gestures, and mandala (Yeshe, 2001).

The Reiki healing system was developed by a Japanese physician, Dr. Mikao Usui, in the late 1800s and early 1900s after assiduously studying Buddhism. Yeshe (2001) writes that Dr. Usui, as a Reiki practitioner, was able to tap into what Usui believed were the divine healing energies of the Medicine King Buddha and apply these energies to the patient with whom he was working (Yeshe, 2001). Following these alleged revelations Usui proceeded to share the secret technique of Reiki with others. Not only was it shared with Buddhists, but through the use of symbols and

invocations, he created a simple lay practice that was available to everyone, regardless of religious or philosophical persuasion (Yeshe, 2001). The Reiki healing system was introduced to the West during the1960s and 1970s by Mrs. Hawayo Takata (Miles & True, 2003).

Reiki was introduced to Thailand by Westerners who had settled after traveling around the country. The researcher of this study is the first nurse-instructor in Thailand who completed the Master Teacher course from the Asian Art Healing Center in Chiang Mai Province, Thailand. The center was established by Cory Croyman-Plaghki, a Belgian who has been living in Thailand for years.

Traditionally, the ability to facilitate Reiki healing is passed down from a master practitioner to a student through a process called “attunement” (Vitale, 2003), described as opening the recipients’ channel to facilitate the flow of Reiki, the universal life energy, for treating oneself and others. Traditional Reiki treatment is offered through light touch on a fully clothed recipient seated on a chair or reclining on a treatment table. Then the practitioner places hands on, or directly above, a specific area of the recipient with the intent of bringing healing and willing the life energy to flow. A full treatment typically includes placing hands in 12 positions on the main areas of the head, and on the front and back of the torso (Vitale, 2003).

In conclusion, Reiki is a healing system originated from Buddhist philosophy; however Dr. Usui developed the system which was available to everyone, regardless of belief persuasion. It is popular around the world and become well-known in Thailand. Even though Reiki influenced by ancient belief, nowadays it is highly support by the quantum theory, details are presented as follow.

### *Philosophy of Reiki*

From the widely accepted perspective of quantum physics, all matter in the universe is energy, and matter can be both transferred into energy and created from energy (Goldberg, 1997). Human beings are born through the gathering of energy, are a channel for universal energy (Goldberg, 1997; Luebeck, Petter & Rand, 2001), and have an interdependent relationship with matter and energy under the universal law of cause and effect (Horan, 1990; Rand, 2001; Usui & Petter, 1999; Yeshe, 2001).

In Japanese, the term *Rei* means the higher power or God's wisdom, and *ki* means life-force energy, a term closely related to *chi* or *qi* in Chinese, *prana* in Sanskrit and Hindi, *fohat* in Tibetan, *pneuma* in Greek, *mana* in Hawaiian, *bio-plasmic energy* in Russian and *io-energy* in English (Chang, 2003). *Reiki* (*rei* + *ki*) essentially means "spiritual life force energy" (Rand, 2000).

Luebeck et al. (2001) describe Reiki as the *ki* that organizes the correct synergetic application of all the subordinate forms of the life force in the holistic sense. Reiki is this quality of life energy that, in the material world, is closest to the divine creative force, and the source of all life. It attunes the three archetypal partial personalities of the inner child, middle self, and higher self with each other so that all three remain connected with each other in one system. Reiki connects without binding, stimulates without overexciting, separates without creating isolation, and calms without causing rigidity. It directs attention to life and love in the heart, creates clarity without a lack of involvement, wakes one up and supports the development of all types of latent potentials. Reiki is connected with the energy center of the forehead, the location of the 6$^{th}$ chakra (Luebeck et al., 2001).

Reiki is remarkably different from the general kind of Ki. Firstly, it has a higher vibration and it does not work with directions from one's mind, but seems to have a mind of its own. Secondly, there is no need for a Reiki practitioner to meditate or do breathing exercises (Petter, 1999). Thirdly, Reiki is guided by the higher power, and so it cannot do any harm to a person (Rand, 2001). Fourthly, the ability to perform Reiki comes from receiving an attunement rather than developing the ability over time through the use of meditation or other exercises (Luebeck, et al., 2001).

Reiki works by releasing the flow of energy from the negative areas and changing the vibration of negative Ki. This is usually done by raising the vibration until the negative Ki cannot hold onto the negative area and is released. Other times, the negative Ki may be reprogrammed by the Reiki energy and transformed into positive Ki, which restores and maintains health. On a deeper level, Reiki can, and often does, reprogram the person's subconscious mind, releasing negative thoughts, feelings, and memories and even balancing karma (Rand, 2001). The balance of these energy systems brings the new consciousness which change the person old ways of perceiving and interpreting life's event which bring about the state of completely healing (Slater, 2005).

By practicing self-Reiki and giving others Reiki, Reiki practitioners obtain knowledge and a deeper understanding of life. Self-Reiki especially needs to be practiced regularly to have the desired effect, including recovery from illness and staying healthy. Along with practice, practitioners should also follow Reiki principles to guide their daily living, help their experience and understanding, and bring wisdom into their life (Horan, 1990).

In conclusion, Reiki has higher vibration than the general kinds of ki and it does work with its mind to raise the negative vibrating ki for the higher state of consciousness of human body. The regularly and long term practice is important for the person to gain the highest benefit for health and wisdom of life. To gain the highest benefit needs practitioners to follow the Reiki spiritual principles as follow.

### *Principles of Reiki*

There are five important spiritual principles of Reiki laid down by Dr. Usui that he took from the Meiji Emperor of Japan (1868-1912), which seem to have a strong Buddhist influence in creating guidelines for living. It should be noted that there are three obstacles preventing a person from traveling a spiritual path-hate, fear, and indecision-but Reiki is based upon the following five principles designed to help overcome and heal these obstacles. These five principles, discussed below, act as passwords to remove the inhibitions, blind spots, and negative attitudes that prevent a Reiki practitioner from experiencing the best in one's own relationships with other people (Kelly, 2000).

The first of the five important spiritual principles of Reiki laid down by Dr. Usui is: do not get angry. Personal anger affects oneself in ways that cannot be seen. This principle is important because anger is the result of feeling out of control and helpless. Anger shows the false identity of oneself as the supreme controller but without the awareness that things are all changeable and non-permanent in nature (Nirula & Nirula, 2000). To be aware each day of when one gets angry, what triggers the anger, and what enables one to stop being angry will help a person be aware of

what makes them angry and look at what prevents the anger from arising in the first place (Kelly, 2000).

The second of the five important spiritual principles of Reiki laid down by Dr. Usui is: do not worry. Worry occurs when humans lose faith in life; it results in stress, weakness, and illness. When one learns not to worry, he or she lives life without stress and has more energy to use in a positive fashion and live in abundance (Collins, 1999). An easy way of dealing with anger and worry is to first become aware of any tension or stress in the body, and then places the hands where one feels pain or discomfort. Reiki will flow into that area until the body's response to worry and anger fades away (Kelly, 2001).

The third spiritual principle of Reiki is: honor your teachers, parents, and elders. This principle is not just about healing personal relationships with others but also about healing the attitudes one has developed because of experiences with others (Kelly, 2000). It encourages a person to honor all other people, all creatures, and all situations in life, as everything in life is a teacher (Collins, 1999).

The fourth important spiritual principle of Reiki is: earn your living honestly. This reinforces taking responsibility for our actions. It can be interpreted as "working for your income honestly" or "live honestly" or "put your studies about life into practice" (Kelly, 2001). Lastly, the fifth of the five important spiritual principles of Reiki laid down by Dr. Usui is: "just for today" show an attitude of gratitude. This reinforces one's feeling of being blessed with abundance, and teaches one to act without prejudice (Kelly, 2000).

In conclusion, human mind can create both the happiness and sorrow. Reiki principles are set as a guideline for Reiki practitioner to balance the negative attitude in life which contributing to the recovery of illness.

### *Theoretical explanations of Reiki Healing*

There are four major concepts to explain the function of Reiki on healing: meridians, chakras, and aura balance, psychoneuroimmunology, energy healing, and Buddhist philosophy, details as follow.

The first concept combines meridians, chakras and aura balance. It is popularly used to explain the healing mechanism in Eastern cultures: i.e., disease and illness are the manifestation of energy blockage or imbalance in the human energy system (Goldberg, 1997). Meridians are described as the conductors of a very low frequency direct electric current (Slater, 2005). The chakras are subtle energy centers; modulator and processors of energy, and as data processing program. They absorb the universal energy, breaking energy up into components parts and sending it along energy lines: nadis to the nervous system, endocrine glands, and the blood to nourish the body (Brennan, 1987; Slater, 2005). The last among three is aura, which resembles an electromagnetic field serve as a site of information storage (Slater, 2005).

The chakras are used for diagnosis as well as for treating physical, emotional, and mental disorders (Brennan, 1987; Luebeck, 1994; Stein, 1996). The balance of chakras within the human body has three major functions: vitalizing the levels of the body's auras, as related to the physical body; bringing about the development of

different aspects of self-consciousness; and transmitting energy between the aura levels (Brennan, 1987; Luebeck, 1994).

Regarding Luebeck (1994), major chakras are divided into three groups: earthly, mortal, and heavenly. Firstly, the earthly chakra group is composed of root (red color) and sexual chakras (orange color). Blockages in the root chakras often result in mental symptoms and negative attitudes, including extreme pacifism, excessive aggression, excessive fear of death, problems with order and time management, impatience, and dependence. These blockages cause physical symptoms such as soreness of bones, teeth, and spine, diseases affecting the regenerative powers of the body, and diseases causing pain in the large intestine and anus. Meanwhile, blockage in sexual chakras results in mental symptoms such as fear of physical closeness and disgust with the body, and also frequently result in physical symptoms including diseases within bodily fluids (blood, lymph, saliva, gall), the organs processing these fluids (kidney, bladder, lymph glands), and reproductive organs (Luebeck, 1994: Myss, 1996).

Next among Luebeck (1994)'s major chakra groups is the mortal group, composed of the solar plexus (yellow color) and heart chakras (green). Blockage of these chakras will lower the vital energies needed for preparing the human body for spiritual growth (Goldberg, 1997). Blockage in the solar plexus results in mental symptoms such as claims to power, greed, compulsive spending, status anxiety, and envy. The physical symptoms that may occur include stomach ache, duodenitis, pancreatic malfunction, liver and gall pains, disorders in gastric secretion, and malfunction of the salivary gland. Blockage in the heart chakra frequently results in mental symptoms such as an imposing condition of love, suffocating love,

exaggerated selflessness, and/or excessive selfishness. Among the physical symptoms caused by this blockage are heart trouble, dysfunction of the thymus gland, lung disease, disturbed circulation, tension, cramps, and spasms (Luebeck, 1994; Myss, 1996; Stein, 1996). The so-called heart chakra is central to the healing process. Being a disease of the immune system, HIV/AIDS is inextricably linked to an imbalance of the heart chakras and poor quality relationship in life. People can recover from AIDS when they learn to recognize and trust love, and place themselves in nurturing relationships. With acceptance and love, the heart chakra functions normally, restoring strength to the thymus gland and to the immune system (Brodie, 2008: Myss, 1996).

Last among Luebeck's three major chakra groups is the heavenly group, composed of the throat (blue color) and forehead chakras (purple color). This group is responsible for the development and interaction of the human spirit with the universe. Blockage in the throat chakra often results in hoarseness, sore throat, stiff neck, a disturbance in growth and development, piercing or shrill voice, difficulty communicating, and stammering (Luebeck, 1994; Stein, 1996). Blockage of the forehead chakra results in symptoms such as aimlessness, a life of instability, alienation from work, as well as a fear of ghosts, apparitions, and phantoms (Luebeck, 1994). The crown chakra is located at the top of the head, functions as a connection point with the higher self, and is represented by the color violet. Physical dysfunctions related to crown chakra imbalance include energetic disorders, mystical depression, chronic exhaustion unrelated to a physical disorder and extreme sensitivities to light, sound, and other environmental factors (Myss, 1996).

Chakra analyses are not the only methods used to explain a person's health status in Reiki, but the human energy field (aura) is also studied, can be photographed,

and is interpreted to provide information on energy balance. The electromagnetic field (aura) is the manifestation of universal energy that is intimately involved with human life. It can be described as a luminous body that surrounds and interpenetrates the physical body, emits radiation and is usually called the "aura" (Brennan, 1987). Auras are unique to each individual. A person can perceive with their aura, and then send a signal to their sensory organs, which transmit a message to the brain. This electrochemical process has an effect on the body, causing the brain to send electrical and chemical information throughout the body. Information within our body flows along the path of the spine. As information comes from the brain and travels down the spine, the direction of the current flow is established; at a right angle to this flow of magnetic energy is a personal field, or aura. These auras are flexible, and constantly change in size, color, and pattern (Luebeck, 1994; Stein, 1996). Then recording the bio-energy field provides a comprehensive image of the function of the harmonious activity of mind-body system which is called Kirlian Diagnostics (Chalko, 1997).

Reiki heals by flowing through the affected parts of the chakras and charging them with positive energy. It raises the vibratory level of the energy field in, and around, the human body where negative thoughts and feelings are attached, and causing negative energy to break apart and fall away. In doing so, Reiki clears, strengthens, and heals the energy passage way, while repairing the appropriate layer of aura (Stein, 1996).

The second concept is psychoneuroimmunology. It explains energy healing from a medical standpoint. This discipline considers the immune system to be an important mediator between psychological factors and health. Human body reacts to environment, the brain signals the rest of the body through the activation of neurons

and the production of neurochemicals. energy healing had “positive effects on AIDS patients. Sicher, Targ, Moore, & Smith (1998) studied the effect of distant healing in a population with advanced AIDS. Of the patients in the treatment group had an overall impressive improvement in their health and showed significant results.

Table 1

*General color of aura (Luebeck, 1994)*

| Colors of auras | Meaning |
|---|---|
| Purple | Spiritual attainments, divine connection, mystical understanding, and cosmic consciousness. |
| Indigo | Inspired thought or deep wisdom, spirituality, and devotion to nature. |
| Blue | Strong mental powers, intelligence, logical thinking. Clear blue shows intuitive capabilities, while dark shades show an over analytic and suspicious nature, or visionary mentality. |
| Green | Balance, harmony, healing, and the calming force. Clear green shows adaptability and versatility. Dark shades are deceitful and jealous. |
| Yellow | Love, kindness, compassion, and optimism. Dark yellow shows lifelessness, while dark yellow shows suspicion and covetousness. |
| Orange | Energy, health, physical vitality, and dynamic force. Dark orange shows low intellect. |
| Red | Physical life, vitality, ambition, and sexual power. Dark or cloudy red shows violent or passionate tendencies. |
| Scarlet | Lust, lower passions, and materialism. |
| Rose pink | Selflessness, love, gentleness, and modesty. |
| Brown | Avarice and selfishness. |
| Gold | Higher self, good qualities and harmony. |
| Silver | Versatility, high energy, and constant change. |
| Gray | Depression, low energy, and fear. |
| Black | A sinister nature, malice, and evil intent. |

The explanation that Reiki heals the person by not only remedying the health condition or illness, but also offering rapid stress reduction and a sense of profound well-being presents a technique that can potentially benefit anyone who is suffering. This concept is understood by looking at neurotransmitters and neuropeptides that support the connection between the human body mind, and spirit. Relaxation results in the release of neuropeptides and stabilization of homeostatic regulation. The homeostatic regulation alters neurological activity which changes biochemical pattern (Walling, 2006). Thus there is remarkable evidence that thoughts, feelings, emotions, and perception influence immunity. Wetzell (1989), as well as Wardell and Engebreton (2001), found evidence that Reiki healing moves the body in the direction of relaxation, enhances immune response, and speeds the healing rate.

The third concept related to Reiki is energy healing theory. The basic physics of induction is important to explain the effect of Reiki biomagnetic fields, which are produced by a practitioner's hands. It is proposed by Ochman (2002) that energy, whether produced by a medical device or projected from the human body, of a particular frequency or set of frequencies stimulates the repair of tissue. As certain low frequency electric fields can jump start the repair of injuries and reverse the process of disease (Ochman, 2002: Prestwood, 2003). Ochman's theorized that electromagnetic energy triggers a cellular response by activating calcium channel resulting in hundreds of calcium ions flooding the cell, activating various cellular processes include repairing of injuries tissues (Ochman, 2002).

The fourth concept applies Buddhist healing theory to eliminate suffering in life and subsequent life. Buddhism is an experimental intellectual product like science. Usually persons are subject to various sorts of illusions in daily life and unless

detected reason and awareness, they may remain with them and lead them to make errors once and again. Then Buddhism cultivation aim is to deliver practitioner from the bondage of delusion caused by five desires and egoistic thoughts (Biu, 2007). The learning and cultivation can be divided into the four stages of belief, understanding, practice, and wisdom (Kung, 2006).

In the stage of belief, one the fundamental truth that Buddha-nature is inherent in everyone, a sense of self-respect would be enhanced, and the effort to practice spiritual cultivation to help them realize self-enlightenment according to their cultivation of awareness (Biu, 2007; Kung, 2006). After one has belief in one's Buddha-nature, the understanding in the Buddha's teaching is needed, especially the self-discipline. Also Buddhism not only stresses on understanding its teaching, but also on putting it into practice. Thus, understanding and practice are complementary to each other and should be integrated together (Kung, 2006). Practicing Buddhism is important because Buddha did not come to take our sins upon him. Instead, he came to show us how to take responsibility in life. As mentioned in the book of Govinda (1991):

> "Make of yourself a light. Rely upon yourself: do not depend upon anyone else. Make my teachings your life...the teachings which I have given you; I gained by following the path myself. You should follow these teachings and conform to their spirit on every occasion."

Though Buddhist methods of mental cultivation are diverse and numerous. The preliminary requirement is to observe and practice disciplines rules. The objective

of Buddhist discipline is to adjust one's way of living so that one may be able to adapt oneself to meet the conditions of Buddhist practice (Biu, 2007). If one keeps oneself strictly to carry out discipline rules, afflictions of the body and mind would be considerably reduce. Meanwhile, if one also practices meditation, he would develop mindfulness. Moreover, when the mind is free of restrictions of time and space, and also free from attachments then one would able to deliver oneself completely from all sufferings of birth, age, illness, and death. Thus, discipline, meditation (concentration), and wisdom are the three studies of Buddhism. Discipline leads to concentration, and concentration to wisdom (Biu, 2007; Dhammananda, 1993; Kung, 2006; Payutto, 1995).

Following the same order of learning Buddhism, Vajrayana Mahayana Buddhism further uses many mantras, mudras (ritualistic gestures of the hands), Mandala (ritual versions of magic-cycle diagrams) (Yeshe, 2001), and preceptor (guru or lama) (Santina, 2006). Especially the preceptor, it is functions as a means of concentrating and harnessing the power of Buddha, Dhamma, Sangha to make that power effective and immediately applicable to disciple's own needs (Santina, 2006). This Buddhist school of thought teaches the discipline and also the means by which we can initiate and attune ourselves to the healing energy for universal benefit (Sanskrit term *abhishekha*, which has been translates as "initiation," "consecration," and even "empowerment" (Yeshe, 2001; Santina, 2006; Smith, 2004; Su, 2001). The purpose of initiation is to enliven or quicken the disciple's progress toward enlightenment (Santina, 2006). This inner tuning by which the primary reality can be experienced and made fully consciousness is the way of meditation, of mind training, of concentration and of the awakening of mental powers slumbering in all people. The

practice offers practitioner a reorientation, a change of attitude, a truing a way from the external (the realm of objectified differentiation) to the internal-the totality. Then consciousness leads them to the state of enlightenment (Santina, 2006).

In conclusion, Reiki healing shows the science of mind-body connection. This highly supports by the theoretical explanations, the ancient wisdom to the medical science of psychoneuroimmunology and electromagnetic therapy. Thus everyone can learn and practice self-Reiki since it is the technique to activate healing power of human body. By doing so, persons learn to take responsibility on the healing which is more sustainable and effective way to promote health.

### *Self-Reiki for Living Harmony*

Living in harmony is a significant goal within the East Asian cultural context. Harmony can be described as a state of equilibrium. Reiki learner needs to attune to Reiki energy to have the ability for self-Reiki. The training and initiation are completed by a Reiki master. Reiki training has three levels, from basic understanding to full mastery. A Reiki student also receives attunements (sacred, spiritual, and confidential rituals) from a Reiki master in which mantra and symbols are used to activate the student's ability to channel universal life energy (Rand, 2001). Reiki attunement heals the condition of the crown, heart, and palm chakras so that they can be used in channeling energy, and it also makes other adjustments in the student's energy system that are necessary on an individual basis (Rand, 2003; Stein, 1996). After attunement, Reiki practitioners have the ability to perform self-Reiki.

A Reiki practitioner needs to practice self-Reiki to obtain harmony in life. There are three pillars to practice Reiki. Firstly, Gassho meditation is accomplished by sitting down, bringing the hands together at chest level, relaxation, and experiencing the energy phenomena. Secondly, Reiji-ho, an indication of Reiki power, is achieved by folding the hand in front of the chest, praying for recovery and health, and asking the power of Reiki to guide the treatment. Thirdly, treatment, or Chiryo, is performed by laying hands on the parts of body. Hand positions for self-Reiki are the basis for all the other Reiki positions. The first three positions are on the head. In the first position, one hand is placed slightly cupped gently over eyes. This position is held until the energy development sensation stops, which usually takes about five minutes. This first position balances the left and right side of the brain, and is wonderful for treating headache and strained eyes. It is done by placing the hands on the brow or third eyes chakra. Then the hands are moved to the sides of face, with the thumb resting just beneath the ears, and the palms covering the cheeks. In the t third head-position, the hands are moved to the back of the head, cupping the occipital ridge. Next, they go to the throat, heart, solar plexus (covering the liver, gall bladder, pancreases, spleen, stomach, pelvic bone, intestines etc.), knee, ankles, feet, and finally move down the back following the line of major chakras (Stein, 1996), see details in appendix G.

Reiki is above all holistic in effect. It reaches all levels of existence and strives to bring them into a state of balance. In the literature review that follows, the meaning of living in harmony is discussed. According to Horan (1990), living in harmony with Reiki helps a person develop trust in their true self. The true self is the only real source of abundance one is born to enjoy. It is believed that everything one needs is already inside and waiting for a person to shift his awareness to allow it to flow. To

trust in truth, one has to leave the ego's attempt to control, and instead turn inward his own inner knowledge and overflow energy. Further balance through self-Reiki depends on the suitable utilization of masculine and feminine qualities. The masculine qualities are reason, action, aggression, and power of mind, while the feminine qualities include intuition and a greater sense of awareness. To go beyond success and finally experience harmony, one needs to utilize both masculine ways of "doing" and the feminine ways of "being"

According to Nirula and Nirula (2000), she stated that Reiki harmonizes the body at different energy levels. It flows directly to the chakras and balance the chakra. It acts to harmonize at the bodily energy (aura) level. Then living in harmony through self-Reiki the chakras and aura show the balance state including personal aura base color, shape, size, brightness/intensity are in normal (Halpen, 2008).

Research revealed Reiki energy basically has improved personal physiological and biochemical marker, and mental/emotional state.

***Change in personal physiological and biochemical marker***: For example, Wetzel (1989) investigated the hypothesis that hands on healing increase oxygen - carrying capabilities as measured through change in hemoglobin and hematocrit values. Wetzel measured changes in these values over a 24-hour period, during which the intervention group, 48 essentially healthy adults, participated in level I Reiki training. Both group had blood samples taken at the beginning and at the end of experiment. The intervention group demonstrated significant changes in both hemoglobin and hematocrit values, as compared to a small control group of 10 healthy medical professionals, which demonstrated no change.

The intervention also showed Reiki treatment reducing pain. Olson, Hanson,& Michaud (2003) revealed the trial compared pain, quality of life, and analgesic use in a sample of patients with cancer pain (n=24) who received either standard opioid management plus rest (Arm A) or standard opioid management plus Reiki (Arm B). Participants either rested for 1.5 hour on days 1 and 4 or received two Reiki treatments (Days1 and 4) one hour after their first afternoon analgesic dose. Visual analogue scale (VAS) pain ratings, blood pressure, heart rate, and respiratory were obtained before and after each treatment/rest period. Analgesic use and VAS pain score were reported for 7 days. Quality of life was assessed on Days 1 and 7. Participants in Arm B experienced improved pain control on Days 1 and 4 following treatment, compared to Arm A, and improved quality of life, but no overall reduction in opioid use.

Miles (2003) implemented Reiki in out patient unit. The objective was to prove if Reiki might reduce pain in out-patients with HIV/AIDS. Patients in the classes were tested to see if there would be measurable anxiety and pain related responses to 20 minutes of either self-treatment or treatment by another student. Standard scales were the State Trait Anxiety Inventory (STAI) and Visual Analog Scale (VAS). The first Reiki training was given in 4 four-hour sessions on consecutive weekdays. Patients were assessed on day 3 and 4 to determine whether there were changes in anxiety and pain related responses after 20 minutes of either self-treatment or treatment by another student. Thirty students participated in the program evaluation. Students were given two sets of scales, one for pretreatment assessment and the other for post-treatment evaluation. The evaluation of the program, it was noted there was a decline in reported pain after the Reiki

treatment; on an 11-point scale, the average pain rating dropped from 2.73 to 1.83. Results were similar for the anxiety scale, with mean anxiety dropping from 32.6 to 22.8. There was no significant difference in pain or anxiety reduction as a function of whether the Reiki was self-administered or administered by another.

Reiki treatment increased immune level and promote healing. Wardell & Engebretson (2001) studied biological correlates of Reiki healing. The aim of this study was to test a framework of relaxation or stress reduction as a mechanism of touch therapy. The study involved the examination of select physiological and biochemical effects and the experience of 30 minutes of Reiki, a form of touch therapy. A single group repeated measure design was used to study Reiki effects with a convenience sample of 23 essentially healthy subjects. Biological markers related to stress-reduction response included state anxiety, salivary IgA and cortisol, blood pressure, galvanic skin response (GSR), muscle tension and skin temperature. Data were collected before, during and immediately after session. Comparing before and after measure, anxiety was significantly reduced. Salivary IgA levels rose significantly, however, salivary cortisol was not statistically significant. There was a significant drop in systolic blood pressure. Skin temperature increased and electromyograph (EMG) decreased during the treatment, but before and after difference were not significant. These findings suggest both biochemical and physiological changes in the direction of relaxation.

Reiki balance the electromagnetic wave of the brain. Kumar & Kurup (2002) presented the changes in the isoprenoid pathway with transcendental medication and Reiki healing practices in seizure disorder. A quantal perceptive model of brain function has been postulated by several groups. Reiki like healing

practices in seizure disorder (ILAE classification –II E- generalized seizures tonic clonic), involving transfer of life force or low level of electromagnetic force (EMF) from the healer to the recipient patient, may act via quantal perceptive mechanisms. Increased synthesis of an endogenous membrane Na+ K+ ATPase inhibitor digoxin and a related tyrosine tryptophan transport defect has been demonstrated in refractory seizure disorder. Reiki like healing practices in refractory epilepsy result in a reduction in seizure frequency. Reiki-like healing practices produce membrane stabilization and stimulation of membrane Na+ - K+ ATPase activity by quantal perception of low levels of EMF. The consequent intracellular hypermagnesemia inhibits HMG CoA reducetase activity and digoxin synth esis resulting in the alteration of the neutral amino acid transport (tryptophan/tyrosine) defect. A hypothalamic digoxin-mediated quantal perception model of brain function is proposed. The phenomena of biological transmutation and consequent hypermagnesemia occuring in the resultant neuronal quantal state is also discussed.

***Improve mental/emotional state:*** Schmehr (2003), the director of Complementary Therapy at the HIV Center of St. Luke's Roosevelt Hospital in New York City, described successfully used a hospital-based Reiki treatment and training program as part of a comprehensive approach to address depression, anxiety, and substance abuse, to support adherence to highly active-retroviral therapy, and return to work. Both the patient's physician and former psychotherapist have repeatedly described the patient's belief that Reiki self-treatment as the single greatest factor contributing to his successful behavior change. Although the CD4 count and viral load improved, the viral load remains

detectable. Nonetheless, the patient is thriving according quality of life and productivity assessments.

Mauro (2001) conducted research on effect of Reiki therapy on maternal anxiety associated with amniocentesis. The purpose of this study was to determine the acceptability and feasibility to conduct a randomized controlled clinical trial to evaluate the efficacy of Reiki therapy on the anxiety levels of pregnant women about to experience their first amniocentesis. Participant (n=30) were randomized to one of three groups (Reiki, placebo, control). The anxiety levels of each participant were assessed on seven occasions using the Subjective Units of Disturbance Scale (SUDS), twice using the Sheehan Patient Rated Anxiety Scale (SPRAS), and once using an interview format. A total of 23 participants had completed the study protocol. All participants reported significant difference in SUDS anxiety at different times throughout the amniocentesis. There was a different treatment effect between the control group and both treatment groups immediately following the intervention. There was no difference in pre-treatment and post-treatment SPRAS score. The feasibility and acceptability of conducting a large study was supported.

Shore (2004) studied the long-term effects of energy healing. An experimental design employing a 3 X 3 factorial MANOVA on symtoms of psychological depression and self-perceived stress as measured by the Beck, Depression Inventory, Beck Hopelessness, and Perceived Stress scales. Forty-six participants were randomly assigned to 1 of 3 groups: hands-on Reiki, distance Reiki, and distance Reiki placebo. Each participant received a 1 to 1.5 hour treatment each week for 61 weeks. Pretest data collected prior to treatment demonstrated no

preexisting significant difference among groups. Upon completion of treatment, there was a significant reduction in symptoms of psychological distress in treatment groups as compared with control (P<.05 Eta square ranging from .09-.18), and these differences continued to the present 1 year later (P<.05; Eta square ranging from .12-.44).

Burkert (2004) practiced his hypothesis to prove if Reiki has a positive effect on those who suffering from drug and alcohol withdrawals. The study conducted in 1991 to 1993 during the time he became a counselor and participated in Reiki sessions with addicts and alcoholics in different stages of recovery-from early detoxification to years of sobriety. Withdrawal from chemical dependency is extremely stressful, both physically and emotionally. Reiki was very helpful in relieving the physical symptoms, and in calming the body and mind. Symptom includes muscle pain, bone aches, headaches, vomiting, the shakes, diarrhea, craving, sleep disorders, loss of appetite and extreme moodiness.

In conclusion, self-Reiki is simple and everyone can learn for self-healing. It has the potential to affect human being, cellular, organ, system, and totality. Literature review found that living in harmony through Reiki can be measured through the outcome of body-mind connection. For example, personal perception of the positive changes from employing self-Reiki such as trust in self and other as well as personal perception of the symptoms improvement. Additionally, electromagnetic wave changing showed harmony state, especially the change of total personal chakra and aura bodies. Even though many researches have done and many variables are investigated, there are many variables need the further study, especially HIV/AIDS related symptoms. Thus the study was further explored the new knowledge of practice

self-Reiki by using action research as methodological framework. Details of research processes are present as follow.

## *Development of Knowledge through Action Research*

### *Definition of Action Research*

Action research has been known by various names including cooperative inquiry, action inquiry, participatory action research, community-based action research, collaborative research, and participative research (Baskerville, 1999). It can be defined as collective self-reflective inquiry undertaken by participants in social situations in order to improve the rationality and justice of their own social practice (Seymour-Rolls & Hughes, 2000).

Action research is associated with varied degrees of participation by persons undertaking the research who agree to be acted upon to inform the research (Munhall, 2001). The major aims of action research are to improve practice and generate new knowledge for improving the human condition. It gives people the power to bring about change by generating knowledge through rational reflection on personal experience, by bringing together theory and practice to obtain practical outcomes and new forms of understanding, as well as develop mutual understanding and consensus to improve the situation for the benefits of people (Grundy, 1982; Reason, 1994).

In conclusion, action research is the process for contributing knowledge development and improving the living condition. Performing the study need the participant involvement. It has been proven the reasonable outcome for long time.

### *History of Action Research*

Historically, Kurt Lewin, German social psychologist, is given credit for creating the grounding for action research (Greenwood & Levin, 1998). He started his work by described the change theory and proposed that in order for a change to occur, individuals would need to give up their ideas, or dominant structures, and replace them with new ideas or structures until these new ideas hold a permanent place (Baskerville, 1999: Greenwood & Levin, 1998). The Tavistock group, which formed in Great Britain, also an early founder of action research stressed on combining research in social science with professional practice. The practice aimed to improve industrial work moved industry toward more democratic models with emphasis on participation (Munhall, 2001).

The societal factors that lead to the emergence of action research stem from the restoration phase of postwar German society in 1968. The German economic miracle level ran into a sudden eruption of opposing ideas from the younger generation. Profound skepticism of cumulative growth and exponential progress was spreading. The growth of society's immanent destructive potential seemed to devalue its material wealth. In addition, protests urging for equal opportunities occurred, and there was spontaneous and unabated social frustration. They launched a protest against the mainly positivist social science that did not bring emancipation and participation. Additionally, they challenged the long standing hermeneutic tradition in the educational sciences that was merely contemplative, and did not provide a practical means for improving education.

Later, between 1975 and 1985, the most important theoretical work in developing the concept of action research took place, under the premise that action research intends to improve everyday life. From this, it was perceived that social groups should design the possible changes in a justified way because of their direct experience with the circumstances of life, and action research proves itself through reflective practice (Altrichter & Gstettner, 1997).

In conclusion, action research had been created to apply the knowledge developing by a social science theory into professional practice. Because social science theory such as positivist social science and hermeneutic tradition did not support participation and also not provide a practical means to improve living condition. Action research provides the principles for researcher to resolve these challenging limitations by using the following principles.

### *Principles of Action Research*

There are eight major principles to guide action research (McTaggart, 1997). Firstly, the individual or collective project is identified. In action research, a group of people come together to identify concerns, then they agree upon working collectively to accomplish their goal. Secondly, participants need to study discourse to educate themselves on the issues of institutionalization and contestation. They will seek out contradictions, change the culture of the working group, confront the subtlety of power, and expand participation and the scope of work. Thirdly, the research participants need to start quickly within the small group. The result of the initial data of interest is used for reflection to make a better plan for changing action in the next

cycle. Fourthly, research participants and gain momentum through movement on their own. Following this, the integration of theory into practice becomes the main focus as a means of generating new knowledge. Afterwards, political processes are applied to convince the participants of the positive result of the action. Finally, the varieties of methodological resources are utilized to obtain subjectivity and meaning in the existing discourse, practice, and social relationship. For example, a naturalistic approach attempts to conduct research in ways that will be used to collect information that include participants' observations, interviews, and field notes. These will validate the results by using subjective and object data. Ultimately, research participants will create a theory from the practice based on the evidence of their own critical self-reflection.

In conclusion, the principles of action research provide the crucial steps to conduct the research. Each step needs provide the crucial information and condition for the next step. Also the degrees of participant's involvement vary due to the modes of action research, as follow.

### *Modes of Action Research*

Action research is classified into three major modes: technical, practical, and emancipatory (Grundy, 1988).

Firstly, technical action research is product centered. It is linked to the knowledge needs of purposive-rational action. The researcher has certain ideas about how things should operate, but he needs assistance from participants to implement the ideas. The researcher plays the role of an expert to facilitate the action research

processes for more effective practice (Grundy, 1988). The capability to control is acquired through learning, and by observing the success or failure of deliberate intervention (Lyytinen & Klein, 1985).

Secondly, practical action research is concerned with increasing historic understanding, including both the history of the self and the history of others. The ability to understand comes from the cultural socialization that produces accepted social norms and role expectations, and this is the area of concern within historic-hermeneutic science (Lyytinen & Klein, 1985). The researcher regards himself as a member of an organization. This mode of research seeks to improve practice through the application of personal wisdom, while striking a balance between personal wisdom and social responsibility (Grundy, 1988).

Thirdly, emancipartory action research is related to the desire for free, open communication through critique. This approach deals with the substantive and normative aspects of human life and human destiny. Participants are the ones that determine what ought to be the goals of studying social systems and social action. Social science is needed for providing critical views of social institutions, psycho-analysis when it is dealing with inner compulsion and distortion, and philosophy when it deals with the validity of knowledge (Lyytinen & Klein, 1985). The purpose of inquiry is emancipation, practical knowledge and model is developed (Grundy, 1988).

In conclusion, the initial conditions and expected outcomes are important things for choosing the suitable mode of action research to improve practice by using the processes of action research are as follow.

***The processes of Action Research***

Action research is composed of four major phases (Kemmis & Mctaggart, 1988): reconnaissance, planning, acting and observing, and reflecting. Firstly, reconnaissance is the phase that aims to examine and construct the thematic concern. Secondly, planning arises as a result of discussion among the participants. Procedures and goals are presented to the participants for critical examination. Thirdly, participants carry out the plans and carefully observe the results of the actions. The participants are the only ones responsible for bringing about the changes in their own behavior. To observe theses changes, action research methods can be utilized to establish trustfulness and meaningful results. Lastly, reflection is a technique that helps the participants to uncover thoughts, feelings, and behaviors that are present in their previous experiences. This technique is driven by questions, dialogue, and stories. The result of reflection is used to revise the plan for knowledge development and improving practice, details as shown in Figure 3.

In conclusion, action research processes are relational process. Researcher needs to repeat the processes for cycles. Reflective practice helps researcher learn from experiences of cycle and these experience will be used to guide practice of the next cycle. Details of action research processes are shown as follow.

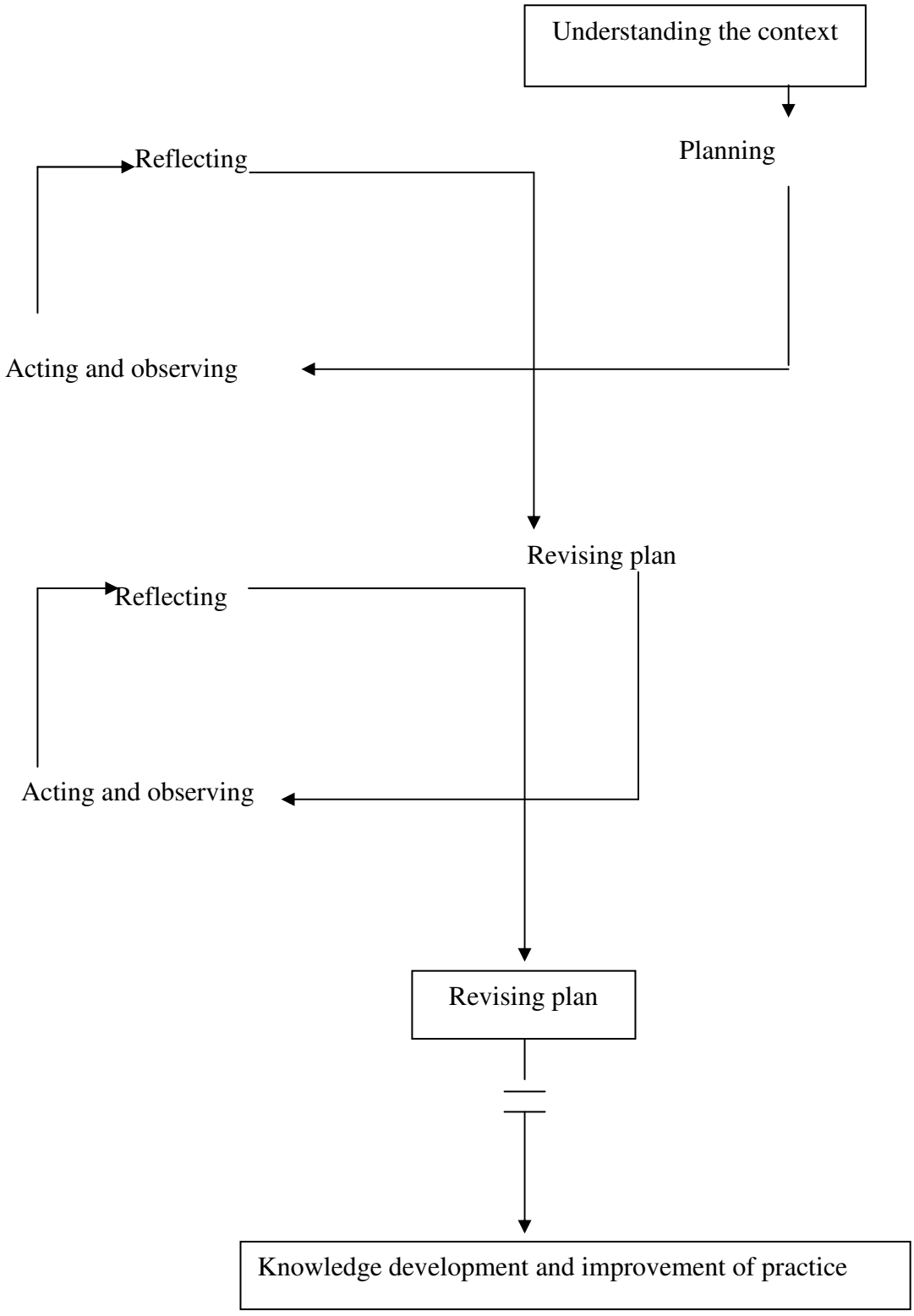


*Figure* 3 The participatory action research cycles

In conclusion, this chapter presented the living condition of PLWHAs. The literature review found that PLWHAs faced disharmonious living. They had medical care and social support, but their disharmonious living remained. Literature review found that there were many researches on the benefits of using Reiki and Reiki was a healing modality of choice for PLWHAs to enhance harmonious living. Then nurse need a therapeutic nursing model to guide their practice. Then this study focused on the development of a Therapeutic Nursing Model for Reiki to enhance harmonious living with HIV/AIDS and action research was used as a methodological framework, details were presented in the next chapter.

# CHAPTER 3

# METHODOLOGY

This chapter describes the methodology used for this study. It consists of two sections. The first section outlines the research design, while the second describes the research process, including data collection, protection of human subjects, establishment of trustworthiness, and data analysis.

## *Research Design*

The purpose of this action research study was to develop a Therapeutic Nursing Model for Reiki (TNMR) and to enable a person living with HIV/AIDS to live in harmony. The Research methods and procedures that were employed in this study are based on a critical social science paradigm utilizing technical action research. The research processes were based on continuous interaction between the researcher and persons living with HIV (PLWHA). PLWHAs were involved throughout the process of the study to develop the TNMR for enhancing the lives of those with HIV/AIDS. The research process was developed by the researcher who created the tentative TNMR that was applied to PLWHA. The action research process was applied to improve the tentative model.

***Research Process***

***Phase I: Understanding the Situation***

The objective of this phase was to explore and understand the general situation of living with HIV/AIDS. Researcher explored the person's direct experience of living with HIV infection. The activity was conducted in December 2004. Eight participants took part in this phase; 7 participants were recruited from HIV/AIDS self-help group Ranote Hospital and 1 participant was a volunteer from a community in Klonghoikong district, in the Songkhla province. A focus group discussion, as well as individual interviews, was conducted by using the following guiding questions:

1) What health problems have you experienced living with HIV/AIDS?
2) Are there any health problems that persist?
3) What are the causes of these health problems?
4) How have you tried to resolve these health problems?
5) What are the results of the treatment?
6) Did you use complementary and alternative therapy? How have you used them and what were the results? Are there any health problems that remain?
7) Do you know about Reiki therapy?
8) Are you interested in using Reiki to live in harmony with HIV/AIDS? Why?

The researcher was able to learn and understand patient's situation from Phase I. The health problems of PLWHAs resulted from HIV/AIDS progression and treatment with the most common symptoms including fever, fatigue, malaise, arthralgia, lymphoadenopathy, headache, rash, weight loss, chill, day sweating, pain, dyspnea, cough, haemoptysis, oral candiasis, dry and painful mouth, nausea, vomiting, loss of appetite, diarrhea, stress, and insomnia. Self-care strategies were used to solve these health problems. These included medication, self-comfort, changing diet, daily exercise, and complementary treatment. In spite of self-care strategies, physical and psychological symptoms remained, such as headaches, fever, stress, insomnia, and low self-confidence in daily life. Some forms of complementary therapy that were occasionally used included yoga, meditation, prayer, and regional herbs. The participants initially did not know about Reiki. Some guessed that Reiki is a religious healing technique like Jorei. All participants were interested in using Reiki as a means of living in harmony with HIV/AIDS. The participants were interested although they did not know of Reiki before because it was a new modality and they were curious whether it was useful to improve their symptoms.

During this phase, the researcher not only explored the general situation, but also tried Reiki with one volunteer who had HIV/AIDS and who had been admitted to the hospital. After four Reiki sessions, the participant shared experiences of receiving Reiki. He revealed that Reiki reduced headaches, improved sleep, increased bodily energy, and relieved bloating.

The results of the rapid assessment survey and Reiki trials provided crucial insight into the health problems PLWHA face and also suggested that they

need complementary therapy for self-care as a means of living in harmony with HIV/AIDS.

In this phase, the researcher had been prepared for being a qualified Reiki trainer by attending the Reiki master-teacher training at Asian Healing Arts Center, Chiangmai, details on how researcher prepared for Reiki training was shown in appendix A.

### *Phase II: Developing the Tentative Model*

The objective of Phase II was to develop a tentative model of the TNMR. Two participants took part in this phase; Wan, an HIV infected volunteer from Satingphae-sanphun HIV/AIDS self-help group of Satingpha district and Somna, an HIV infected volunteer from the Pheungpha HIV/AIDS self-help group from Moung district.

Phase II took place between March to June, 2005. The objective of this phase was to develop a tentative model**.** The small number was started to gain the insight in the situation of study. Then the researcher started with two participants to develop a tentative TNMR. This practice followed Kemmis and Mctaggart's (1988) suggestion that it is generally wise to start with a small number of participants, rather than to try working with a large group in inquiry process. The initial data of interest from this phase was used to make a better plan for changing action in the applying TNMR. Action research cycles were used to develop a tentative model. Reconnaissance was started with the aim of analyzing the situation of Wan and Somna's living with HIV/AIDS. Information was obtained from both participants helped researcher gaining an understanding of the meanings, views, experiences, and

contradictions of living with HIV/AIDS. To complete the task, a holistic assessment was carried out with three major contextual elements—the historical, structural, and political contexts of living with HIV/AIDS.

1. The historical context is significant for understanding the life histories of those living with HIV/AIDS. Among the topics explored were their past history, therapies, ways of life, and how these elements have impacted their present mind-body harmony.

2. Examining the structural context provided the socio-cultural status of those living with HIV/AIDS, including their relationship with family, friends, HIV/AIDS support groups, community members, and other groups.

3. Looking at the political context provided initial information on their own personal and external influence of power, health care coverage, social discrimination, and national policy regarding social welfare and antiretroviral therapy for PLWHA.

Each of these elements was examined for factors that might influence living in harmony with HIV/AIDS. Then the researcher, Wan, and Somna collaborated in planning to achieve the goal of living in harmony with HIV/AIDS by planning how to experience Reiki, training for self-Reiki, practicing self-Reiki, meeting to reflect on Reiki's benefit, and evaluation.

Participation and observation were conducted throughout to obtain data for model development, by giving Reiki sessions, providing information for making decisions in using Reiki, Reiki training, personal planning in using Reiki to enhance living in harmony with HIV/AIDS, and practicing self-Reiki. Then reflecting and revising one's plan for the better practice of Reiki was also done. Phase II of the study

found that participants, upon reflection, suggested the following for future TNMR development:

1) Face to face training was provided for a more effective learning process.
2) Six to eight hours of training were sufficient for practice.
3) The content of training should focus mainly on self-Reiki.
4) Data were collected from Wan and Somna were used to develop alternative TNMR as shown in Figure 4.

*Figure* 4 Pictures of activities on developing tive model of TNMR

The finding of this phase was the tentative model of Therapeutic Nursing Model for Reiki (TNMR). The tentative model of TNMR is composed of three main components: Reiki philosophy, the nurse's role, and the PLWHA's role.

The first component was Reiki philosophy**.** It was revealed through the personal reflective note of the researcher and also from holistic assessment interviews of PLWHA. Reiki philosophy on self-responsibility was used to guide participants in daily practice .It was found that the participants believed that they, most importantly, had to take responsibility for their lives, including practicing to improve the condition of their health. The second component was the nurse's roles. These themes presented the role of holistic nurse who used herself as an instrument of healing. The last component was the PLWHA's roles. Both nurse's roles and PLWHA's roles were interrelating. The harmonious living with HIV/AIDS was revealed including increasing personal inner peace, accepting oneself as being HIV-infected, seeing positive side of life, appropriately manage symptoms, improving one's life to a better state, and sharing the knowledge of self-Reiki for others to improve one's life. The researcher found that these findings were from a small number of participants so there were many points of this tentative model needed to be clarified such as the personality of nurse and PLWHAs and also how the Reiki philosophy influenced them, etc. Then researcher moved to the next phase of applying the TNMR.

### *Phase III: Applying TNMR*

The objective of this phase was to employ the tentative model with general HIV infected participants.

#### *Participants of the study*

The participants in this phase were volunteers from the Stingpra-sanphun HIV/AIDS self-help group of Stingpra district, the Pheungpha HIV/AIDS self-help group of muang district, and the Krasaesin HIV/AIDS self-help group of Krasaesin district.

Initially, two participants; Wan and Somna, agreed to volunteer in the developing tentative model. The study was conducted from February, 2004 to July, 2004. Then in August to November, 2004, there were eight participants participated in developing comprehensive model. There were finally 10 participants at the end of this study and each participant had individual approached by researcher.

The participants of the study in this phase were:

1. HIV/AIDS participants who met these criteria:

- Had known of a confirmed blood diagnosis on of HIV/AIDS and a blood test for CD4.
- Were aged between 19 –59 years at the time of the study.
- Were able to read, write, and understand Thai.
- Had no mental or physical impairment affecting memory or the ability to verbally communicate their experiences.
- Were allowed for follow-up at home or conveniently visit.
- Were willing to participate in the study.
- Had friends, relatives, or family members agreeing to take part in the research, approached at the time of Reiki treatment, or during home visits, and able to verbally communicate with the researcher.

Excluded criteria for participants included:

- HIV/AIDS participants who were at terminal AIDS lacking the ability to learn and practice Reiki for themselves.

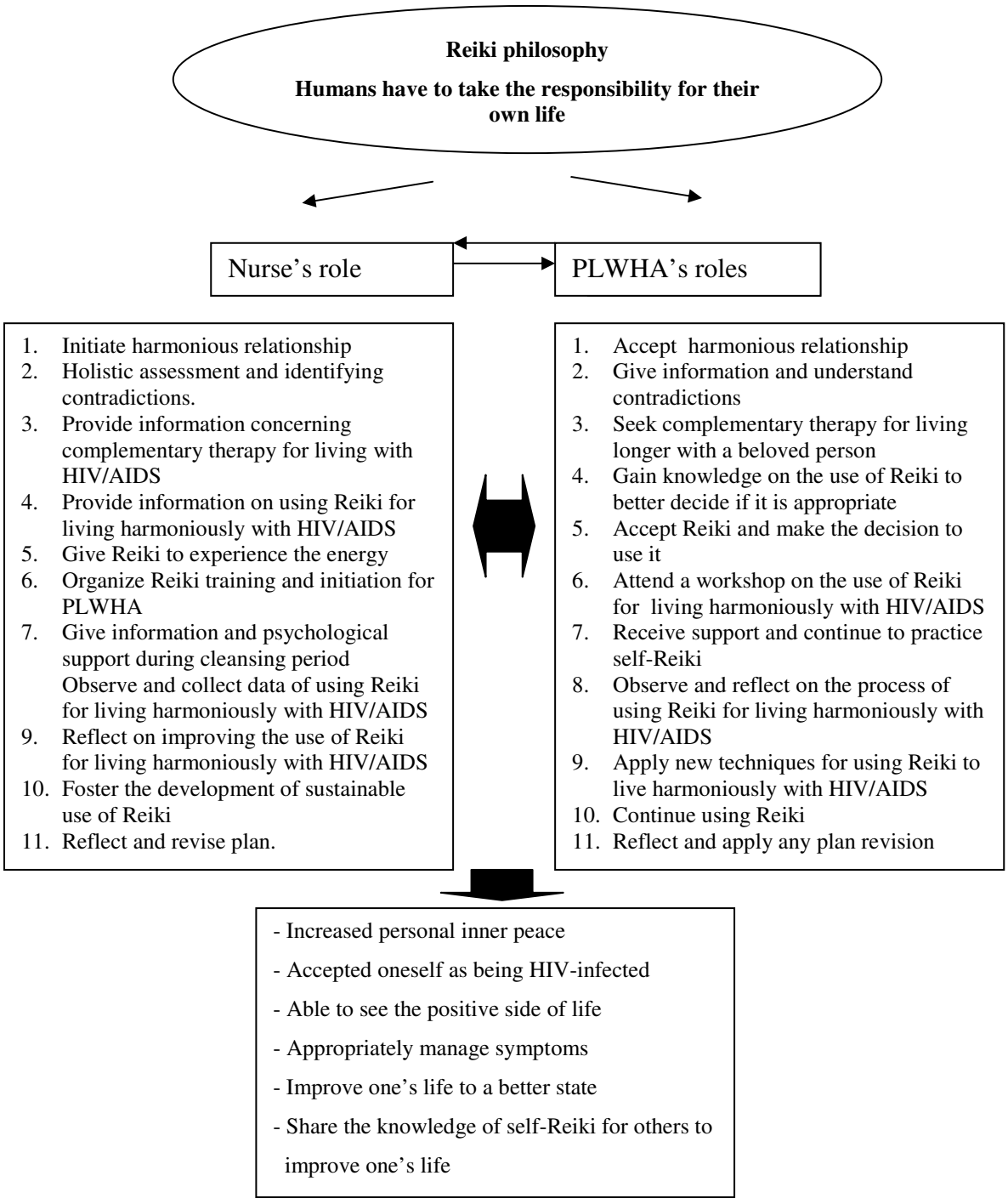


*Figure* 5 The tentative model of TNMR

- HIV/AIDS participants who were under tuberculosis drug treatment for less than two weeks.

The participants knew that the researcher would be approaching them continuously to encourage the ongoing participation. The researcher did not identify any of the participants by name to keep their confidentiality. Since the PLWHAs faced socio-economic impact of HIV-infection, this study provided the compensations for the participants such as the free Reiki training, allowance for meal, public transportation, and work leave during the period of study.

2. The researcher as a facilitator

In this study, the researcher played three important roles; action researcher, Reiki trainer, and healing facilitator. The first role was action researcher who followed the processes and principles of action research. The second role was Reiki trainer. As Reiki trainer, the researcher followed standard Reiki master-teacher handbook, Reiki principles and standard self-Reiki practice. Reiki trainer practiced self-Reiki everyday, and also provided Reiki treatment to others. These practices were applied with the aim to bring harmony in personal life and in the Reiki community. The last important role was healing facilitator. Researcher followed holistic nursing guideline to use one's self as an instrument of healing (see these details in chapter 2).

***Research Settings***

The study was conducted at the Faculty of Nursing, Prince of Songkhla University, Reiki Center; a community nearby the university, and in the communities where the houses of participants are located. At the Holistic and Eastern Wisdom Care

Center, the researcher accesses to chakras and aura monitoring service which providing by the computer expert while the holistic assessment was organized at Reiki Center. Collecting data were conducted both at Reiki Center and participants' houses which each choice of setting had been made available for participants to maintains the natural setting in their own life where participants lives and concerns to participants' convenience of meeting. However all participant had at least two times home visited by researcher.

***Entering the Field***

Snowball technique was used since it was simple and helped the researcher to reach the participants who were ready for meeting. First, the researcher contacted key participants (Mr. Wan) by taking part in monthly meetings of non-government organizations (NGO) for those with HIV/AIDS in the Songkhla province. Then, information regarding the purpose of the research, the process, the potential benefits and risks, and the required activities were provided to meeting member including leaders of HIV/AIDS self-help group from Songkhla province. PLWHAs were then invited to take part in the study. After that Mr. Wan, the key person of from the monthly meeting, volunteered to inform his friends including Somna. Later both Mr. Wan and Somna, volunteered to take part in phase II was developing tentative model. Since Somna was a leader of Phoungpha HIV/AIDS group, Songkhla provincial hospital, she distributed the news and results about self-Reiki use to her friends from other HIV/AIDS groups in Songkhla.

After Wan and Somna informed the group leaders then the group leaders later informed their members. There were three HIV/AIDS self-help group invited the researcher to meet their group member including Phoungpha group, Satingphra-sanphan group, and Krasaesin group, respectively. The group members who met researcher were ready to revealed their HIV infection status, voluntarily meet, were not coerced or misled into participating, and were also given an opportunity to ask any questions related to the study. There were totally fifty PLWHA from three HIV/AIDS self-help groups received information from the researcher; twenty from Phoungpha group, and fifteen from each Satingphra-sanphan and Krasaesin groups. From three HIV/AIDS self-help group, there were ten PLWHAs taking part in the study. They were from the areas of Songkhla province including Satingpra district, Singhanakorn district, Krasaesin district, and Muang district.

***Implementing the Action Research Cycles***

The method of technical action research was explained to the participants in detail, including the aim of study in developing new knowledge and improving self-care practice to live harmony for PLWHAs, openness, participating and flexibility of working together, how and where to make appointments, and the role and activities of participants to gain movement of their own. They were allowed to ask questions at any time. The study was then conducted by going through the four phases of action research, which are shown in Figure 6.

### *The Reconnaissance Phase*

The problems that were examined during the reconnaissance phase came from the participants who experienced difficulties of living. To fully define the problem and begin to understand it, the participants discussed their personal experiences of living with HIV infection with the researcher. The researcher brought theoretical and practical information relative to the problems raised, then both researcher and participants worked together to develop changes.

Firstly, the researcher established harmonious relationships with the participants since initial of the study by asking for permission to attend a monthly meeting held by Songkhla HIV/AIDS networks. After providing information related to the research study, there were two HIV-infected representatives from the Satingpra-sanphun group and Pheungpha group who volunteered to take part in phase II. When phase II of the study was completed, yielding good results using Reiki, the participants gave formal invitations for the researcher to meet the members of their groups. Knowing each other from the group meeting provided the opportunity for the researcher to make home visits to participants. The researcher made informal visits in simple clothes, used public transportation, and took part in, and learned about no-formal occupations. Additionally, the researcher also had lunch with their families, took an afternoon nap with the families, presented gifts when visiting, accepted their sincere welcome and received presents from their family such as fruits and herbs for cooking. All of this was to develop trust and lessen the gap between the participants and their families as lay people, and the researcher as an educated person with a higher social status in Thai society.

Additionally, activities during home visits were flexibly organized by the participants so as not to disturb their daily life especially their daily work necessary for earning their livelihoods. For example, the researcher interviewed one participant while she was cutting fish heads and fermenting them for sale.

Secondly, the researcher assessed the participants' experience in living with HIV/AIDS. Holistic assessment and symptomatic self-report were used to explore their living situation. Holistic assessment guideline was used to interview exploring the living condition of each participant. Details included demographic information, health histories, therapies, ways of life, physical, mental/emotional, social and spiritual health, living environment, disharmony of living with HIV/AIDS, and aims of Reiki use (details in appendix B). Symptomatic self-report form was used by participants to report the change of symptoms before and during the self-Reiki practice. Part I detailed demographic data, history of illness, and past-present experience of self-care. Part II was self-report of symptom before and during the self-Reiki practice period. There were 39 physical and mental/emotional symptoms. The participant completing the form by monitor the present and the change of the symptoms (details in appendix C).

Thirdly, the human energy system was monitored to explain the baseline of chakras and personal based aura energy levels. This monitoring was conducted with participants before starting self-Reiki practice and at three months after self-Reiki practice (details in Appendix D).

Fourthly, data from this phase were analyzed and interpreted to understand the state of physical, mental-emotional, and spiritual disharmony of living with

HIV/AIDS. Also the reconnaissance revealed participants' hope of life. These crucial data were used to plan for planning phase.

### *Planning Phase*

To achieve the aim of this phase, the researcher followed a series of steps: Firstly, an tentative TNMR was presented and explained to each participant. Secondly, individual and group plans were set. For example, each participant was encouraged to set his/her individual plan, including what they hoped to achieve through self-Reiki practice, activities and frequency of action to obtain that goal, the results of practice, and any obstacles of practicing Reiki. Finally, the researcher and participants planned to meet for Reiki training; individual or group training based on individual interest, home visits, and reflection for improving practice. Then researcher encouraged the participants to take action following the plan.

### *Acting and Observing Phase*

In this phase of the action research cycle, the researcher conducted the activities following the plan mentioned in the prior phase to develop the model. Firstly, the researcher provided at least one Reiki session for participants. The aim was to support the participants so that they could experience Reiki energy and the effect of Reiki treatment on their health. The experience of receiving Reiki helped them to make a decision whether they wanted to use Reiki for enhancing harmonious living.

Secondly, participants were organized to attend Reiki level I training. An eight hour training workshop was provided by the researcher both at group and individual levels. Two choices of training sessions were offered to participants: 1-day with eight hours of training and 2-days with four hours of training per day. This gave a choice to participants, so that they could choose the time that best suited their daily schedule. The content of Reiki training covered Reiki history, what Reiki is and is not, Reiki attunement, demonstration of self-Reiki and giving Reiki to others, practicing self-Reiki and giving Reiki to others, applying Reiki to daily life, and the principles of Reiki. By doing this, the researcher used developed handout from Phase II for Reiki training (see details in appendix E). Thirdly, the researcher organized both individual and group meetings with participants to support their use of Reiki. These meetings covered informational support, psychological support, and social support.

To observe the outcome of actions in this phase, the researcher conducted home visits to obtain further information on how the participants used Reiki for living harmoniously with HIV/AIDS, and what were the results of practice. In the first three weeks, individual visits occurred one time to carefully collect the information during the cleansing period. After that, visiting took place every two to four weeks until data saturation. Each participant was encouraged to monitor their improvement in physical, psychological, social, and spiritual health through the use of self-report forms and a personal diary about using Reiki (three participants wrote diary). In-depth interviews were conducted by using in-depth interview guideline questions (see details in appendix F)

In addition to using in-depth interviews, over the period of study the researcher also was an active participant in observing closely the subjects and understanding their

experience. Major indicators observed include visible symptoms, emotions, self-Reiki practice, etc. Data from observations were recorded in field notes, and include behavior, comments, interactions, situations and personal insights. The field notes were used to formulate a context for interpretations (see field note form in appendix G).

### *Reflecting Phase*

Reflection was done each time there was a meeting and the data was used to improve model development and its implementation the reflecting data were used with the later case (see reflective practice guideline in Appendix H).

### *Plan Revising Phase*

After participations' observation and reflection, they found that the plans needed to be revised for improving the practice. For example, they could not completely practice all self-Reiki hand positions and then they shortened the time of practice and applied the hand-positions based on their benefits.

In addition, some participants add more hand-positions to resolve the specific problems such as put the hands on the discomfort parts. In addition, some of them applied Reiki for meditation technique by repeating the Reiki symbol like mantra to make their mind concentration. Then individual plan was revised to suit the context of practicing self-Reiki.

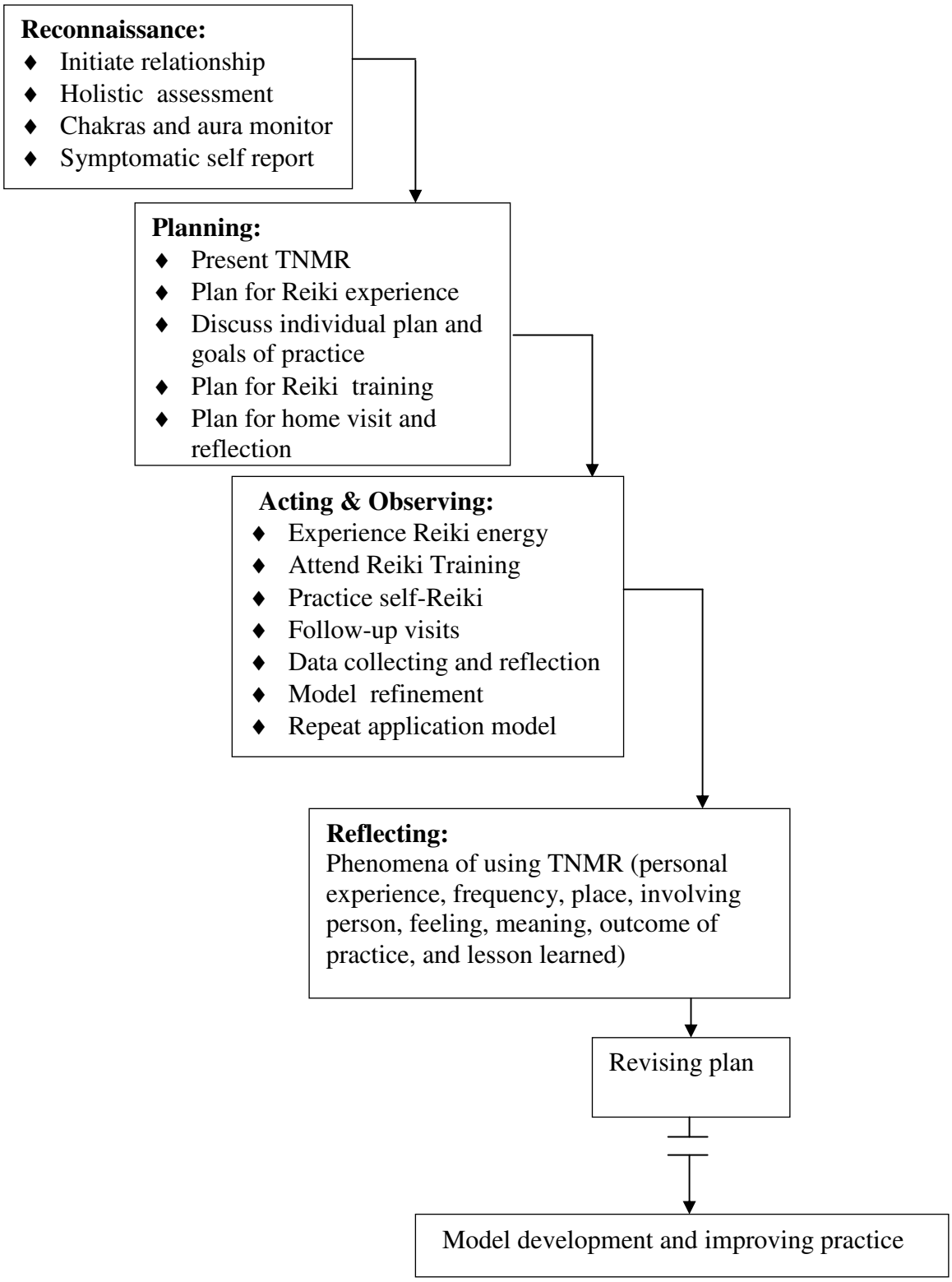


*Figure* 6 Action research processes to develop TNMR

Beside the researcher and the participants worked together to re-plan a suitable model of TNMR based on the new data. Details of action research processes to develop TNMR were presented in the Figure 4. The processes were implemented in cycles to test the model and also new model was re-tested with the new participants to finalize the model and explore the influencing factors. To revise model, not only individual reflection was explored, but the researcher also provided a small group meeting for group reflection to gain verities of data.

### *Measurements*

#### *In-depth Interview Guideline Questions*

The in-depth interview focused on original medical prognosis, changing of health condition, complication and side effects, influencing factors of a TNMR use, length of treatment, and achieving the goal of health (see details in Appendix F).

#### *Reflective Practice Guideline*

The reflective practice is a way to use validates a TNMR. The questions were used as part of reflecting upon the process of formulating a TNMR. The focus of practice were experience of using TNMR, time, place, an people involving the experience, place, and person, reason of action, feeling to the experience, meaning of experience, health outcome, lesson learned, and new knowledge for improving practice (see details reflective guideline questions in Appendix H).

***Symptomatic Self- Report Form***

The Self-Symptom Report Form was developed by a researcher. The form consists of two parts; demographic data and self report of symptom before and during self-Reiki practice. The form included 39 symptoms which normally experienced by PLWHA. The PLWHA checked the symptoms at present and after 1 week, 2weeks, 1 months, 2 months and 3 months of self-Reiki practice. Each time of checking the PLWHA had to observe if the symptoms remain, improve or resolved. (see details in Appendix C).

***Chakras and Aura Monitoring***

The chakras express themselves on the physical human body in the endocrine glands. These glands regulate all physical and emotional processes. The chakras are the ethereal transition and transformation points through which the cosmic, higher frequency energy is channeled into the physical body. If the energy flow of chakras is disturbed, the corresponding endocrine glands and all connected metabolic processes will become imbalance. Aura is given by body's vibration and the color depending on its speed, the slower the vibration, the stronger of the color of energy. The shape and color of chakras and aura were used to measure the TNMR outcome. The chakra and aura photo report gives a colorful, visual, graphical representation of the measured bio-data. In this study, the researcher used the data of personal base aura, the second and fourth chakras of PLWHA since it related to mental health and HIV/AIDS issues. For example, personal base aura represents the participants' personality as well as

mental/emotional state. In addition, the second chakras relates to the blood fluid function and the fourth chakras shows the state of self and other love. The analysis presented the direction of health in PLWHA whether using Reiki increasing health to harmony state (see the personal base aura area and chakras position in Appendix D).

***Data Analysis***

The data analysis utilized both qualitative and quantitative methods. Quantitative data were analyzed by using descriptive statistics. The means, frequencies, and percentages were computed to describe the characteristics of participants and other personal data. Also frequencies was analyzed the symptomatic self-report data into three major group; no changing of symptom after self-Reiki, symptoms had improved to good result, and symptom had completely healed.

Chakras and aura image were compared to Aura Chakra Color Analysis Guide Book (www.aura.net/education). The researcher observed the change in chakras and aura color. Harmony of body-mind connection showed the low frequency vibration which the colors of chakras and aura changed from red, orange, yellow, green, blue, violet, and white, respectively. However, disharmony state changed the color into opposite direction from white to red vibration. In addition, the shape and size of chakras were analyzed that the harmony state showed the completely circular in shape and normal size.

Qualitative data from in-depth interviews and reflective practices were analyzed by content analysis into the classified tentative model. This contributed the

researcher developed the model until the researcher had a final model. The data collecting and data analyzing happened simultaneously, details as the following:

Firstly, the researcher collected the data. Audiotapes were collected and the entire interviews were transcribed. The transcripts were read numerous times to get a feeling for each of the whole interviews. From the transcript purposively reading, units of meaning were coded. This came from direct quotes or paraphrasing common ideas (Morse & Richards, 2002).

Secondly, researcher was categorizing particular codes (Munhall & Boyd, 1993). The researcher grouped all codes that relate to the theme in classified tentative model from pilot study. Turning points of using Reiki for harmonious living were categorized. All of the talks and activities that fit under the specific pattern were identified and placed with the corresponding pattern. Each theme was obtained from feedback by participants during the fieldwork. The researcher used the participants' feedback to establish the next questions in the interview and also returned to the participants to validate the finding.

Lastly, the researcher was conceptualized, combined and catalogued related patterns into theme and sub-themes (Morse & Richards, 2002). Themes that emerge from the participants' stories were pieced together to form a comprehensive model of Therapeutic Nursing Model for Reiki. Following by the researcher was to build a valid argument for choosing the themes. This was done by reading the related data to richly support the action. By referring back to the literature, the researcher gained information allowing her to make inferences from the interview and conducting activities session

Field notes were utilized to reflect on the data, topic, and theme (Morse & Richards, 2002). During study, the researcher used five types of field notes categories were utilized; contradiction note, observational note, theoretical notes, and methodological note. The contradiction notes were regarding to situational experience of participants, observational notes were the action of using all the researcher's senses in observation, and theoretical notes were the use of the researcher's reflections on the experiences in an attempt to derive meaning. In addition, methodological notes were the way researcher used to remind herself on the process, and analytical notes were s regarding to the researcher periodic summary.

The new revised TNMR model was re-used with each participant untill the model is completed. Conceptualized model of the TNMR model was conducted to develop the final TNMR. All sort of finding were utilized. Researcher discussed on the model with the PLWHAs and advisors to improve the model.

***Protection of Human Subjects***

In relation to the right of human subjects, the Ethical Research Committee, Faculty of Nursing, Prince of Songkla University approved the research proposal. Careful measures were taken to access the participants and to protect their confidentiality. Firstly, the researcher had formal contact with a non-government organization working with HIV/AIDS, in Songkhla province. Secondly, two volunteer from this organization offered to work on phase II. They shared their experiences with other group members who agreed to formally invite the researcher to visit during their monthly activities. There, the researcher was able to meet with participants who

readily agreed to participate. The researcher used verbal agreement to present the willingness taking part in study. A complete explanation and written description about the purpose, method, potential risk, benefit of participation, and protection of confidentiality was given to the participants. The participants were given the opportunity to ask questions and to decline or accept participation in this study, or withdraw from the study at any time they wished.

*Figure* 7 Pictures of activities in applying the TNMR Model

A protection of human subject guideline explaining the nature of the study was given to each participant before the study commenced (details in Appendix I). Prior to beginning, the researcher made sure each participant read the protection of human

subject guideline and properly understood their rights as well as what would be demanded of them during their participation in the study. Then each participant gave their verbal to the researcher before finally being included in the study. Artificiality names were assigned to each of the participants. The audio-tapes were transcribed by the researcher. All the data records, cassette tapes containing interview data, and other written documents were kept in a secure filing cabinet and destroyed when no longer required for the purpose of this study.

Home visits were carried out only with the participant's permission, and the researcher was as unobtrusive as possible in order to protect the confidentiality of the participants. For example, the researcher would wear simple clothes, use public transportation, and behave as a friend or relative of the participant's family. If participants did not want to disclose their participation in the study to their families, the Hadyai Reiki Center or some other public location were used as possible meeting places in order to maintain their privacy.

### *Establishment of Trustworthiness*

In social science, validation cannot occur through subsequent replication, since identical social circumstances cannot be recreated outside the field. Social life contains elements which are generalizable across setting and other elements which are particular to give setting. Lincoln and Guba (1985) established four criteria for evaluating the trustworthiness of results: credibility, dependability, conformability, and transferability. These same criteria were used to assess the trustworthiness of the findings of this study.

***Credibility***

The credibility of the study refers to the researcher's ability to gather data that is representative of the goals of the study. For variables were key when checking for credibility in this study: prolonged engagement, consistent observation, the technique of triangulation, member check.

The researcher has had prolonged exposure with the participants since the credibility of the research was established by using the longitudinal method (Lincoln & Guba, 1985; Morse & Field, 1996). The study process was conducted from December 2004 through to November, 2005. The prolonged engagement helped researcher to understand the life histories, socio-cultural status, and political context of PLWHA, testing for the information and revised model, and building trust.

Long-term engagement was resulting in the depth and understanding of historical, socio-cultural, and political context of living disharmony with HIV infection. Researcher found the typical issues related to the target group that the sexual transmission is the major causes of infection, the used conventional medicine and complementary therapies, social discrimination, etc. For example, many people in the community saw the researcher had engaged social activities with the HIV/AIDS self-help group in the community then they thought the researcher was the HIV infected person. Sometime researcher was treated negatively such as one lady showed unwillingness to sell food for researcher. This situation helped researcher understood how HIV infected persons were rejected by neighbors. However, the researcher had not only the negative response, but also had a positive response from the beloved

person, extended family, and supporting group. Then prolong engagement brought the chances for researcher to closely observe how PLWHA lived their disharmony life.

Prolong engagement provided chance for researcher to have many meetings with the participants. In the first case of applying alternative Therapeutic Nursing Model for Reiki, researcher organized meetings occurred every week for 3 weeks, then every two to four weeks until data saturation. The use of many short meetings allowed the researcher more chances to confirm or disconfirm interpretations, and at each meeting the methods that were used were critiqued and refined for the next case or group meeting such as the experience of group training for previous group was used with the later group. The finding was retested with each participant that increased the credibility of the knowledge. Furthermore, prolong engagement increased the opportunity to investigate the distortion. For example, there were three participants had irregular Reiki practice, prolong investigation revealed the different influential factor to the irregular practice.

Prolong engagement provided opportunity for researcher to build trust. During this time, the researcher started and engaged in actions to foster trust with the participants to increase the probability of receiving credible findings. For example, beside research intervention conducting the researcher took part in social activities of participants such as religious ceremony and personal celebration in special event. Researcher believed continuous and regular meetings helped to build trust with the participants since trust ensures greater open and depth of sharing.

The consistent observation provided the depth and details of finding. The researcher had showed in the previous session that prolong engagement provided the pattern and scope of the finding, however consistent increased the depth in the

finding. For instance, the prolong engagement revealed the themes and sub-theme in the initial category. Consistent observation helped to further exploring details of the theme and sub-theme such as under the sub-theme 'Regular Self-Reiki Use' researcher found the different pattern of practice and motivation factor of each individual.

The technique of triangulation improved the credible of the finding. Differences of data collecting methods were employed in order to cross-check data to confirm the accuracy of findings. During this study, data were obtained from in-depth interviews, observation and field note, self-reports from participants, and Chakras and aura monitor. For example, when the researcher interviewed Porn about her self-Reiki use the researcher observed that she had running nose and stiffness of the nose. So the researcher explored the pattern of self-Reiki use. Finally she confessed that she had irregular self-Reiki practice. This finding was confirmed by the self symptom report that showed the relapsed symptom as well as the final chakras and aura monitor showed the different outcome between regular and irregular self-Reiki use.

The researcher performed member checks, where by raw data and analytic category, and model were for establishing credibility. Every meeting, not only researcher observed the outcome of Reiki, the researcher also evaluated emerging interpretations of previous activities. For example, the researcher gave participant home visits to support during cleansing period and also encouraged her to reflect on the activities during Reiki training. In the later case upon the suggestion of the first case, researcher had individual meeting with the same pattern; the first meeting in the second or third week after Reiki training, then every month until the data saturated and the participant integrated self-Reiki practice to their daily life pattern. Not only

researcher conducted individual member check, but also organized the focus group. The focus group meetings were organized to validate the knowledge. During the study and at the end of study, researcher organized small focus group. Each group contained 2-4 participants. Focus groups were organized to verify the finding of study as well as helped each participant validated the finding with their real experience.

***Dependability***

Dependability is a criteria the researcher met after demonstrating the technique outline in order to show that a study has quality (Lincoln & Guba, 1985). The researcher facilitated for future examining the process and product of inquiry.

To increase the dependability, researcher managed the documents to be ready for inquiry audit. The data files were organized with systematic. The documents made the audit trial visible. Not only research prepared for process inquiry audit, but she also facilitated if the auditor has expectation to meet the PLWHA or related persons to the study activities. Allowing the auditor entry to the sample of documents (examining the process) or involving persons of study (examining product) supported the dependability (Lincoln & Guba, 1985).

Regarding to the concept of harmony, measurement of harmony could be conduct by subjective and objective data. The researcher used overlap method to represent the triangulation methods of data collections; including reflection, field note, self-report form, and scientific equipment to measure human auras and chakras. By combining several approaches, the weakness of one were compensated by the strengths of the other. For example, harmony of body-mind brought the change of

chakras and aura size, shape, and color into the state of low frequency vibration. Then the in-depth interviews and self-report showed the personal experience that supported the results from chakras and aura monitoring which proved the scientific evidences. Group and individual assessments were collected to obtain data from multidimensional experiences. Regarding to Lincoln & Guba (1985), overlap methods supported the idea that there can be credibility with dependability.

### *Conformability*

Regarding to Morse & Field (1996), conformability is a process criterion by which the researcher left an auditable trail providing a clear account of the methodological decisions taken over the course of the project. To reach this criteria, firstly, the processes within this study were presented in detail so that they could provide a clear account of the methodological decisions taken over the course of the project. Secondly, raw data was systematically recorded and noted including audiotapes, transcripts, chakra and aura files, training and fieldwork pictures. Thirdly, data reduction and analysis product including field notes (contradiction, methodological note, and theoretical note) were recorded on a regular basis in which reflection was presented to address whether or not the researcher was biased during the process of study. Fourthly, data reconstruction products (analytical notes) including structure of categories (major categories, themes, sub-themes, detail of relationship), and final report, with connection to the existing literature and the integration concept of relationship, and interpretation were kept in files for examining. Lastly, materials related to the study including aura and chakras analysis book and

pictures, self-report forms, in-depth interview guidelines, Reflective practice guideline, researcher's field note, Reiki handout and study materials were prepared for auditing process.

***Transferability***

Regarding to Lincoln & Guba (1985), transferability refers to the manner in which researcher provided thick description necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as possibility. To achieve this, a thick description of the process and outcome of the data was provided. The researcher report context of study including the Thai setting and the HIV/AIDS epidemic in Thailand and Thai national policy on HIV/AIDS, participants' background, and researcher's perspective on the issue of study. The result of study consist of participants' experience in using Reiki, the outcome of applying TNMR, and factors influenced by using Reiki. The changing points of participants' journey were presented and explained the PLWHAs' disharmonious living to being harmony persons. Themes and sub-themes were presented in a rich details. In addition, the quotations and commentaries were added to the richness of the study and an understanding of the contextual experiences of the participants in the study. This was also accomplished with a detailed accounting of how the data were managed and analyzed through each of the step to produce the essential structure of the model.

## *Conclusion*

Action research was conducted to develop a Therapeutic Nursing Model for Reiki. Action research processes were used to develop new knowledge and improving practice. Establishment of trustworthiness was realized and taken into action at each research process to determine the richness of data in the context of study.

# CHAPTER 4

# RESULTS AND DISCUSSIONS

The purpose of this chapter is to present the results and discussions of the study. These included the context of Songkhla province, participants' background, the six steps change from disharmonious to harmonious living, which are (1) body mind disharmony, (2) from uncertainty to confidence, (3) training and practicing Reiki, (4) realizing positive outcome of practicing Reiki, (5) integrating Reiki practice in daily living, and (6) gaining wisdom. Result of the journey is being harmonious persons.

## *The Context of Songkhla Province Setting*

The setting of the study is the Songkhla province of Thailand.

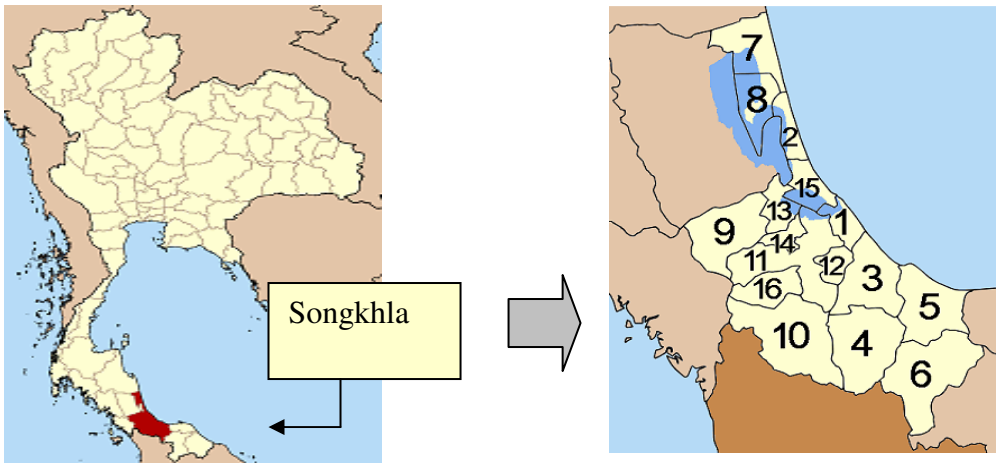


*Figure* 8 The map of Thailand from http://en.wikipedia.org/wiki/Songkhla_Province

The study took place in Songkhla, the Southern province of Thailand. It is subdivided into 16 districts, which are further subdivided into 127 communes

(*tambon*) and 987 villages (*mubaan*). These districts include Muang Songkhla, Sathing Phra, Chana, Na Thawi, Thepha, Saba Yoi, Ranot, KrasaeSin, Rattaphum, Sadao, HatYai, Na Mom, Khuan Niang, Bang Klam, SinghaNakhon, and Khlonghoi Khong. According to the 2000 National Population and Housing Census of Thailand, the total population of Songkhla was 1,249,402 people, with 615,042 being male and 634,359 being female 99.8% were Thai by ethnicity, and 0.002% was foreigners. Economically, the province relies predominantly on agriculture, with the greatest portion of the labour force (273,294 people) being devoted to it, followed by commerce, industry, tourism, and then other fields.

More than half of the people of Songkhla are firm believers in Theravada Buddhism, which was introduced to Thailand in 329 B.E. Teachings of Buddhism are well ingrained in the culture. People believe that they improve their future by gaining merit in their present lives and merit can be acquired through feeding monks, donating to temples, and frequently worshipping in the temples. Many families follow the old tradition that men should enter a Buddhist monastery for three months to study Buddhism before they marry. Nearly half of the population of Songkhla are Sunni Muslim, and this influence comes from Malaysia. In ancient times, Songkhla had been influenced by the Hindu culture. After that, beliefs of both Buddhist and Muslim origin have combined with folk animism. Therefore, it is normal for local people to seek help through the worship of supernatural spirits and objects.

Songkhla province has cultural activities that are influenced by animism, Buddhism, and Islam. The first is the Sat Duan Sip Festival or Rap-Song-Tah-yai. It is celebrated to honour one's grandparents who have already died. The second is Chak Phra Festival, which falls on the first day of the waning moon in the eleventh lunar

month. This tradition came from the Buddhist era, when Lord Buddha returned from giving blessings to His mother at the Dusit level (the highest level) of heaven, and the town's people came out to receive Him with joy and invited him to ride a Busabok float. The third significant festivals are Och Phansa and Thot Kathin, which start on the same day. During the season the monks stay in the temple for three months to pray, and when they are finished, these festivals begin, signifying the commencement of the Kathina period when, throughout Thailand, the Buddhist laity present monks with new robes and other items deemed necessary for monkhood during the upcoming monastic year. The fourth is Makha Puja. This commemorates the occasion when 1,250 disciples spontaneously gathered to hear the Buddha preach. The fifth is Visakha Puja. The holiest of all Buddhist days, and marks the Buddha's birth, enlightenment and death. The sixth, Muslim influenced cultural activities, is Ramadon month. It is a time of fasting and abstinence for Muslims. Additionally, Muslims also celebrate the seventh festival of southern Thailand, which is called Hari Rayor fair, and celebrates the end of a period of religious fasting and abstinence in the ninth month of each year. These cultural activities perform with the belief to bring the practitioner good living. In this study, the activities are applied for empowering the PLWHAs.

The Songkhla people are similar to the general Southern Thai, in that they are more direct than their central Thai cousins and likely to tell you what they really think rather than have you guess or be uncertain. People are brought up to respect those of a higher rank and to be self-reliant individuals. Age is highly respected in their society. Families are at the core of general Songkhla society. In rural areas, the entire immediate family lives together with mutual respect for each other. A young married

couple may live with the wife's family until they can establish their own house. Women from broken marriages or widows tend to move in with their own families for socio-economic support. Grandparents play an important role in helping to raise their grandchildren.

Songkhla people speak a Southern Thai dialect. The language contains many words of Malay origin because of it proximity to Malaysia. Even though there are many Muslims in the area of study, they do not speak Malay in daily life compared to the Muslims in the deep southern provinces of Thailand: Pattani, Yala, and Narathiwas.

The participants in this study are Southern Thai from the area of Muang district, Sathing Phra district, Krasaesin and Singha Nakhon district.

***HIV/AIDS in Songkhla Province***

The rapid increase of HIV infected persons pushed the Thai government to start an aggressive media campaign on HIV/AIDS. The focus of the campaign aimed to stop risk behaviors for HIV infection through the media. Under this campaign, media showed HIV/AIDs as fearful, incurable and deadly. Furthermore, HIV infection was condemned as pertaining only to promiscuous persons. The campaign affected the attitude of Thais to HIV infected persons in general including Songkhla province. In the past, Songkhlas' attitude to HIV infected person was found totally negative. However, during the period of study the Songkhlas's attitude revealed some positive aspects. A positive attitude was found in people who were close to HIV infected persons such as parents, and relatives. These people tended to have a positive attitude

when the participants' HIV status was disclosed and the family members experienced the difficulty of living. Furthermore, the campaign encouraged the Thais in general to sympathize with those who lived with HIV infection. A negative attitude was found in neighbors and community members. These people did not have a close relationship with the HIV infected and they lacked knowledge and understanding on the cause of infection. Some believed that all HIV infected persons had a promiscuous behavior. In addition, they did not realize that many women had the infection from their husband rather than having a promiscuous behavior.

The research reveal that Songkhla Government set the issues on HIV/AIDS as one of the important policies. There is a provincial committee on HIV/AIDS including government and non-government sections. The health care offices are providing care for Songkhlas HIV/AIDS included primary care unit, district hospitals, provincial hospitals, and regional hospitals. There are different models of service depending on different health care units. For example, many district hospitals provide one-stop service because the staffs are well organized and there were not many HIV/AIDS persons in the area. While regional and provincial units had not enough medical staffs, the number of HIV/AIDS patients was increased. So it was hard to organize one-stop service for those patients. The major service of each health care setting includes pre-post HIV test counseling, monitoring for antiviral drug treatment, and drug counseling to maintain patient compliance and continuing care.

Healthcare settings showed little attention in relating to individual holistic needs. So it was common to find patients complaining of suffering from side effects of antiviral drug treatment, stress, anxiety, and fear related to living with HIV infection. In some healthcare setting, not only healthcare settings provide medical treatment, but

the hospitals also support HIV infected persons to conduct a psychological supporting group. The aim is to promote HIV infected persons' acceptance of the difficulty of their new condition. The activities include self-care education, complementary therapy, providing non-interest loan for investment, and psycho-social activities for relaxation such as family camping.

Non-government sections also play the important role to promote quality of life in HIV infected person and family. For example, there is a Buddhist temple which provides shelter for the last stage AIDS patients as well as Catholic organization; Stella Maris Sea Farer, and Rakthai Foundation sponsors visit the place where the HIV-infected people live (yeam-ban) and support the fund for group activities.

Even though both government and non-government provide supports to HIV infected persons, they still experience suffering from health and living conditions. And they also continued seeking complementary therapy for self comfort and to improve the living conditions of with HIV/AIDS.

## *Participants' Background*

### *Demographic Data*

The participants were composed of ten HIV-infected people (nine female and one male) from both Buddhist (9) and Muslim (1) background, whose ages were between 27 and 39. Five female participants were widows, two were married, two were single; male and female, and one was divorced. Seven of the participants were living with their extended families, two participants were living with their husbands

and children, and one was living with only her child after her husband died (see Table 2).

Participants were facing difficulties in their daily lives. E.g. the participants who were living with their husbands experienced difficulties in their lives. After both husband and wife contracted the HIV infection, earning money became more difficult. Often the husbands were at a stage of their infection that severely inhibited their ability to work. Despite these participants need a lot of care, they had to see the needs of their family. Among the widows, each of them has one child between the ages of 7 and 11. Two of the five children are HIV positive and they are under medical monitoring. The widow participants have dramatically different living conditions after their HIV infection because HIV/AIDS typically imposes extraordinary financial demands on a household. Most were from low-income households. The HIV status of their husbands affected the household by distorting household composition, depleting savings and assets, and further plunging their poor families deeper into poverty. e.g. participants explained that all of her savings had to spend during her husband's severe bouts of AIDS. After husband died she had to work in a factory for her family and bought health insurance at the factory for her own treatment. The situation worsened with the progression of her HIV infection to the point that she could no longer work. As her living conditions worsened, she finally had to move-in with her extended family.

In addition, the single PLWHA participant faced the more social difficulty than others because, knowing that she was the HIV/AIDS patient, nobody was ready to accept her. Since HIV infection is an incurable disease and sexual transmission the most common method of passing it on to someone, she had little hope of marrying her

boyfriend and having her own baby. So taking care of her-self and increasing the CD4 level to make pregnancy possible was the aim of trying new complementary methods of therapy like Reiki.

Extended families function as a social safety network for the participants in this study. Six participants whose husbands had died or who were divorced were living with their parents during the period of study. It is important to note that most had sought the care and support of parents or siblings for the future terminal stage of their illness and in the event of their death, they have arranged for their extended family to look after their children. Both HIV infected participants and their extended families experienced emotional burdens. Most participants found themselves shunned by their communities and neighbours, even received hostile treatment from some hospital personnel. Many participants and their family members revealed that they had declined attending social or religious activities so that they would not have to face their neighbours. At work, participants had to keep a distance from their friends to prevent the discovery of infection and also avoided taking leave for minor illnesses in order to keep their status as a healthy worker.

### *The Education, Career, and Income of Participants*

Five participants completed their Diploma/Bachelor degree, one participant completed high school, and four participants completed elementary school. There were two participants who did not work, four were earning wages in food factories, and three were working in small private businesses. The income ranged from no

income to a maximum income of 3000-4000 baht per month (at the time of study, 42 baht was equal to US$1).

HIV infection affected the careers of the participants. Firstly, the symptoms were a barrier to their work. For example, there were two participants who were unemployed because their own symptoms were too severe to work. In addition, one of them had to take care of her husband who also had HIV/AIDS infection. And not only were the participants' health problems an obstacle to employment, but the work conditions were not suitable for them. Since the group had minimal education, their choices for employment were very limited. The easiest jobs to find were in factories, especially in the seafood industry. However, the working environment was either too warm or too cold or required carrying heavy raw fish, which made it hard for them to work and also led to further deterioration of their health. Small private businesses were a choice of employment among participants who had higher education and better financial and social support. There were three participants who were self-employed, one ran a laundry shop, another a beauty shop, and the last one was a fishmonger. Even though the income was not as high as compared to work in an office, being their own boss suited them, because they had more freedom to work on their own schedule and take breaks when they felt too tired for work in order to stay healthy. Furthermore, being their own boss was useful since they could avoid social discrimination in the work place, and avoid other issues that occurred with conventional employment. For example, sometime they had to miss work due to illness or visits to the doctor. In addition, factory working environment was not suitable for those who were easily getting sick like HIV-infected person.

***Diagnosis and Treatments***

Heterosexual transmission was the major cause of HIV infection among the participants in this study. In the community of Songkhla, as with general Thai society, men typically have a looser approach to sexual behaviour than women, and as such, there is a strong demand for sex-services. With a significant number of the adult male population using sex-services, both clients and the sex workers themselves tend to have large numbers of sex partners. Eight of the participants admitted that their husbands became infected through sexually promiscuous behaviour. Most of the wives found out about their own infection when they became pregnant, as they had to have their blood checked at that time. Some found out about their infection from the long term illness or even the death of their husbands. One participant was infected by her husband after they remarried. The husband's promiscuous behaviour had caused them to divorce and her husband had another affair until his new partner died from HIV infection. Then the husband came back and remarried his original wife, only to pass on HIV infection to her.

Not only did married men employ the services of sex workers, but a single man also had sex without protection to HIV. One participant revealed that she was infected through sexual violence from a friend, who studied at the same college while at a birthday party. She never realized he had HIV positive status. She learnt she had HIV infection when she had her blood checked when planning a marriage a year after she completed her studies.

Table 2

*Demographic data of participants (N=10)*

| Demographic | Frequency | Demographic | Frequency |
|---|---|---|---|
| 1. Sex | | 5. Living conditions | |
| Female | 9 | Nuclear family | 3 |
| Male | 1 | Extended family | 7 |
| 2. Age | | 6. Education | |
| 20-29 | 1 | Elementary school | 4 |
| 30-39 | 8 | High school/technical college | 1 |
| 40-49 | 1 | Diploma/Bachelor degree | 5 |
| 3. Religions | | 7. Careers | |
| Buddhist | 9 | No working | 2 |
| Muslim | 1 | Wage earning | 3 |
| | | Small private business | 5 |
| 4. Marital status | | 8. Income per month in Thai Baht | |
| Single | 2 | No income | 2 |
| Couple | 2 | 1,050-2,100 (25-50 US$) | 2 |
| Widow | 5 | 2,142-3,150 (51-75 US$) | 1 |
| Divorce | 1 | 3,192-4,200 (76-100 US$) | 5 |

The disclosure of HIV infection status was a sensitive issue in the group of participants. Participants disclosed their HIV infection to a health care provider and/or family member or close friend. All participants in this study disclosed their HIV infection to their healthcare providers who took responsibility for providing health care services and organizing self-help group activities at the hospital. Some participants had to reveal their status to family members or relatives in order to

receive support. The husband was usually the first person with whom they shared the story. There were five participants in this study whose husbands had already died from full AIDS, so they had to live with their parents or siblings. However, their sisters or brothers in law were considered to be an outsider in the family and they would be told the news only when the participants were confident that they would not be rejected and that their confidentiality would be respected. There was only one participant who stayed with her infected husband and who refused to disclose the infection to her other family members because she and her husband still looked healthy, they could support each other on their own, and they wanted to avoid social discrimination. At the time of study, four participants had a CD4 level under 200, four had a CD4 level between 200-400, and two had CD4 levels greater than 500 (when the CD4 count drops below 200 due to advanced HIV disease, a person is diagnosed with AIDS. A normal range for CD4 cells is between 600 and 1,500). There were seven participants receiving antiviral therapy. Five participants had course I (Wan, Patcha, Wanda, Ratree, and Pah), one participant had course II (Aumpa), and two participants had course III (Mari and Nunya).

### *Experiences of Using Complementary Therapy*

Additionally, all participants used to apply complementary therapies such as religious prayer, and regional herbal remedies. However at the time of study there were three sometime use regional herbs, and only one do religious prayer.

***Case 1 Mr. Wan,*** *h*e had been taken antiviral therapy to improve the immune function. Even though the treatment improved the CD4 level, he still suffered

from side effects such as skin rash and also had opportunistic disease infection such as common cold. In the past, he attended yoga workshop, but he could not practice. It hard for him to remember the yoga posture due to his poor memory

***Case 2 Somna,*** she had been infected for three years, then she attempted to take care of herself in order to keep her CD4 level over 200 to delay the onset of full AIDS and taking antiviral drugs. She also used complementary care to improve her symptoms. For example, she took mara-kheenok (momordica charantia) to treat her insomnia. In addition, she tried Yoga practice, but she could not continue with it because she could not concentrate on the breathing exercises and had difficulty remembering Yoga postures.

***Case 3: Porn****,* she was in the early HIV infection stage. She suffered from common colds, and muscle pain, especially in both her legs. In addition, being an HIV infected person brought stigmatization. Rejected by her husband's family, she was also ignored by neighbours. This situation decreased her self-confidence in daily life. She easily became angry with people around her. On many occasions, she had suicidal thoughts, but at the same time she was deeply loved and wished to live with her seven year old daughter. She used to pray, but she found that it was not much improve her health problem.

***Case 4: Wanda,*** her HIV infected status did not meet the criteria for antiretroviral treatment. So she continued self-care to delay the disease progress. She used to take ginseng beverage once a week and tried homeopathy, but she quit the treatment after one month when nothing changed in her physical health.

***Case 5: Aumpa,*** she used to take traditional herbal remedies, but she stopped once she started antiretroviral drugs. Holistic assessment revealed that even

on antiretroviral drug, she was still faced with insomnia, muscle pain, forgetfulness, and frequently voiding at night. The long-term insomnia brought her suicidal ideation. However, she wanted to continue living longer with her family, especially her son.

***Case 6: Mari,*** Her parents knew her status and gave her a spiritual support; Muslim accept being ill and view it as God's will to have them learn from this experience. She had suffered from chronic insomnia. She often slept very little, and when asleep often had nightmares about dying. She sometimes took an antihistamine drug to produce drowsiness, and this would help her fall asleep easier. She also had emotional problems and little desire to take part in social activities. She was embarrassed by a dark skin rash, a side effect of an antiviral drug. Mari coped with HIV with a strict routine of Muslim prayer to calm herself and relieve her discomfort.

***Case 7: Patcha,*** she was unemployed due to her poor health condition including weakness, severe headache, and body pains. Then she had to be admitted to the hospital once or twice a month because of opportunistic diseases. She had attended self-help group activities where she learnt complementary therapies such as meditation techniques and Yoga. However, she had difficulty to practice from her severe headache and body pain.

***Case 8: Ratree*****,** she and her husband were members of an HIV self-help group at Songkhla Provincial Hospital. Ratree had been on antiretroviral therapy for 6 months. She also tried Yoga classes, but quit because there were too many postures to learn.Even though Ratree's physical health was stable and she was able to perform normal activities as well as work, she experienced physical symptoms of

headaches, a dull rash on her arms and face, and an engorged breast. She looked for self-care options to improve her health and to delay the progress of HIV.

***Case 9: Nunya***, holistic assessment found that even though antiretroviral drug treatment delayed the progress of Nunya's disease, it caused her to suffer from side effects such as headache, numbness in legs, low appetite and weight loss. She also felt fatigued, hopeless, and feared she would die before being able to properly raise her daughter. She prayed everyday for better health, but symptoms did not improve as she wished.

***Case 10: Pan,*** she was under antiretroviral, she was disturbed by emotional problems. Furthermore she was troubled by physical symptoms, weakness, and body pain after work and also dark skin on her face. Especially it effected to her confidence. She attended Yoga workshop, but she could not apply it to the normal practice.

There were six steps of participants' journey from disharmonious to harmonious living, including body-mind disharmony, from uncertainty to confidence, training and practicing Reiki, realizing positive outcome, integrating Reiki in daily lives, and being harmonious persons, as shown in Figure 7.

Table 3

*Diagnosis and treatments of participants (N=10)*

| Diagnosis and treatments | Frequency | Diagnosis and treatments | Frequency |
|---|---|---|---|
| 1. Patterns of infection | | 4. Antiretroviral therapy | |
| Heterosexual transmission | 10 | No | 4 |
| 2. Disclosure | | Yes Course I | 3 |
| Family member/ relatives | 7 | Course III | 2 |
| Friends | 2 | 5. Complementary therapy | |
| Healthcare provider | 10 | No | 6 |
| 3.Latest CD4 level | | Yes | 4 |
| <200 | 4 | Pray (Muslim) | 1 |
| 200-499 | 4 | Regional herb | 3 |
| >500 | 2 | | |

## *The Six Steps of Disharmonious Living to Being Harmonious Persons*

### *Step 1: Body-Mind Disharmony*

The first step showed details of the theme "body-mind suffering**".** These themes presented experience about how HIV infection caused disharmonious living. The finding included eight themes showing outcome of holistic assessment**;** experience common symptoms; stress from being HIV infected persons; living with uncertainty, hopelessness and dying ideation, guilt and unforgiveness, helplessness and dependence; living for the beloved person and wish for a better life, and experiencing the limitation of using complementary therapy.

***Experience Common Symptoms***

Participants revealed that they experienced symptoms which were caused by disease progression, opportunistic infection, and side effects of antiviral drugs. The symptomatic self-report revealed that the most significant symptoms identified by the participants were localized pain and general muscle pain, dizziness, skin wounds, shortness of breath, fever, cough, sore throat, and loss of appetite.

In case of non-use of antiviral therapy, participants suffered from the symptoms of disease progression. There were two participants who did not take antiretroviral treatment. They experienced symptoms from the progression of their illness and opportunistic infection including weakness, muscle and joint pain, frequent colds and fever, cough, low appetite, diarrhoea, headaches, and deteriorated physical appearance. Porn stated that:

> "I had common cold and fever about 2-3 times each month. When exposed to the rain I would get it in advance. I also suffered from pain in my body. It disturbed my daily activities."

Additionally, there were eight participants who had taken antiretroviral drugs from 6-9 months. They experienced physical symptoms which derived from the side effects of the treatment including myopathy which brought about muscle pain; neuropathy which caused fatigue and numbness; sleep disturbance and nightmare, headache, backache, frequent urination, rash, and breasts engorgement. Patcha reported that:

> "I had antiviral treatment, however I felt my disease was stable. It did not improve as I expected. I had very severe headache and body pain. I was admitted to the hospital at least once a month…"

***Stress from Being a HIV Infected Persons***

Participants revealed that living with HIV infection brought them stress. Participants in this study were afraid of their HIV status being disclosed. The interview found three main causes of stress. Firstly, they were afraid to take part in social activities. Secondly, participants expressed that they feared to have their disease developing to full-blown AIDS. Thirdly, stress occurred since the disease progression deteriorated the normal body functions. The long-term stress impacted on their mental and emotional health producing moodiness, and hot temper. Stress also decreased sleep quality and learning ability. Wanda shared her story:

> "When I thought about something, I had trouble to figure it out. This differed from the past when I was clear. I thought my brain was not functioning very well. I felt dull…sometimes I forgot even the routine medicine (sedative to improve insomnia). I was confused between what is the right or left hand side…I feared that I would develop full-blown AIDS too early...every time I thought about it, I had irritable mood."

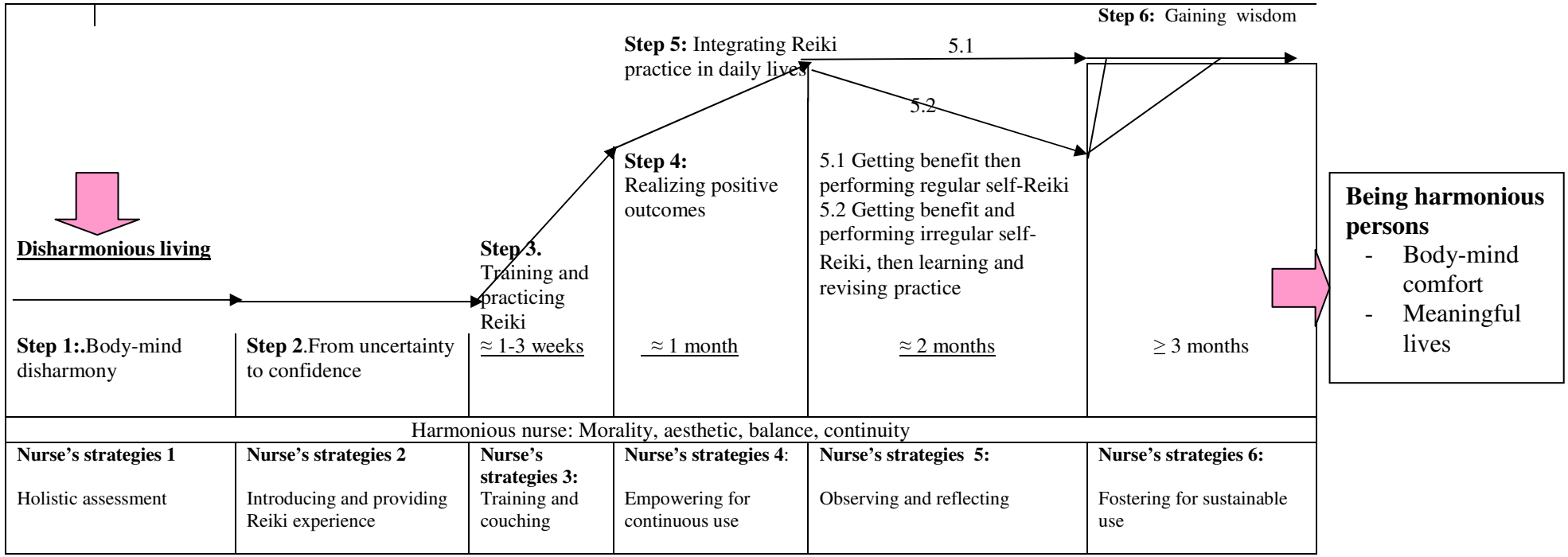


*Figure 9* Participants' journey from disharmonious living to being harmonious persons

### *Living with Uncertainty*

HIV infection brought to participants the feeling of living with uncertainty in life. The infection brought multidimensional impacts. Firstly, participants realized that HIV infection was incurable and antiviral drug could only delay the disease progression. Secondly, the participants were not sure whether they could continue to have free access to antiviral drug (ARV) of the national policy (during the period of study not every Thai infected with HIV had access to free antiretroviral drug treatment). As Wan shared, the Free Trade Area (FTA) policy might be a barrier for the Ministry of Public Health to provide long-term free ARV drug for Thais. Thirdly, the participants' experience of having relapse symptoms from low immune level gave them a feeling of uncertainty. Even though they looked healthy as normal people, they always felt they were unhealthy. Porn compared her present life to the life of a mango tree with a parasite (Ai-mong), she once said:

> "I was like a mango tree with a parasite (ai-mong) that can easily fall down anytime…no solid ground in life…like dying wood…ready to fall down anytime in a strong passing wind."

### *Hopelessness and Dying Ideation*

The theme was created when participants could not cope with their symptoms. Experiencing chronic symptoms caused them to feel hopeless and dying ideation accompanied by chronic insomnia and chronic pain; generalized and

localized pain. Aumpa who had been suffering from chronic insomnia shared her story that:

> "I suffered…I wanted to die to finish everything. The most severe symptoms for me were insomnia and muscle pain. At night I closed my eyes, but could not sleep…I really suffered."

Patcha statement also supported that she was hopeless when she could not manage her body pain. Suffering from pain affected her spirituality and she lost the trust in her believed Holy Buddha and his teachings, as she stated:

:

> "I think about my poor health. I too suffered in my life. I had pain all over my body. Every day I wanted to die. I thought about death all the time. I always complained about the word 'to die'. Because the suffering was so great, I felt like I was losing everything. I lost my hope for life. My family and my relatives could not help me anymore. I did not want to continue living my life…I accused the Holy Spirit and I accused my mom because nobody could help me. I did not feel karmic laws were fair on me where doing good yields good results."

Nunya suffered from the side effect of antiviral drug and also had a difficult time to live her normal life. For example, she could not take her favourite food because of her low immune level and she had low appetite. Furthermore, she had

less support from relatives and neighbours since her husband die. When she lost her will to live she related:

> "I had ya-tan (antiretroviral drugs). I had headaches, numbness, and started having a lower appetite. I could not eat spicy food, and I lost weight. I lived with my daughter, with no support from relatives. I lost the will power to live ...I just thought that I might die very soon".

***Guilty and Unforgiveness***

The participants experienced disharmony in their lives as they were unable to let go of past experiences. HIV positive test caused the female participants to get angry with their husbands. The female single also felt anger towards the guy who caused her the infection. While the male single participant felt guilty to have infected his beloved girlfriend.

Some participants used to treat their husbands badly before the husbands passed away.. During the years of living with the infection, widowed participants had mixed feelings: guilt and resentment. For example, one participant had to deal with her guilt and inability to forgive her husband. She was angry with him since he had given her the disease. She treated him badly before he died from full AIDS. She related:

> "I felt guilty about my past actions. When he was alive, I used to curse him everyday and treated him with low respect. That came from my anger… Back then I feared the infection. At that time, death was always in my thoughts, and people were disgusted by those who had HIV infections"

***Helplessness and Dependence***

HIV infection affected participants' work and the ability to perform daily activities. There were three participants unemployed because of their poor health condition. The other six participants accepted that they had a hard time working. They could not tolerate cold/hot temperature in the work place. In addition, they could not stand for a long time and had to work at part-time job. Patcha was unemployed and received support from her mother. She liked to do house work for the family. However, she could not complete the tasks because of her weakness, she stated that:

> "I wanted to do housework but I could not because I was very tired and exhausted. I mainly lay down in bed and don't want to get up. I tried to get some exercise by slowly walking around house, but I could not walk back again till my sister carried me back to bed".

### *Living for Beloved Person and Wish for Better Life*

This theme shows that even if the participants experienced disharmonious living, they still had some hope and wishes to have a better life. The hope in life related to the beloved person or the ability to fulfil their dream of staying long with children, mother, having a family, and/or working for social development. For example, some participants had the thought of sucide because they were suffering from HIV symptoms and some suffered from the side effects of antiretroviral drugs. However they also wish to live longer with their children or their families. For example, Porn shared her hope that:

> "I wanted my daughter to see my face (In Thai context this means being alive and living with daughter). I would like to calm my temper down, especially when I hear people gossip about my infection. Every time I hear about it, I feel like I have difficulty breathing, as something has caught my throat."

Wan and Pan who were single, they wished to have their own families and working for HIV/AIDS activities. Pan wished that one day she could marry and have a baby, as she said:

> "I know HIV/AIDS is incurable but I am taking antiviral drugs to maintain my health condition. I still have a hope that my future might be better. I thought that perhaps my health was improving and so I could marry and have my baby. I had hoped to have a family."

***Experiencing the Limitation of Using Complementary Therapy***

This theme relates to the participants who had a hope to live for the beloved which influenced them to seek help from complementary therapies. However, they had limitations in using complementary therapy and the disharmony remained. For example, Mari, the Muslim participant always prayed to calm her stress, but praying could not improve her insomnia and nightmares. The ten participants revealed that they had attended a Yoga workshop but they found that it was hard to practice since they had difficulties in remembering the postures. Patcha wanted to do meditation, but she found the severe headache distracted her concentration. Ratree used to have spiritual healing from a traditional healer, but found nothing changed in her health. The limitations of complementary therapy influenced them to seek Reiki.

The exploration found that using regional herb remedies was practical for specific symptoms such as diarrhoea. The limitation of use was that regional remedies were suited for specific symptoms and did not work well with chronic insomnia. The other CAM intervention that was tried was Yoga which needed participants to concentrate and remember the Yoga postures. However, participants had difficulty practicing Yoga because they had difficulty remembering the postures and they could not concentrate. The nine participants revealed that they had attended a

Yoga workshop but they found that it was hard to practice since they had difficulties in remembering the postures.

Also participants could not meditate without guidance from a leader and meditation practice was distracted by physical discomfort. Patcha wanted to do meditation, but she found the severe headache distracted her. The assessment also found that participants prayed, but it did not work well with physical, emotional and mental symptoms. For example, Mari, the Muslim PLWHA always prayed to calm her stress, but praying could not improve her insomnia and nightmares. The use of homeopathy resulted in only little change of health conditions. Ratree used to have spiritual healing from a traditional healer, but found nothing changed in her health.

***Nurse's Strategy: Holistic Assessment***

To implement holistic assessment, firstly, the nurse tried to build a harmonious relationship with PLWHA by meeting and informing the key persons about the study. Then the nurse asked permission for meeting from the PLWHA before meeting them at the HIV/AIDS self-help group. The nurse found that not every PLWHA wanted to disclose their HIV status. Then the nurse applied TNMR with the one who felt ready to meet for exposing the HIV status with the nurse.

Secondly, the nurse used holistic assessment guideline to explore the disharmonious living in HIV/AIDS. Then the nurse explored the situation and identified the issues of interest. Firstly, nurse used holistic assessment guidelines to examine the PLWHA s' reality, perception, and life meanings of living with HIV infection. The interview also covered physical-psycho-social-spiritual life aspects.

Then the nurse also used chakras and aura monitor to assess the harmony state of human energy field. Finally, the nurse encouraged participants to assess their present symptom experience by using Self-Symptom Report Form. The nurse further explored the past experience of using complementary therapy of PLWHA. The focus of the discussion covered the type of complementary and alternative medicine (CAM) and the outcome of these types of CAM use. In addition, the nurse further explored the outcome and the limitation of using CAM.

Thirdly, to focused on disharmonious living, nurse needed to pay attention to PLWHA's stigmatized issues because the conversation could trigger negative experience. When a negative response occurred, the nurse stopped the assessment and gave them a psychological support. Furthermore, the nurse must kept PLWHA's confidentiality during assessment and intervention period. By doing this it increased the trust between the nurse and PLWHA and also promoted the success of holistic assessment throughout the process of intervention.

***Lessons Learned***

1. The holistic assessment was a relational process so the nurse could not complete it in the first period of interaction, and the richness of data depended on trust between the nurse and participants. The study found that at first the nurse obtained information on mainly physical and psychological aspects. When the relationship was improved, the social and spiritual aspects were explored.

2. Each participant had different concerns such as work and living condition, personal health, having family and children, etc. The difference related to health status, personal attitude in life, marital status, and socio-economic support.

3. Holistic approach brought about a major understanding of the disharmonious living of HIV infection, limitation of CAM use, and the goals for health enhancement in the participants. It was clear that the participants experienced disharmony in life caused by HIV infection and they looked for complementary treatment.

4. The participants learned from the holistic assessment that they had much suffering from being a HIV infected person. The suffering was the obstacle for them to see the positive side of their life. Especially, they lost hope to live for those whom they loved. Holistic assessment helped them to shift their focus from the physical concern to faith and hope in life". When they found hope it helped them realize the importance of living long to complete their life goal.

5. The nurse learned from holistic assessment that participants in this study had used at least one kind of complementary therapies. The common therapies included regional herbal remedies, meditation, prayer, yoga, and homeopathy. This phase was completed when the nurse found that participants had limitations on the use of complementary therapies.

6. The nurse found that PLWHA's hope to live with beloved persons such as mother or children were a key point to strengthen their intention to live long. The nurseencouraged participants by giving them hope and inspiration to live their life.

***Discussion***

In this study the nurse used interviewing holistic assessment guidelines, Self-symptom Report, and also chakra and aura measurement. The aim of practice was in the first process of holistic caring process (American Holistic Nurse Association, 2003). This process involves the holistic nurse assessing each person holistically by using appropriate conventional and holistic methods while honoring the uniqueness of the person. Using traditional and holistic methods helps the nurse to gather information systematically. The holistic practice needed the nurse to value all type of knowing including intuition, and validate the intuitive knowledge with the person appropriately.

Interpersonal interaction revealed nurse's perception, feeling, and thought about disharmonious living. The Self Symptom Report presented on information perceived by five senses while chakras and aura measurement provided quantifiable information obtained from instruments. From this process the nurse and PLWHA identified PLWHA's disharmony related to living with HIV/AIDS. The PLWHA in this study reported disharmonious living from physical suffering, stress from being a HIV infected persons, living with uncertainty, hopelessness and dying ideation, guilt and unforgiveness, helplessness and dependence. All the issues were causes and effects at the same time. For example, stress decreases sleep quality as well as worsen the physical suffering. Furthermore, long term physical suffering and stress caused the PLWHA to live with uncertainty, helplessness, and hopelessness. This is similar to Vosvick et al., (2004), the study showed pain which was significantly associated with sleep disturbance.

From the first step, the nurse moved to the second step of holistic caring process. called “patterns/challenges/needs” This step the nurse was collect data to formulate an etiology of the person’s identical actual or potential needs (American Holistic Nurse Association, 2003). Nurse described PLWHA’s challenge called “body-mind disharmony.” The body disharmonies were physical symptoms which caused by disease progression, opportunistic infection, and side effects of antiviral drugs. The major effect to minor effect symptom experience which reported by the PLWHA including localized pain and headache, difficulty sleeping, dizziness, fatigue, skin wound, generalized muscle pain, numbness, nausea, vomit, shortness of breath, lose weight, dry mouth, and cough. Furthermore, each symptom had effect to another such as when PLWHA had pain it brought them difficulty sleep.

Based on Buddhist philosophy, people experienced suffering which caused by not knowing thing for what they are (ignorance), and this cause selfish desire. When this desire is obstructed, ill will, frustration and destructive tendency arise, and often soon follow causing mental and physical disturbance, disorder, and disease (Payutto, 1995). The finding supported by the literature that PLWHA experience physical symptoms according to the particular stage of the HIV disease. During primary infection, some individuals have indistinct symptoms indicative of a viral infection, including fatigue, headache, low-grade fever, and night sweating (Nielsen, 1999). As the disease progresses, there is more suffering from the common HIV co-morbidities, such as peripheral neuropathy (Kibourne, et al., 2001), attention deficits (Goldberg, 1997), diarrhea (Snijders, et al., 1998), and dementia (Starace, Dijkgraaf, Houweling, Postma, & Tramarin, 1998). In addition, the side effects associated with the use of antiviral drugs can severely affect the physical health of PLWHA. For example,

Zidovudin has adverse affects on bone marrow; Didanozine most frequently causes abdominal cramps and diarrhea, painful peripheral neuropathy, acute pancreatitis and hepatotoxicity; and Nervirapine can cause rash, headache, diarrhea, and nausea (Nittayananta, 2001). According to Moore (2000), peripheral neuropathy is the most common neurological complication of HIV and is associated with antiretroviral therapy. However, in this study there was not present the long term side effect of antiviral drug therapy as presented in the literature. For example, Kibourne, et al. (2001) presented the most common general medical co-morbidities of HAART including chemical hepatitis (53%), and hypertension (24%). Powderly (2003) mentioned that the long-term use of antiretroviral therapy causes cardiovascular disease.

In addition, PLWHA in this study had stress of being HIV infection because afraid of their HIV status being disclosed. They were afraid to take part in social activities. Furthermore, some participants changed from independent persons to depending upon extended family. One participant expressed that she feared to have her disease developing to full-brown AIDS. The findings were congruence with Hendrick (2005) who found that PLWHA experienced interpersonal stress. HIV infected persons had stigma and problem with disclosure as well as it caused them harm and their health is due to chance (Siegel & Schrimshaw, 2005).

Furthermore, HIV infection brought PLWHAs lived with uncertainty in life, hopeless and dying ideation because they realized that HIV infection was incurable and antiviral drug could delay the disease progression. Furthermore, at the time of study there were some PLWHA not sure whether they would continuous accessing to free antiviral drug (ARV) of the national policy. This was similar to Brashers, et al.

(1999) who found that The suffering of individuals inflicted by HIV/AIDS also significantly involves their spiritual dimension of life including uncertainty. Some aspects of this spiritual dimension can be seen in a complex combination of various factors. For example, Kylmä, Vehviläinen-Julkunen, and Lähdevirta (2001) conducted research on spiritual well being of those living with HIV/AIDS and found that the dynamics of spirituality is a multifaceted and complex combination of hope, despair and hopelessness.

Holistic assessment also found that HIV infection caused personal social impact. Most of the women in this study had HIV infection from husbands, some still had anger and could not forgive to the husband since he had given her the disease. This supported that HIV infection also has an enormous social impact. Firstly, HIV infection impacts the family, causing mistrust between those infected with HIV and their family members (Tangmunkongvorakul, et al., 1999). According to Songwathana and Manderson (1998), people in Songkhla province of Thailand perceived HIV/AIDS as a disease associated with dirt and danger, as well as 'woman's disease' associated with prostitution which is hardly accepted by Thais in general. This impact is also supported by Im-em & Phuongsaichai (1999) who found that there have been many couples that have separated once the HIV status of one of the members was known. Furthermore, HIV infection affected the ability to perform daily activities and career. There were three participants unemployed from their poor health condition. The other six participants accepted that they had a hard time working. They could not tolerate to cold/hot temperature in the work place. In addition, they could not stand for a long time and had to work at a part-time job. Patcha was unemployed and had support from her mother and sister. This study

revealed HIV infection caused persons being dependence because this disease brings increased expenditure and also loss of income. When a person becomes sick with HIV infection, his or her family is faced with the expenses of medical care and they often have to sell off productive assets. Other family members may need to stay home from school or work to provide care. When the person dies, the resulting loss of income can force the family into poverty. This supported by many studies. Similar to Hendrick (2005) he found that PLWHA perceived helplessness. According to Chancharas (1994) and Knodel, Vanlandingham, Im-em, Kespichayawattana, & Saengtienchai (1998), HIV infection, being a long term illness, creates serious economic difficulty for the family. In most cases the husband dies before the wife, who is then forced to re-marry due to economic reasons (Im-em & Phuongsaichai, 1999). In addition, the loss of income decreases access to education, health care, and social services for the children in the family (Wijngaarden & Shaeffer, 2002).

Beside nurse also move to the third step of holistic caring process called "outcome." Holistic assessment helped nurse specify appropriate outcomes for each person needs as the theme called "living for beloved person and wish for better life" Since nurse described the PLWHA's challenge in the second step of holistic caring process, nurse also stepped to the third step of holistic caring process (Potter & Guzzetta, 2003). Nurse specified the outcome of each PLWHA. The theme was called "living for beloved persons and wish for better life."

***Step 2 From Uncertainty to Confidence***

The finding described the PLWHA's feeling since they first known Reiki until nurse introduce them Reiki. There were three themes showed the responses included:

***Feeling of Unconfident on Reiki Use and Opening Mind to Try***

Participants tended to pay more attention to every new technique that might benefit their health. All participants in this study expressed the feeling that they were not sure if Reiki could help them; however, they opened their minds to try since they were suffering and desperate. Because of many complementary therapies did not work well so they sought a new method that might bring them positive outcome.

Patcha shared her opinion that tried Reiki was non-invasive, and free, she was curious to know if it would work. Not only the curiosity of the participants inspired them to try the new technique, but also the faith in Holy Spirit influenced one participant's decision to self-Reiki. For example, Porn believed Reiki was a miracle. It might be a Buddha miracle to help her since she prayed for help, as she stated:

> "I had faith in Lord Buddha, his Dharma, and Sangka. I did believe that he guided me to find the miracle of Reiki. I thought even if I never see the energy, but it did not mean no energy".

### *Reiki Healing was Just a Miracle*

The response of participants during nurse introduced Reiki healing system. PLWHA perceived that Reiki healing was just a miracle. The responses in this step were three important patterns. Firstly, after the nurses informed the participants about how hands were used for healing, the participants had a discussion with their friends suggesting Reiki use was miraculous. Secondly, since their friends shared the experience of self-Reiki, the participants were encouraged them to share and they were exciting on the story. Thirdly, they believed it was difficult for normal people with the HIV infection to learn Reiki.

### *Perhaps Reiki Can be a Choice for Self-Care*

Perhaps Reiki can be a choice for self-healing. The participants in this study hoped that Reiki would be useful in relieving insomnia, improving facial skin, reducing fever, and headache, muscle pain, calming mind, increasing confidence, and delaying disease progression by increasing the immune response with improvement the subjects used for self-care practice. Then participants thought Reiki could be a choice for self-care to enhance living harmony with HIV/AIDS.

### *From Faith and Curiosity to First Attempt Reiki*

Faith and curiosity influenced PLWHA to attempt Reiki. After the nurse gave information about Reiki and the participants expressed an interest in it, the nurse

invited them to try a Reiki treatment. Patcha shared her opinion that tried Reiki was non-invasive, and free, she was curious to know if it would work. Not only the curiosity of the participants inspired them to try the new technique, but also the faith in Holy Spirit influenced PLWHA's decision to self-Reiki. For example, Porn believed Reiki was a miracle. It might be a Buddha miracle to help her since she prayed for help, as she stated:

> "I had faith in Lord Buddha, his Dharma, and Sangka. I did believe that he guided me to find the miracle of Reiki. I thought even if I never see the energy, but it did not mean no energy".

There were seven participants who took a trial Reiki treatment provided by the nurse. The session took 30 minute for each PLWHA. Four participants did not try Reiki, they observed their friends. The reason for not trying was that they wanted to observe their friends and they did not want to wait long in line. Mari explained that practicing Reiki would not be a violation to her religious beliefs, since she could still continue to adhere to her own faith.

> "Reiki practice does not go against Muslim teachings. It is a technique to heal oneself and I could keep on practicing my religious beliefs. And folding the hands in the Gassho position helped me to focus the mind. I called this technique an energy transferring technique (Technique Taai Palang)."

Receiving Reiki treatment increased the participants' curiosity to practice self-Reiki since they experienced energy phenomena such as the warm feeling from the nurse's palms, the electric current flying into the body, and having a positive result after a Reiki session. These experiences increased their faith in Reiki as a healing system and they decided to use self-Reiki, as Ratree shared her story:

> "During I had been received Reiki treatment, I could feel the electric current move into my body…sometimes I felt like it moved out of my body as well as my head, where I had a dull headache. The electric current moved in rhythms, and I also had a warm feeling in the areas the electric current went through. After I tried it out, my headache was relieved, so I decided to learn self-Reiki."

However, not every PLWHA tried Reiki. There were three participants who had indirect Reiki experience; Aumpa, Mari, and Patcha. They had low confidence in trying Reiki. Instead they collected the information about Reiki from the nurse, colleagues by asking and observing on Reiki practice, and before they decided to use self-Reiki. Patcha stated:

> "I wondered about the technique, so I decided to take Reiki training. I never tried Reiki before, but I did observe it and asked my friend who experienced the treatment. I thought, to use Reiki was nothing to pay and the method was non-invasive then it was not risky to my health".

***Nurse's Strategies: Introducing and Providing Reiki Experience***

The nurse's strategies in this step were to introduce Reiki healing technique to participants and to provide Reiki experience to participants to make a decision for using Self-Reiki. The finding revealed the concern of introducing and providing Reiki to PLWHA as the following:

Firstly, nurse provided the information about Reiki as *"Hands on Healing Modality***.**" The healing modality was rediscovered by a Japanese monk. Reiki healing system is not a religion, a cult, a sect, or an organization so there is no need for participants to change their present belief system. Reiki is also not a form of psychic healing, of mind control, wishful thinking or hypnosis as well as nor is it a mediation or massage technique. To present Reiki as a healing modality, the nurse assured the participants that they did not need to change their belief system from self-Reiki use.

Secondly, nurse affirmed PLWHAs that "*everyone could learn Reiki for self healing as well as give Reiki to others"* because the ability to practice Reiki healing was passed down from Reiki teacher to Reiki student. The ritual was called attunement (prub-palang). After attunement the Reiki student body was channelled to facilitate the flow of Reiki energy. Then Reiki student just place down their hands on or directly above the specific area of their body for self-healing. This affirmation ensured the participants that this technique was simple learn and use. Additionally, the nurse encouraged the HIV-participants who had experienced Reiki use in pilot study phase to share their experience with friends to make the PLWHA had the confident that HIV infected person could easily learn and use Reiki for self-healing.

Thirdly, nurse supported the Reiki use with reasonable evidences. Nurse informed the result of Reiki by using evidence. A research study report was presented to support the effect of Reiki. For example, the case study of Robert Schmehr in 2003 was used to tell the PLWHA about an HIV infected person using Reiki as self-treatment to maintain sobriety and work through depression.

Finally, nurse facilitated the PLWHAs to experience the energy by trying 30-minutes Reiki treatment session because it was difficult to explain the nature of Reiki energy. Then receiving Reiki treatment helped PLWHAs to understand the Reiki healing phenomena.

***Lessons learned***

1. Nurse found from the study that not every HIV infection person were interesting on Reiki technique. Most of who attended the introduction was female HIV infected person.
2. Study report on Reiki used in HIV person was attracted by the PLWHAs.
3. Directed experience by receiving Reiki healing from nurse contributed the PLWHAs to understand the energy healing technique for making decision.
4. Reflection revealed that in this phase participants felt not sure if Reiki could improve their health problem. Participants agreed that to help them had good information on decision for self-Reiki nurse needed to provide the Reiki session for persons with HIV infection. Directed experience of receiving Reiki treatment helped them making decision whether to use self-Reiki.

5. Since nurse assured that Reiki healing is non-religious technique, participants felt confident to try and decided to use it for self-care.

6. Characteristic of PLWHA influenced decision making to use Reiki continuously. There were four major concerns that described the characters of participants. Firstly, participants had the desire to be healed based on the belief of self-responsibility. All participants agreed that they suffered living with HIV/AIDS infection, but each PLWHA had different individual issues that only they could solve. They experienced and understood their own situation, so they had to solve the problem by themselves. Then they opened their eyes on the new method to improve their health condition. For example, Wanda stated that:

> "…person who chose Reiki had to have the desire to manage the symptoms to comfort herself. She had to be ready to devote her time to practice self-Reiki"

Porn believed in self-responsibility on her life, as she said:

> "It was my life. I first had to take care myself. Then I looked for new method to improve my life….I want to use it to heal my symptom and improve my health because I do not want to use antiretroviral drug.
> I want to try new technique. I don't want to take medicine because the side effect. Because by taking antiretroviral drug, some of my friends looked good, some were not good looking, and my husband had ugly skin rash after. I don't want to take it"

Secondly, participants had an individual belief that easily supported Reiki practice. After nurse informed the PLWHA that Reiki is not a religious practice, they thought Reiki technique is a holy way for better life. For example, Mari believed healing was a gift from Allah and Porn revealed that she believes in the Holy Spirit or Buddha:

> "…Even though we can not see, but I believed in sacred objects…I had my individual respect to the Lord Buddha, his Dharma, and Sangha. I could not see Reiki, however I had trained and I experienced the energy. I found my health condition had improved then I believed in Reiki system. My directed experience increases my belief in Reiki healing. I think person had individual belief before using"

Thirdly, participants who chose Reiki tend to prefer a simple and quiet life, seeking harmonious living. They accepted that HIV infection is incurable, so they searched for a new practice to make life peaceful. As Aumpa stated:

> "To choose Reiki for self-healing depended on personal attitude to live their life. Person who learned Reiki and used Reiki like me was the one who like quiet, peace, and low desire to own these and those"

Fourthly, participants who chose Reiki are curious and like challenges. The participants shared that the reason they used Reiki was because it was a new

technique, and they were challenged to try it out to see whether it worked with their health condition. Somna stated that:

> "…It was a new healing technique that I never even hear about and experience on it. I regularly heard about Yoga, Qi Qong. I never know Reiki until today you (nurse) had presented about it. So I would like to try the technique if it was practical to my daily living"

***Discussion***

Introducing and providing Reiki experience presented the way nurse apply to the fourth step of holistic caring process (Potter Guzzetta, 2005). From guideline nurse engaged each PLWHA to mutually create an appropriate plan of care that focus on the outcome. In this step, firstly nurse partnered with PLWHA in a mutual decision process to use self-Reiki to enhance harmonious living. During this step nurse choose Reiki by; 1) nurse determined Reiki was useful in helping PLWHA achieved the desire outcome, 2) nurse identified the characteristics of Reiki modality was aimed at improving harmony, 3) nurse evaluated the research based that validate the effectiveness of modality, 4) nurse determined the feasibility of implementing the Reiki use in term of non-invasive technique, cost and time, 5) nurse evaluated the acceptability of the modality in term of goals and priority related to treatment plan, 6) nurse ensuring the nursing competency to support PLWHA on self-Reiki use, 7) nurse inform with the manner that empower the person to maintain person uniqueness and independence, 8) nurse used skills of culture competence and communicate

acceptance of person's value, belief, culture, religion, and socioeconomic background, 9) nurse offered appropriately experience of receiving Reiki treatment.

Since HIV infection caused suffering, nurse helped PLWHA eliminate the suffering. Introducing and providing Reiki experience followed the holistic caring process revealed that faith and curiosity influenced the PLWHA attempted Reiki for self-healing. Normally nurse could find that the PLWHA had the feeling of not sure if Reiki could help them, however they opened their mind to try since they had feeling of desperation from other techniques and were curious about using the new modality. Some might had further opinion such as Reiki was non-invasive, no cost so it increased the one's curiosity to know if it would work. In addition, some PLWHAs might inspire them to try the new technique by the faith to their Holy spirit such as Buddha miracle. Receiving Reiki treatment increased the PLWHAs' curiosity to practice self-Reiki. The experience of PLWHA on receiving Reiki included the warm feeling from the palms of the nurse, the electric current flying into the body, and having a positive result after a Reiki session such as headache relieved. These experiences increased their faith in of Reiki as a healing system and they decided to use self-Reiki. This finding consisted to Tigunait (1996) who presented that most of people seek direct guidance from teacher under one of four circumstance. The first is desperation when one realizing the pain and misery in life. The second circumstance is curiosity that compelling one to search for a way of being that is more fulfilling than the one we already know. The third reason of seeking new knowledge is the desire for material success since people are motivated by desire and expectation. The fourth circumstance to seek for new knowledge from teacher is the search for knowledge. It happens when the people have seen how short-lived and empty worldly pleasures

arena, they often turn to philosophical and spiritual text for answer. Reiki healing system is a path that nurse leads the PLWHA to extinction of suffering. Introducing and providing Reiki experience is preparing the PLWHA for proper understanding, and proper thought. The later are the important step of eliminating suffering (Payutto, 1995).

***Step 3: Training and Practicing Reiki***

This step revealed how nurse try the proper action to help PLWHA learn to improve the ability for self-Reiki and Reiki training was implemented. The feedback from Reiki training revealed that all participants believed the group training helped the learning process. This study provided individual and group training for participants, however all participants preferred group training. Upon reflection with PLWHA suggested that small group training had three major advantages. Firstly, it could save training time. Secondly, the PLWHAs were able to have a discussion to make the content understandable, and it also increased learning atmosphere.Thirdly, PLWHAs could practice in pairs and experience different energy phenomena from different health conditions of their partners. However, it needed a flexible plan to fit in people different work schedules. The reflection found that participants wanted 5-7 persons per group.

## *Nurse's Strategies: Training and Couching*

### *Training*

The study reveals the three main concerning on how the nurse organized Reiki training. These include training pattern to support personal benefit, training contents focused on self-Reiki, and PLWHAs as adult learner, details as the following:

Firstly, nurse provided training to support individual readiness of disclosing the HIV status. In this study, Reiki training was organized into two patterns; group training and individual training. Both patterns supported the PLWHAs' willingness and readiness. For example, the individual training was provided for the PLWHAs who wanted to keep their HIV status confidential then it was a significant advantage for the non-disclosure PLWHA since it allowed the them to keep her HIV positive status secretly. Individual training was for those who felt unconfident and shy to meet others HIV infection. In this study, there were three PLWHAs had individual training from nurse. Another Reiki training was grouping training. Seven of ten participants had group training with three and four participants in each group. Group training was for those who disclosed their HIV status with friends.

Secondly, nurse provided training content which focused on self-Reiki. During the trying out of tentative model, the content of Reiki training covered standard content of Reiki I level including the meaning of Reiki, history of the Reiki healing system, how Reiki energy works, levels of training, Reiki initiation, cleansing period, self-Reiki and giving Reiki, and Reiki principles. Later the PLWHAs suggested that the content should focus mainly on self-Reiki practice so the nurse revised the Reiki

handout and the content on giving Reiki to other was excluded to make it concise and specific for PLWHA's needs. Then the final handout of training in the eight of PLWHA was without giving Reiki to heal others (see details in Appendix E). However during home visit some participants had interested in giving Reiki to their families and friends. Later nurse further detailed them how to give Reiki to heal others.

Finally, nurse interacted Reiki students by focusing PLWHA as adult learner. Training activities were lectures, demonstrations, practice, and reflections upon practice. Firstly, PLWHAs were treated as equals and the nurse allowed them to voice their opinions freely in class. Secondly, the nurse actively involved PLWHAs in the learning process. For example, some PLWHAs had Reiki experience so during lectures about Reiki, the nurse drew out PLWHAs' experience of receiving Reiki with relevance to the topics. Thirdly, the nurse focused on the aspects of how to practice self-Reiki to make sure PLWHAs could apply self-Reiki technique. To achieve this, self-Reiki demonstration was conducted step by step to have time for PLWHAs to observe. Fourthly, PLWHAs were encouraged to practice both self-Reiki and experience giving Reiki to their classmates. Finally, the nurse encouraged the PLWHAs to discuss the issues of interest and allowed them to give feedback for future training.

***Lessons Learned***

1. The training should take 6-8 hours to give enough time for lecture and practice. Especially, self-Reiki practice should take 1 hour and giving Reiki to other

should take at least 2 hours to increase experience and gained confidence from being giver and receiver of Reiki healing.

2. Most of participants were over 35 years old so they suggest that the handouts should be simple reading with appropriate font size for easily read in the middle aged adult.

3. After Reiki training all PLWHAs could practice self-Reiki. They all felt the warm feeling at both hands during the self-Reiki. Training also provided them to share Reiki with friends. Since each PLWHAs had different in health status the they could feel various energy experiences during the sharing Reiki sessions. Experiencing many trial treatments with friend in class increased their confidence to practice self-Reiki at home. 4. In this study the nurse work as a Reiki trainer to provide PLWHA enhancing the ability to perform self-Reiki. However in the future training, nurse could only support training and allow them to attend the class from available Reiki trainer.

5. It was important for the nurse to provide the training environment that the PLWHAs were able to learn and comfortably practice. In the pilot phase, nurse organized Reiki training PLWHA's house. There were disadvantage of practice such as in privacy atmosphere, PLWHA was distracted by neighbor, and noisy. So the action research phase nurse set a Reiki center to provide the place for training and meeting. By doing this, nurse could keep PLWHA confidentiality and also support learning atmosphere.

After PLWHA had Reiki training nurse allowed them to practice self-Reiki at home. During three weeks of self-Reiki, it was common for Reiki student to experience cleansing. The PLWHAs reported cleansing experiences and it motivated them to keep on practice. In this study, the participants experienced diarrhea (Somna,

Pah, Aumpa), fever (Porn and Wanda), skin rash (Ratree), and general body discomfort (Patcha and Nunya). These body changes assured the participants that something was working with their body, as Nunya stated:

> "During the first two weeks I felt the symptoms seemed to be getting worse. I felt my body was heavy while I changed positions. I remembered your instruction to keep practice during this period. I just wished things would be better after one month."

In this step, nurse found that self-report showed the improved symptoms. The physical symptoms that improved after the PLWHAs had practiced self-Reiki for two weeks were localized pain, difficulty sleeping, dizziness, fatigue, skin problems, generalized muscle pain. In addition, the psychological discomforts that improved from two weeks of self-Reiki practice were nervousness/ worried, low confidence, irritability, fearfulness, and feelings of hopelessness, excepted the decrease in social activity was improved after one month of self-Reiki.

***Couching***

Nurse had supporting visit during the three weeks of initial Reiki use; the three weeks after Reiki training is called "*cleansing period."* The supporting included the nurse presented the PLWHA with supporting manners. These included showing a caring attitude, demonstrating kindness, being approachable, and being cheerful. To couch PLAWHAs, firstly, nurse started relationship with PLWHA's beloved person who welcomes to meet nurse with the aim to build relation. Then the nurse listened to

the PLWHAs' stories on Reiki use and allowed them to ask any question related to the self-Reiki practice. Finally, the nurse shared Reiki sessions with participants during home visits. Participants were delighted that they could give Reiki to the nurse and they were comfortable to receive a complete Reiki treatment from nurse. Giving Reiki healing session with nurse also increased the PLWHA's confidence to practice self-Reiki.

***Lessons Learned***

1. Nurse found that with the supporting manners during home visit helped nurse to strengthen harmonious relationship with PLWHA and family and/or beloved persons.

2**.** During the supporting visit nurse found that there were three main concern of couching included:

The first was the confidence on self-Reiki practice. This involved pattern self-Reiki practice such as the pattern of laying the hands following the standard positions, the length of time to practice each position, and the practice to finish the healing session. Nurse clarified and allowed them to freely create their own pattern which maximized their health benefits. The second was the cleansing symptoms. Generally, it was common for Reiki student to experience the cleansing during three week of the initiation their body to Reiki energy. The cleansing symptoms which experienced by PLWHA included diarrhea, dark red blood clotted during periods, low fever, and a rash, replayed negative past experiences in memory, and irritable mood, etc. Since participants observed the change from cleansing period, they had a good feeling

because symptoms were sign of changing in their body. Then they had motivation on continuous use. The last was the outcome of self-care. The reflection revealed that the outcome of self-Reiki practice in this period were difficult to notice since PLWHA experience the cleansing. However, during the period of first three weeks PLWHAs had eagerly observed the change of self-Reiki. Most of them agreed that it was hard to say there was a noticeable outcome. However they had the commitment to keep on practicing following the guideline.

4. Participants suggested from this period that only one supporting visit at the second or the third week after initiation was practical. Since they had tried Reiki for a short time period they just wanted to clarify confidence in practice.

5. Nurse concluded that PLWH had ability to practice self-Reiki, however nurse noticed that PLWHA who were in the age over 40 years needed more information supporting during initial use.

***Discussions***

The process of practice and training is important to supporting person the proper action to purify body and mind (Payutto, 1995). To provide the effective training, the nurse implemented the plan which guided by a holistic framework with an awareness that; 1) persons are active participants in their care, 2) the nursing implementation must be performed with purposeful and focused intention, 3) a person's humanness is an important factor in implementation, 4) the implementation is conducted the context of assisting the person towards the higher potential of health and well-being, and 5) holistic nurse used holistic nursing skills including cultural

competency and all ways of knowing (Potter & Guzetta, 2005). The feedback from Reiki training revealed that all participants believed the group training helped the learning process, that the training should take 6-8 hours to give enough time practice; self-Reiki practice should take 1 hour and giving Reiki to other should take 2 hours to increase experience and gained confidence from being giver and receiver of Reiki healing, and the handouts should be simple reading with appropriate font for middle aged adult, and adult view was useful for Reiki training.

PLWHA as adult learner is suitable for introducing Reiki method. The practice start with approaches that PLWHA can use on themselves, and focus on experiential activities more than didactic theory or practice. Healing through subtle energy is often a difficult practice to teach, more challenging than teaching herbs or body work. Reiki training can combine the "felt experience" with concept of theory and an appreciation of the spirit.

Major finding in this step was cleansing experience motivated practice. After Reiki training, nurse allowed the PLWHA performed self-Reiki. Later the nurse made home visits to each PLWHA during the three weeks after Reiki training. The interview revealed PLWHAs' experience both physical and mental/emotional symptom during cleansing period including diarrhea, dark red blood clotted during periods, low fever, and a rash, replayed negative past experiences in memory, and irritable mood, etc. Nurse supported through reconfirmed the experience was a normal process and encouraged the PLWHAs to continue self-Reiki. While PLWHA reported that cleansing experience motivated them to keep on practice since these body changes were assured them that something was working with their body and it motivated them to keep on practice. Couching PLWHAs to continue practice was very

important since it helped them to reach high benefits of energy work. The finding was confirmed by literature. Typically, cleansing takes place from the seventh to ninth days of treatment. Toxic matter may also be released through diarrhea, a cough, and a cold, among other methods (Nirula & Nirula, 2000). Because Reiki increases the vibration of the universal life force energy of the human body and once the human body is thoroughly detoxified, it has more scope for its vital processes and can therefore receive, store, and use more life energy (Luebeck, 1994).

***Step 4: Realizing Positive Outcomes***

This step described PLWHAs's experience of the second month of self-Reiki practice. They reported improving symptom experience, particularly the physical symptoms. For example, the interview showed that they felt the body was strengthened. Self-reported found that muscle and joint pains were relieved. The frequency of fever, headache, and common cold were decreased. One participant observed that the skin rash on her face faded and many reported better sleeping quality. Thus the PLWHAs experienced positive outcomes and so had a high commitment to use Reiki, as Somna states:

> "I did not have a cold or fever in the past month. My friend said my face complexion was brighter. My headache was gone. My heavy head feels light now. I felt like my head has cleared. I was able to relax and eat more, and I have gained weight. My tiny arms are fatter and I could feel the meat…"

Nunya observed her positive change, as she stated:

> "Until one month I found thing going better. My appetite had increased and I could eat more… I found that the numbness in my legs at the knee was light. I did not drag my foot when I stepped out for walk. The knees were more flexible and I could complete housework with out easily tired".

Nurse found that impressed health conditions strengthened the hope of PLWHAs to live normal life. Of special note was that, some PLWHAs who were unemployed or worked from home developed the hope to go out for work again. While the PLWHAs who were employed themselves became confident to take part in social activities with families and friends.

***Nurse's Strategy: Empowering for Continuous Use***

To empower the participant for , the nurse found many empowering ways. These depending on participants' background of living, as follow:

1. Nurse continuous presented to PLWHAs with empowering manner such as listening, caring attitude, frequently visit or contact.

2**.** Nurse empowered PLWHAs through family members. Nurse continued the relationships with PLWHAs' families because participants valued their family as the most important thing in their life. They attempted to take care themselves to live long

with their family. If PLWHAs disclosed their HIV status to the family's member, the nurse also informed the family that the participants would practice Reiki. So the PLWHAs needed support from their families to keep on practicing. By doing this, every mothers, daughters, sons, and husbands encouraged PLWHAs to keep on practice the Reiki. Some participants tried Reiki with their family members and found good result so they continued using it.

3. Nurse empowered PLWHAs' self-Reiki through cultural and personal belief because cultural beliefs helped PLWHAs create meaning in life, including belief in a power beyond them. For example, Wanda prayed to the Buddha relic at Wat Phra That Doi Suthep, in Chiangmai province, Thailand and Nakorn Sri Thammarat province to live long with her son. She believed Reiki healing was a method to take care herself and it was a gift of her praying. She kept practicing Reiki. Patcha committed to herself that if she her health improved she would take part in the Todkathin ceremony. After two months, she had remarkably health improved so she went to the temple for the kathina ceremony. While Nunya and Pah prayed for better health from self-Reiki and they both promised to help others. When their health was improved they devoted their free time to self-help group activities and donated to poorer people.

4. Nurse empowered the PLWHAs by asking question 'what do you want to do if your symptoms improve?'

5. Nurse used peer and HIV/AIDS self-help group support. In this study we found that close friends were successful in practicing self-Reiki to encourage their friends to use it. Since the PLWHAs in this study were from three HIV/AIDS self-help groups, participants who had used Reiki with a good intention tended to encourage the new users to practice. They shared experiences when they had group

meeting. By having persons who experienced the same problem helped the new user to apply Reiki quickly in their daily lives. In addition, self-help group meetings provided the time for participants to share experience with friends as well as they could give Reiki for friends to increase the Reiki practice skill.

6. The nurse encouraged participants to share their experience of self-Reiki with all their friends in the HIV/AIDS self-help groups during monthly meetings or education camp. Sharing experiences with friends who used self-Reiki helped participants to work together to share the experience with non-Reiki user in the self-help group. Participants worked as facilitators for PLWHA who wanted to use Reiki as a complementary therapy. The nurse encouraged the participants who were successful to share Reiki with friend whose house was located close by. For example, Aumpa was Mari's closest friend. The nurse organized informal meeting between Mari, Aumpa, and the nurse. Then the nurse supported Aumpa in sharing her experience with Mari and empowered her to continue self-Reiki. Another case, Patcha, had severe symptoms before self-Reiki use, but dramatic positive change had supported to Porn. Both supporters and receivers were empowered.

7. Nurse facilitated participants working for PLWHA who wanted to use Reiki as a complementary therapy. Sharing experiences with friends who used self-Reiki helped participants to maintain the practice since they wanted to be a good model for friend. In this study we found that close friends successful in practicing self-Reiki encouraged their friends to use Reiki. Since the participants in this study were from three HIV/AIDS self-help groups, participants who had used Reiki with a good result tended to encourage the new users to practice. They shared experiences when they had group meeting. By having persons who experienced the same problem helped the new

user to quickly apply Reiki in their daily practice. In addition, self-help group meetings provided the time for participants to share experience with friends as well as they could give Reiki for friends to increase the Reiki practice skill.

***Lessons Learned***

1. Nurse found that family member and personal belief systems were useful for empowering PLWHAs taking care themselves, especially practicing self-Reiki.

2. Encouraged family key person to empower participants was useful since nurse was not with PLWHAs all the time.

3. PLWHAs revealed self-Reiki for one month after cleansing period helped them to see the change and experience of practice. The result of reflection found that PLWHAs actively had positive changes from self-Reiki. They found their own pattern for self-Reiki practice such as the length and frequency of practice, specific hands position. PLWHAs applied Reiki to family member and friends, and also encouraged their children to learn self-Reiki. The reflection also showed every PLWHA had regular self-Reiki practice.

4. In this study the nurse used many methods to promote regular support such as individual home visits; organized peer support, telephone calls; and attending the self-help support groups. Continuous and regular supporting helped the nurse further explore each situation suggest strategies to encourage the participants to keep on practicing self-Reiki. However, life situation might limit nurse to give continuity support to the PLWHAs. For instance, Nunya and Mari were two participants for whom the nurse was not able to provide continuous and regular support in the first

months. Nunya moved out of her house to work as a baby sitter for her sister for one month. And the nurse lost contacted with Mari when her telephone was cut for one month. Regular support was important to participants self-Reiki use. For example, Pacha had regular and continuous support from nurse since she was unemployed. She had reason to support this sub-theme that:

> "Every time we met I was exciting and looking forward to see you. Meeting you increased my inspiration in life. I did appreciation the caring you gave me by home visit."

***Discussion***

The fourth stepped had happened about one month after cleansing period which PLWHA had a regular self-Reiki practice. They reported improving symptom experience, particularly the physical symptoms including strengthened body, muscle and joint pains were relieved, decreased the frequency of fever, headache, and common cold, faded of the rash, and better sleeping quality. Thus the PLWHA experienced positive outcomes and they so had a high commitment to use Reiki. The impressed health conditions strengthened the hope of PLWHA to live normal life. Furthermore in this step nurse used various styles of empowering technique to enhance the therapeutic effects. The implementation of empowerment based on the holistic framework that anything that produces a physiological chance causes a corresponding psycho-social-spiritual alteration. Conversely, anything that produces a psychologic change causes a corresponding physio-social-spiriual alteration. Thus various empowering be it for the purpose of produces psycho physiologic outcomes.

Because human emotion can be translated into physiologic responses then the therapeutic use of self is the greatest tool of healing (Potter & Guzetta, 2005).

***Step 5: Integrating Reiki Practice in Daily Lives***

The second month practice clearly showed the outcome of self-Reiki practice. The symptoms report of self-Reiki use in this was classified into three groups; improving, non-improving, and reversing. Firstly, the improving symptom group included physical symptom/discomfort; localized pain (included headache), generalized muscle pain, difficulty sleeping, dizziness, fatigue, skin wound, numbness, nausea, vomit, shortness of breath, fever, lose weigh, dry mouth, sore throat, decrease vision, blossom, loss of appetite, diarrhea, frequent void, pale, bruising, night sweats, engorged breast, change in taste, and chronic abscess. Mental/emotional discomfort included nervousness/worried, low confident, irritable, fearfulness, hopelessness, less in social activities, nightmare, difficulty pay attention, and forgetfulness, only the decrease in social activity was improved after one month of self-Reiki.. Secondly, the non-improving symptom group included lipo-distribution, amenorrhea, Jaundice, and rough skin. Thirdly, the reversing symptom group included cough, fever, diarrhea, and sore throat.

After PLWHA experienced the second month of self-Reiki practice they improved the symptoms and strong hope for life. PLWHA had adjusted living activities such as doing housework, working to earn for living. As well as adjusting living activities, PLWHA also changed in the pattern of performing self-Reiki. The finding revealed that difference of self-Reiki pattern brought about the various health

outcome. This included; 1) getting benefit then performing regular self-Reiki, and 2) getting benefit and performing irregular self-Reiki, then realizing and revising practice.

***Getting Benefit then Performing Regular Self-Reiki***

This theme presents PLWHAs' experience of integrating Reiki practice in daily lives that they had regular self-Reiki. There were seven of them had this pattern. The interview revealed that positive result of Reiki use influenced the participants to continue with their practice. Participants developed their own patterns of practice. For example, Wanda had partial self-Reiki practice by putting her hands on the front body. positions only, and she also occasionally put her hands on head for relieved headache and emotional distress.In addition, Patcha practice self-Reiki twice a day for 30-60 minute. She followed the Reiki handout, but had difficulty to put her hands at the back position so she mainly worked on the front part of body. In addition, Nunya practice of self-Reiki during her free time, such as while watching TV. Also she used repeated Reiki symbol like mantra for pray for increased concentration while at work.

***Getting Benefits and Performing Irregular Self-Reiki, then Realizing and Revising Practice***

This theme explained the situation of irregular Reiki use. This happened after two months of self-Reiki, when they had experienced positive symptoms. The behaviour of using Reiki moved from a regular to an irregular pattern. The factors that influenced the participants to move to irregular practice were primarily that they felt

healthier and ready to go out to work. The theme emerged from three participants' experience. All had poor economic status and lack of social support.

For example, one PLWHA had a husband who had taken antiviral drug treatment and the couple was unemployed. They did not get support from his family. Instead they both had support from woman's mother. However, since the mother was old she could not give them much, only food and shelter.

Mari was widowed and worked alone experienced a difficult situation likes Porn. Using self-Reiki for two months led to improved health conditions giving her a chance to work. The increase at work however decreased motivation and time for self-care. Then practise became irregular and finally she quit Reiki practice. The irregular use came with the symptoms relapsed and farther poorer health conditions.

After the second month of self-Reiki, Somna felt healthier. With her physical symptoms improving, she waited to go out and work. She started to work full time at Rak Thai Foundation as a volunteer, giving home visits to people with HIV/AIDS in Songkhla province. Her work was very demanding. In the day, she would do home visits, while in the evening she would attend late conferences. She typically did not get enough sleep, and began neglecting her practice of self-Reiki. As a result, she experienced a relapse of symptoms, as Somna stated:

> "This month I was very tired from my field work of visiting HIV infected people. I often arrived home very late from long meetings at the office as well. I felt I neither had the time nor the desire to continue with my self-Reiki. My physical body was deteriorated and my skin became dark. I was tired and weak."

The researcher and her colleague encouraged Somna to practice Reiki again. Somna compared her health condition to her friend's who had regularly practiced self-Reiki with good results. This made her restart self-Reiki practice for 30 minute to one hour everyday. By doing this, she had both physical comfort and mental relaxation. She learnt from the experience, and developed greater understanding of her situation, especially the importance of regular self-care. Finally she changed her behaviour and working pattern in order to help promote healthier living.

Similar to Somna, Porn had irregular self-Reiki practice. Since her health improved, Porn went to work at a seafood factory. She left home for work at 5 am and arrived home at 10pm., working in very cold conditions while standing all day. The demands of her work decreased the time she had for self-Reiki, and also weakened her physical and mental heath. After one month of work at the factory while still practicing irregular self-Reiki, she had diminished immunity and had many symptoms again return. Influenced by the researcher and inspired by her friends who had successfully practiced self-Reiki, Porn restructured her life. She quit her job and resumed her practice of self-Reiki because she realized the benefits. But also returned to work of necessity she felt that her poor economic status was a very influential factor for her, and inhibited her ability to practice Reiki. When she compared her situation to that of her friend Patcha, who did not have economic problems, she felt that her friend tended to have more time to practice Reiki, because her family helped to support her financially and emotionally.

In case of Mari, she practiced self-Reiki ten to fifteen minutes everyday on the head, neck, and chest positions for one and a half months, resulting in decreased

insomnia.. Mari explained that after practicing self-Reiki, she had better sleep and the insomnia slowly faded away as well as nightmares. Her proper sleep helped her be ready to work her job. During the second month, she stopped practicing self-Reiki with the reason that she was too lazy to keep on practicing. Furthermore, this third month happened to be a fasting festival (Rahmadan), and she felt too tired from fasting to think about her health. After irregular practice she found that she often experienced fever from a common cold. Mari expressed concerned with her close friend; Aumpa. Aumpa shared her successful use of self-Reiki and encouraged Mari to practice self-Reiki. Mari learned that regular practice was an important to the successful use of Reiki, so she resumed her practice.

Table 4

*Presented pre-post the personal base aura of participants*

| Case | **Pattern of Reiki use** | **Personal base aura (dominant aura color)** | | |
|---|---|---|---|---|
| | | **Before** | **After 3 months** | **State of harmony** |
| Aumpa | 30-60min/time/4-5 times/week | Dark orange | Bright green | To harmony |
| Patcha | 50 min/time/ twice a day | Dark orange | Bright green | To harmony |
| Wanda | 30 minute everyday | Dark orange | Yellow green | To harmony |
| Mari | Irregular self-Reiki | Dark orange | Dark orange | To disharmony |

From Table 4, the personal base aura of Aumpa, Patcha, and Wanda who had regular self-Reiki practice during the past three months of study change to harmony direction while Mari who had irregular self-Reiki had her personal base aura image moved to disharmony.

Table 5

*Presented the personal second chakra of participants*

| | Personal chakra II (shape, size, color) | | | |
|---|---|---|---|---|
| | **Pattern of Using** | **Before** | **After 3 months** | **Direction** |
| Aumpa | 30-60 min/time/4-5 times/week | Non-circular, big, blurred_yellow | Circular, big, yellow orange | To harmony |
| Patcha | 50 min/time/ twice a day | Non-circular, irregular, blurred yellow | Non-circular, normal, blurred yellow | To harmony |
| Wanda | 30 min everyday | Circular, normal, dark yellow | Circular, normal, bright orange | To harmony |
| Mari | Irregular self-Reiki | Circular, normal, blurred orange | Non-circular, big, blurred yellow | To disharmony |

Table 6

*Presented personal fifth chakra of participants*

| | Personal chakra V (shape, size, color) | | | |
|---|---|---|---|---|
| | **Self-Reiki Pattern** | **Before** | **After 3 months** | **Direction** |
| Aumpa | 30-60min/time/4-5 times/week | Non-circular, small, green | Non-circular, big, blue-green | To harmony |
| Patcha | 50min/time/ twice a day | Non-circular, big, dark green | Circular, big, light green | To harmony |
| Wanda | Partial self Reiki for 30 min everyday | Non-circular, small, dark green | Non-circular, big, light green | To harmony |
| Mari | Irregular self-Reiki | Circular, small, yellow green | Circular, small, dark green | To disharmony |

From Table 5 and 6, the personal second and fifth chakras of Aumpa, Patcha, and Wanda who had regular practice changes from harmony direction, while Mari's personal chakra II change to disharmony.

Not only the interviews showed the difference outcome of practice, but chakras and aura monitoring also showed scientific evidences, as follow:

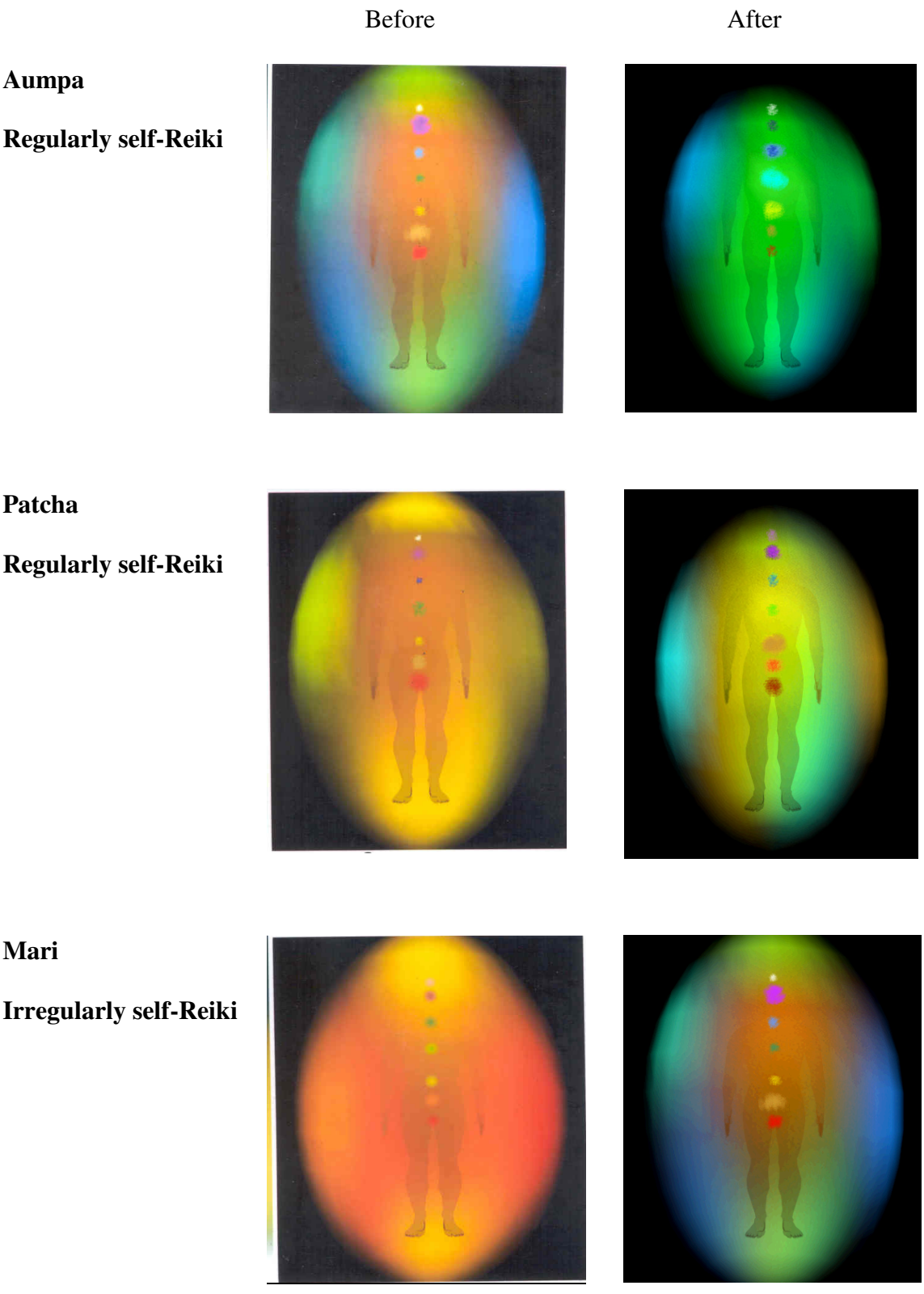


*Figure* 10 The chakras and aura pictures from the study

***Nurse's Strategy: Observing and Reflecting***

Nurse used observing and reflecting to help the PLWHAs understanding their self-Reiki use. Firstly, nurse used symptomatic self-report as a tool to observe the outcome of self-Reiki. It is simple and convenient tool. The symptom check list at the sequence times could help PLWHA comparing the health condition before and after Reiki use. The relieved symptom increased PLWHA's motivation of practice.

Secondly, the nurse also used chakras and aura monitor to show scientific evidences. The practice followed the theory that a balanced state of human body system brings the human aura and chakras to normal state (size, shape, color). Chakras and aura are subtle energy centers are the manifestation of balance in human energy system. In this study they were used for diagnosis the harmony state. Four of ten PLWHAs had completed pre-post chakra and aura monitors and three of four PLWHAs had regular self-Reiki practice; Aumpa, Patcha, and Wanda. Comparing the change of pre-post chakras and aura monitor showed that the regular self-Reiki practice brought about the change of chakras and aura.

Finally, the nurse encouraged the PLWHAs used the in-depth interview and the reflective process for reflection to improve themselves for living in harmony. Nurse conducted reflecting and encouraging each PLWHAs comparing themselves to their close friends who had practised self-Reiki differently. Nurse encouraged the PLWHAs made downward comparison with friends in self-help group who had the same disease situation to diminish their feeling of victimization and enhanced their sense of hardiness. The nurse used these methods to observe the outcome of self-Reiki practice for living in harmony.

***Lessons Learned***

1. Often, the participants reported that a beloved person, such as husband, children, and parents, influenced them to practice. Participants in this group were self employed with secure income and the one who was unemployed had support from family.

2. There were limitations to use the measurement for monitoring the outcome by chakras and aura monitoring. Firstly, some participants were not comfortable to come for monitoring because they did not want to meet the other people who monitor the equipment.

3. Living condition such as social support and economic status, influenced the pattern of self-Reiki practice. Not only did family members support PLWHAs to continue self-Reiki, but the family support daily living expenses. Fore example, Patcha did not need to go out to work when her health condition improved because she had monetary supported from her family. While Porn and her husband were rejected by Porn's husband family and Porn family could not give her monetary support. Then Porn left house for work since her symptoms improved.

4. Nurse supported participants brought Reiki to self-help group activities, helped them shared their experience, broaden their knowledge and better understand their situation.

5. Using symptomatic self-report to observe the outcome of self-Reiki was practical. The reflection helped participants learned from the experience of each other as well as support in self-care measure.

6. Often, the participants reported that a beloved person, such as husband, children, and parents, influenced them to practice. The supporting person played the important role to empower PLWHA on Reiki.

7. Since PLWHAs in this group were unemployed and self employed with the difference family's income so economic status was one of the factor that influenced pattern of self-Reiki use. Not only did family members support participants to continue self-Reiki, but the family support daily living expenses. Fore example, Patcha did not need to go out to work when her health condition improved because she had monetary supported from her family. While Porn and her husband were rejected by Porn's husband family and Porn family could not give her monetary support. Then Porn left house for work since her symptoms improved.

8. Self-awareness influenced the pattern of regular self-Reiki use. High awareness participant, such as Patcha and Nunya, tended to keep the self-Reiki practice regularly and seriously.

9. Successful participants were the key persons to work for nurse in monitoring, empowering, supporting participants in a long term self-Reiki use.

***Discussion***

In this study, the sixth nurse's strategies, observing and reflecting, is also in the sixth step of the holistic caring process; evaluation, which holistic nurses evaluate each person's response to holistic care regularly systematically (Potter & Guzetta, 2005).

The participants' reflections found that symptomatic self-report was a practical and simple method to monitor the improving symptom during three months of self-Reiki practice. Symptomatic self-report was conducted by each PLWHA at before Reiki training, 1 week, 2 weeks, 1 month, 2 months, and 3 months of self-Reiki practice. The change of health condition could explain by energy healing concept, as follow:

Firstly, Reiki healing brings about deep relaxation. According to Harrison (2000), most people reported that receiving Reiki produced a feeling of profound relaxation, and reduced stress and depression. Secondly, the deep relaxation of Reiki treatment results in an increased level of immunity. The psychoneuroimmune concept explained the function of energy healing by offering rapid stress reduction and a sense of profound well-being. The mind-body immune mechanisms supported by Wetzel (1989) and Wardell and Engebreton (2001) who found that Reiki promoted relaxation that enhanced immune responses. Relaxation results in the release of neuropeptides and stabilization of homeostatic regulation. The biochemical change influenced the immune system via the hypothalamus and pituitary gland, the neuroendocrine system, the autonomic nervous system, and through release of cytokine (Walling, 2006). According to Wardell & Engrbretson (2001), 30-minutes of Reiki treatment increased the salivary IgA level and reduced the state of anxiety. Thirdly, Reiki dissolves energy blockages. Pain is a source of energy blockage caused by insufficient oxygen flow at the cellular level. Lack of oxygen results in an imbalance between acids and bases, and finally brings pain to the particular organ. Not only the psychoneuroimmune concept could explain the mechanisms, but the electromagnetic therapy also explained that the electromagnetic energy can trigger a cellular response where the various

cellular processes are activated to maintaining cellular life process (Ochman, 2002). Wetzel (1989) investigated this and found that hands-on therapy increases the body's oxygen-carrying capabilities. According to Olson, Hanson, & Michaud (2003).

Secondly, Reiki brings the change to human energy field. Chakras and aura monitoring showed the change related self-Reiki use. The focus of monitoring was personal base aura, chakra II and chakra IV. From the four PLWHAs who had completed aura and chakras monitoring (Table 4, 5 and 6). The result of personal base aura monitoring before self-Reiki use of PLWHA was dark orange color. After three months of regular self-Reiki practice, the personal base aura changed to harmony direction. However, Mari who had irregular self-Reiki had personal base aura did not change in color which showed disharmony state.

The results of navel chakra (chakra no. 2) monitoring before self-Reiki use were in disharmony state. After three months of regular self-Reiki practice, there were two PLWHAs had their chakras changed to harmony state and one PLWHA had stable. However there was one PLWHA who irregular self-Reiki practice had chakra II changing to harmony. Similar to chakra no. 2, before self-Reiki use the chakras were in disharmony. After three months of regular self-Reiki practice, all PLWHA had their chakras no. 5 changed to harmony state direction.

***Step 6 Gaining Wisdom***

The results from consistent practice also brought the improvement in the symptoms that promoted physical, mental/emotional health. They found that physical comfort, a relaxed and calm mind enhanced personal insight (personal wisdom). They

gained an understanding of their situation and accepted their HIV infection status. They realized the significance of holism in life. They changed their negative attitude in life to positive thinking and developed more positive behaviours. For instance, Patcha started physical exercise, and eating good food; Porn shared her awareness on living life, as can be seen in her statement:

> "Gassho meditation and self-Reiki practice made me quiet and changed my thinking of life. I am very cool (calm) now…I thought that I should not be careless. It (living with HIV) was similar to stepping on the ladder, I need to consciously try not to skip the step (went out and worked hard, less time for self-care), or I might fall down and get hurt! (symptoms relapsed)"

Patcha story supported these findings, she said that:

> "I thought it (Reiki) was a good technique. I practiced everyday in the morning and in the evening. I kept on practicing until I found that my severe headaches were much better. I still had them, but they were not as strong or as frequent. Without severe headache and body pain raised my hope again. I hoped to live in this world. I had energy to fight to live for my daughter…I had lost this feeling (strength and hope) so long … I thought positive body changed enhanced my hope. I felt light".

Upon reflecting and comparing themselves to their close friends who had practised consistently, they found different health outcomes and increased their sense of self-determination to improve their state of well being. In addition, the participants also made downward comparison with friends in self-help group who had the same disease situation. By comparing themselves with others who were worse off than they were diminished their feeling of victimization and enhanced their sense of hardiness. They committed themselves to restart regular Reiki use. Finally, participants realized that the directed experience of regular and irregular self-Reiki practice helped them better understand how to adjust the best pattern of practice for themselves.

Reflection helped participants analyze their situations compared to their friends who had regular self-Reiki they found different results from practice. They realized that life conditions influenced their attitudes of regular self-Reiki practice. For instance, they had to leave home early in the morning and come returned very late in the evening, the working environment was too warm or too cold, they had part time job to earn extra pay, and fasting period following religious belief caused tiredness. The reflection in irregular practice finished with the conclusion that they needed to readjust their behaviours to suit with health condition as well as to readapt self-Reiki practice for improving the health condition.

The finding revealed that PLWHAs experienced positive symptoms then the pattern of self-Reiki moved from a regular to an irregular pattern. They all experience symptoms relapsed. Reflection helped them to realize the important of self-responsibility to self-Reiki. The physical comfort, a relaxed and calm mind enhanced personal understanding. Furthermore, reflective practice process helped PLWHAs gained understanding of their self situation and accepted their HIV infection status.

They changed their negative attitude in life to positive thinking and finally came up with positive behaviours to promote health, including integrating Reiki practice to daily life. Through out the journey, the PLWHA's mind was change for disharmony state to harmony state.

Changing behaviour could be explained by mind training knowledge. Tigunart (1996) identified five states of mind: disturbed, distracted, stupefied, one-pointed, and well-controlled. These states determine how we respond to the external world and how external circumstances influence our internal world. In the first three states, the mind is confused. A confused mind is not an effective tool in either worldly or spiritual endeavours; people with confused minds can help neither themselves nor others. This similar to PlWHAs who experienced disharmony living. For this reason it is crucial to calm the mind and render it one-pointed. Reiki practice helped to calm mind to a proper mindfulness. Mindfulness refers to "non-carelessness," "non-distraction," "non-fuzziness" or it can be expressed meaning of the positive quality of carefulness, circumspection, and clarity about one's duties and the condition (Payutto, 1995). This helped PLWHAs had constantly prepared to deal with situations and response appropriately, such as helped them continuous cultivating good behaviour for health such as self-Reiki practice.

In the theory of Buddhist healing to eliminate suffering in life and subsequent life, persons are subject to various sorts of illusions in daily life and unless detected reason and awareness, they may remain with them and lead them to make errors once and again. Then Buddhism cultivation aim is to deliver practitioner from the bondage of delusion caused by five desires and egoistic thoughts (Biu, 2007). Practicing self-Reiki to gain wisdom also highly supported by Vajrayana Mahayana Buddhism

practice which uses many mantras (Reiki symbol), mudras (ritualistic gestures of the hands; gasscho), Mandala (ritual versions of magic-cycle diagrams) (Yeshe, 2001), and preceptor (guru or lama) (Santina, 2006). Especially the preceptor (Reiki master), it is functions as a means of concentrating and harnessing the power of Buddha, Dhamma, Sangha (Reiki initiation ceremony) to make Reiki power effective and immediately applicable to person's own needs (Santina, 2006). This Buddhist school of thought teaches the discipline and also the means by which we can initiate and attune ourselves to the healing energy for universal benefit (Sanskrit term *abhishekha*, which has been translates as "initiation," "consecration," and even "empowerment" (Yeshe, 2001; Santina, 2006; Smith, 2004; Su, 2001). The purpose of Reiki initiation is to enliven or quicken the PLWHA's progress toward enlightenment (Santina, 2006). This inner tuning by which the primary reality can be experienced and made fully consciousness and awakening of mental powers slumbering in PLWHA people. The practice offers practitioner a reorientation, a change of attitude, a truing a way from the external (the realm of objectified differentiation) to the internal-the totality. This supported by Santina (2006) who presented that changing of human consciousness leads the practitioner to the state of gaining wisdom.

***Outcomes of Implementing TNMR: Being Harmonious Persons***

This section presents details about how the PLWHAs in this study perceived live in harmony. The main themes included body-mind comfort and meaningful lives (bai kai bai jai, chai cheewid yang mee koonka).

### *Body-Mind Comfort (bai kai-bai-bai jai)*

There were four sub-themes describe how PLWHA proceeded to achieve body-mind comfort. These included symptoms under controlled, self-understanding and acceptance of being HIV infected person, understanding others and forgiveness, put it down and let the problem go. Detailed were presented as the following.

#### *Symptom Under Controlled*

Symptoms were one of the major causes of living disharmony with HIV/AIDS so to manage symptom could enhance harmonious living. There were three self-care strategies that the PLWHA applied to manage the symptoms; practice self-Reiki, Gassho meditation and repeating Reiki principles, and performance of others self-care strategies.

Firstly, the PLWHA had practice self-Reiki regularly. Most participants had regular self-Reiki practice. The length of practice for each PLWHA differed from 15-30 minutes to 1 ½ hour. The frequency was 1-2 times a day. The practice mainly focused on the front position of the body. They did not follow the taught sequence of Reiki position, but used position based on personal convenience. Most participants spent a long time with hands position on chakra 2 and 4. The simple step to practice Reiki was started from Gassho position. Then they invited the Reiki teacher, Buddha or Holy spirit, or God (Mari invited her Allah) and followed by drawing Reiki symbol on the chakras $7^{th}$ – $4^{th}$ (as mentioned in the Reiki Handout). Then they started when they felt their hands were warm. They finished the session by

saying a word of thanks to Reiki guide and blessing to themselves and put on the Reiki symbol to seal the energy. During self-Reiki practice, some participants repeated name of the first Reiki symbol (cho-ku-rei) as a mantra like fashion. This practice had aim to increase the universal energy flowing in and around their chakras. Also this practice helped them concentrate and quiet the mind to get the benefit of practice.

Nunya applied a Reiki symbol as mantra. She mentally repeated the name during work to calm her mind and give her more concentration on the job. She said that in the past she had confusion during work; so naming the symbol helped her quiet mind, as she stated:

> "I drew the symbols in my mind at the chakras and on my hands, then I started to work. I repeated the symbols' names all the time to make my mind quiet. Without doing this I had absent minded or rethink about my infection; Reiki symbol helped me to concentrate"

Furthermore, the PLWHA occasionally self-Reiki use for specific problem. The first was participants occasionally practiced self-Reiki when they had periodic symptoms such as headache or tiredness from work. For example, Pan had backache from long hour standing ironing the clothes in her laundry shop, she used one hand for to practice Reiki to her back while the other hand for ironing the cloth. In addition, Gassho meditation was also occasionally used to calm the mind. Two participants sometimes used Gassho meditation to calm the mind after a busy day. Sitting in Gassho meditation quickly helped them to stay calm and peaceful. Reiki

principles were used as the ethical guideline to remind the participants how to behave to balance their lives as well guide them during unwanted life experiences. For instance, Nunya reminded herself not to get angry by thinking about 'just for today, do not angry' since it would bring negative result for her health. The fifth was Reiki was used with daily activities with the belief that it brings benefit to life.

PLWHA used of self-Reiki and performance of other self-care activities to promote health. The important lesson learned from the integrating Reiki practice to daily lives helped PLWHA realized that Reiki was a useful technique for self-care, however they needed to perform others self-care strategies for health promotion. The use of self-Reiki and performance of other self-care activities revealed the way in which participants behaved to promote their health. Firstly, the major positive behaviors were adjusting work and personal life activities to suit the personal health condition, taking healthy food, doing physical exercise, and balancing mind with positive thinking in life. For example, three participants adjusted work and personal life. They believed that they needed to promote health by adjusting their gainful employment and daily life activities, such as Somna tried to complete her work and have time to rest or perform leisure activities. This helped her have time for self-Reiki practice and earn a living. Porn quit her previous job with a long commit working in a low temperature room. Later she got a new job working as assistant researcher for master degree student; transcribing interviews.

Secondly, all participants began taking healthy food. For example, Nunya stopped eating fermented crab with Thai papaya salad. In addition, Aumpa was careful with fresh vegetable salad that was provided by an unhealthy food shop. Instead of buying cooked food, she also prepared the meal by herself. Furthermore,

Patcha could not eat a lot each meal, and then she increased the number of meals. This helped her body gained enough nutrients.

Lastly, participants had physical activities to promote body strength. Patcha had body weakness and spent most of her time in bed for year. Since her physical symptoms were improved she planned to improve her body strength for future work. She made herself to do more exercise in the morning. She started walking and doing house work, followed by walking out side to the beach. She finally jogged 2 kilometers in the morning everyday.

### *Self-Understanding and Acceptance of Being HIV Infection as a Normal Life Process*

The second strategies was performed by PLWHA to achieve harmony was self-understanding and acceptance of being HIV infection as a normal life process. During the interviews the participants explained how they felt about themselves. They looked and accepted the HIV infection as part of a natural life process; giving birth, aging, getting ill, and dying.

Participants realized that being HIV positive made their body's immune status different from people who were not HIV positive. Participants adapted their lives to the new life pattern. Some participants were under antiretroviral drug treatment. They had to keep the schedule for taking their drugs strictly since there was no drug to cure the disease. Participants had to avoid taking contra-indicated food such as fermented food. They could not perform work that they used to do in the past. For instance, Porn found she could not tolerate work in low temperatures setting. She

quit that job and found a new place to work. Somna used to work at home and helped her family in the fresh market. When she worked as volunteer to visit to HIV/AIDS people she was exposed to strong sunlight in late morning and afternoon and also stayed late at night for conference. These activities weaken her immune system. So she had to adjust her daily activities to suit her health condition.

In addition, participants learnt to live with social discrimination. Since HIV/AIDS was incurable and related to sexually promiscuous behaviour by partner, many people rejected the HIV positive people and their families. The discrimination could be both open and subtle. Participants learnt to live without worrying about discrimination. Pan stated to support the way she viewed about herself that:

> "Before using Reiki, I was disheartened, stressed, and had anxiety every time I saw sick people. I always wondered when I was going to be better. Right now I find my mind is relaxed. I think if it has to happen, let it happen. I think getting sick and dying is a natural life process. My feelings and my thinking changed".

***Understanding Others and Forgiveness***

Since participants had HIV infection, they experienced uneven relationships with family and friends. For example, they were overprotective of their children because they worried that they could not live long with them. Two participants had HIV positive children and worried that the disease would progress if the children did not have good care. They became worried and got angry when their

children disobeyed the rules such as taking junk food, preferred to play rather than eat. Furthermore, being infected caused participant to be a self-absorbed. They expected family or friends to understand and give them support. They felt disappointed and angry when people did not meet their expectations.

After participants had self-Reiki, they found that physical suffering from symptoms disappeared and they were more relaxed and a more comfortable. Relaxed mind increased their personal patience in undesired situation and helped them to understand people and situations. They developed feelings of appreciation for children, family, and friends. For example, Patcha, who always got angry at her mom because she could not help relieve physical symptoms, perceived how much her mom and her sister loved her and were never disgusted with her impropriate behaviour, she stated:

> "When my sickness had improved, I appreciated their love and care for me. During severe illness, my younger sister gave my body comfort and fed me…I really appreciated it. Even though I had the infection, they never abandoned me. My younger brother in law was good to me…he knew about my infection, but he treated me well".

While Nunya, Aumpa, and Wanda developed an understanding for their children by responding to them in a positive manner such as listening and permitting them to do what ever they want under safe conditions, as Aumpa stated:

> "Right now, I am not worried about my son, especially his eating patterns. I prepared food for him and let him take it when he wanted…"

A better understanding of others had also occurred in relationships between participants and related people-neighbours, colleagues, healthcare providers, who all had negative attitude to HIV positive persons. Participants expressed the thought that people preferred good things for their life. Being an infected person was unhealthy and most people did not want it so participants tended to be involved only with persons who could accept their condition. Patcha shared her story that:

> "My mind was quiet and I had high concentration. I did not accuse anybody anymore. I came to realize (Prong) with no more anger to people around…I had sympathy for the people around me. After one month of self-Reiki, that feeling had lessened…"

Two participants; Wanda and Pan verbalized concerns regarding forgiveness Wanda was a widow whose husband died from AIDS. Since HIV/AIDS was incurable and unacceptable by general people she was fearful about catching the infection. When she knew her HIV positive result she got angry with her husband and could not forgive him until he died. Pan got angry with her friend who had raped her and later was angry with her older brother who disclosed her HIV status to his friends. Her brother wanted her to help and convince his friends to go to hospital for HIV treatment. Both Wanda and Pan expressed feeling of forgiveness to those people. Wanda shared her story that:

> "It started when we both lived together. I told him that he could drink or enjoy his personal life with other women, but he had to protect himself from HIV infection. If he made me infection I would cut his sexual organs (poung) and threw them to animal for food. I got angry to him…Right now I had forgiveness. I learnt that nobody perfect in everything. ".

***Put It Down and Let the Problems Go***

This strategy was also used by PLWHAa to enhance harmonious living. Five participants expressed that they had to let the unsolvable problem go away. They realized that till now there was no drug to cure HIV infection. Even though they worried on it, it could not help anything improved. They learnt to leave the problem and spend time meaningfully with family, friend, or in religious ceremony, Somna, which she showed in her comment:

> "…I had a good humour. I did not take the people's words about my HIV infection too seriously. I let them (neighbour) think and say what they wanted to. I think only of how to best take care of myself".

***Meaningful Lives***

There were three main sub-themes explained the stated of harmonious living through meaningful lives; positive thinking and live life with consciousness, having hope and faith, and helping other.

### *Positive Thinking*

Participants balanced their mind with positive thinking in life. All participants agreed that stress in daily living distorted healthy living. Participants reminded themselves to see the positive side of each situation. Positive attitude helped them relax the mind and empowered them to perform good behavior to promote harmony. Participants re-interpreted the events that used to cause them disappointment or unhappiness to provide a supportive meaning.

Four participants discussed about learning to be positive. They realized that thinking negatively made them unhappy and it could not help to solve the problem. The Reiki technique made them more positive. They compared their life with others who had more difficulty in life. Participants used this technique to explain when people asked or discussed about their infection. They thought when people asked or discussed these showed caring attention. Without caring people would not want to know others' life issue. And when people paid more attention they had to be careful and took better care of their health.

For example, Patcha had low confidence every time she had a hospital appointment because her neighbors were employed at the community hospital. She felt afraid that her status HIV might be disclosed. Later she left confident to meet them during the visit, as she stated:

> "In the past, I worried to see them at hospital. I avoided to confront and greet them. I thought they knew I had HIV infection and they might want to talk with me. But they hesitated to do because I avoided meeting them. Right now I walked to them as soon as I saw from the distance. They used to be my good friend. I believed they want to knew about me to give me a supporting."

***Living Life with Consciousness***

Five participants were concerned about being able to live life consciously. They realized that their health conditions were caused them to be sensitive to opportunistic diseases, not tolerant to too warm or cold working environment, so they had to be careful in their choice of job, food, and activities in daily living, as Porn stated:

> "I experienced to quit self-Reiki use and a negative outcome. I thought to live life was similar to stepping the ladder. It needed to walk step by step and avoid to skip the step. Without consciousness it was easily fall down..."

Participants also referred to being aware when they faced negative responses from people. They remained calm and used negative situations as challenge for life. Nunya look at different way of life and leave told that:

> "In the past, I was always irritated by that boy, he was a nephew of my husband. He was lazy and did not work. He often came and asked for money from my mother in law and made the house untidy. Now his habit did not change, but my way of thinking and reaction to him has changed. I did not pay attention on him. It was nonsense. I kept my emotions calm and aware."

***Having Hope and Faith***

Participants provided data supporting their feeling of having hope because they had a positive results using self-Reiki. For example, the improvement of symptoms encouraged them to live as common people. They completed routine care, worked for family income, took part in community event. Additionally, the positive outcomes influenced them to continue spiritual support such as joining religious ceremony and maintaining personal belief. Reiki was a holy power for them to guide their life. When living in harmony, a person has hope and faith in life, as Pacha stated:

> "I used to accuse the Holy Spirit for not helping me. It would be better to die if they did not help me. Right now, I did believe in the Holy

> Spirit. I went to the temple yesterday for Kathina ceremony and prayed for everything that was going better for me."

Nunya shared her story of having faith that:

> "… I have a very young daughter. I wanted to live longer with her till she finish school and work for herself. In the past, I was hopeless... I had hope for life again… after I had practiced Reiki. Follow my Buddhist belief; Buddha, Dhamma, and Sangka. When I thought about this energy, I felt like I had support. Reiki was like Dhamma for me to I felt good and comfortable".

***Help Others***

Four of the nine participants wanted to help others to improve their living with HIV/AIDS. They thought about sharing their experiences with the member of HIV/AIDS group. And they also wanted to assist if anybody in their group used Reiki. Additionally, Pan had the intention to work for HIV/AIDS movement to detain better opportunities for HIV infected persons, as Pan told:

> "Since I experienced good results I thought a lot about my friends who never experience Reiki. It would be good for them to use for self-care…I had good health and I wanted to help others…."

***Lessons Learned***

1. Personality influenced the success of self-Reiki practice to enhance living in harmony**.** Firstly, Self responsibility is important for person to practice Reiki to manage symptoms**.** Participants shared the opinion that they were the first to love themselves. To love themselves they should be responsible for their own health by regularly practicing Reiki. Regular use of self-Reiki helped to improve their symptoms, as can be seen in Ratree's statement to support this sub-theme, as she stated:

> "A person needs to use Reiki on oneself regularly. When the time comes, she must practice by herself to improve her health. Then she can benefit from practice and avoid any symptoms".

***Discussion***

Since the PLWHA experienced comfortable from self-Reiki practices then they learnt to improve health by performing other self-care strategies. This could be explained by the process of cleansing the purities from mind begin at the level of the body. The mean begin with the body because person is so externally oriented, the ones' awareness is largely confined to the physical existence. The foundation of practice consists of self-Reiki, eating healthy food, getting the proper exercise, regulating the breath, modulating sleep habit, and exercising restraint in the area of sense gratification. As the body becomes healthier, our awareness become more refined and we encounter increasingly subtle impurities in the various layer of the mind. Meditation is the antidote to scatteredness, doubts, and indecisive mind since it

brings the mind to a state of one-pointedness. The less scattered the mind clearer the perception. The clearer the perception the fewer doubts and complex entangled the ego. The less entangled the ego, the less it interferes with the decisive faculty of the intellect (Tigunait, 1996).

The participants applied Reiki teaching to enhance living in harmony with including regular and occasionally self-Reiki practice to promote health, use Reiki power symbol (cho-ku-rei) as mantra, practice Gassho meditation, and follow Reiki principles to guide daily lives.

Firstly, PLWHA regular and occasionally self-Reiki practice to promote health. The length of practice for each participant differed. Each session take 15-30 minutes to 1 ½ hour. The frequency was 1-2 times a day. Literatures support the finding the regular self-Reiki needed to manage the symptom. To obtain the benefit of self-Reiki, Reiki practitioner especially need to be practiced regularly to have the desired effect, including recovery from illness and stay healthy (Horan, 1990). Especially, the energy exercise of healing modality to harmonize body and mind acquired through the regular, persistent and long term practice (Dorcas & Young, 2003).

The simple step to practice Reiki was started from Gassho position. Then they invited the Reiki teacher, Buddha or Holy Spirit, or God (Mari invited her Allah) and followed by drawing Reiki symbol on the chakras 7 to 4. Then they started when they felt their hands were warm. They finished the session by saying a word of thanks to Reiki guide and blessing to themselves and put on the Reiki symbol to seal the energy.

The practice mainly focused on the front chakras position of their body. The sequence of Reiki position based on personal convenience with concerning to cover the major chakra positions. Most of them co-incidentally spent a long time with hands position on sexual and heart chakra. This practice supported the belief that disease and illness are the manifestation of energy blockage or imbalance in human energy system (Goldberg, 1997). Chakras and aura are subtle counterparts the material organs associated with them so they are used for treating physical, emotional and mental, and spiritual disorders (Luebeck, 1994; Stein, 1996). They theory could explained the reason PLWHA were comfortable to self-Reiki at sexual and heart chakras. They theory could explained the reason PLWHA were comfortable to self-Reiki at sexual and heart chakra. Especially, sexual chakra transmits the life force energy to nurture bodily fluid; blood and lymph, as well as restoring the organs processing these fluids; kidney, bladder, lymph gland (Luebeck, 1994; Myss, 1996). In similar, heart chakra transferred energy life energy to thymus gland in which bodily immune producing. HIV infection causing the major blockage at these two chakras then these chakras needed life force energy to balance the body energy system.

Secondly, PLWHA use Reiki power symbol (cho-ku-rei) as mantra to pray to calm the mind and induce the concentration to the moment state. Two participants; Nunya, Wanda, applied the Reiki power symbol (cho-ku-rei) as mantra. They repeated the word ‘cho-ku-rei’ to calm her mind and induce the concentration to the moment state. This technique was not a hand on healing technique; instead the participants applied it as a mind training technique to make them consciousness. The silent repetition of a sound or mantra minimized distracting of thought could produce the physiological changes and sense of well-being. The degree of which the relaxation

response can help varies with the individual and the disorder since a disease or symptom are caused by or aggravated by stress. Prayer is the resort in time of stress. A word, sound or phase meditation can evoke the relaxation response. Especially the words related to their own religion better result in terms of improve health since faith make a difference in enhancing the power of the mind over the health and disease (Permutter, 1991). Faith can use for medical purposes (Van Dam, 1996).

Even in technological advanced era, people relying on power of sacred sound; the transformative power of mantra. Discovering the precise application of specific sound not only for spiritual unfold, but it also for worldly success such as medicine. It applications are curing as well as unfolding inner peace. Every cell of the body has its own vibratory pattern, and based on this pattern, sound waves emerged from each cell. But all the cells in an organism must function in a coordinate manner (Tigunait, 1996).

Thirdly, PLWHA followed Reiki principles to guide daily lives. Reiki principles were used as the ethical guideline to remind the participants how to behave for balance their lives as well as the principles were used to guide them during the unwanted life experiences.

For instance, Nunya reminded herself not to get angry by thinking about ‘just for today, do not angry.’ She realized that anger would bring negative effect for her health. When she experienced the unwanted event she used the principle the remind herself not to lost the personal control. This principle is important because anger is the result of feeling out of control and helpless. The anger shows the false identity of oneself as the supreme controller, but without the awareness that things are all changeable and non-permanent in nature (Nirula & Nirula, 2000). To be aware each day of when one gets angry, what triggers the anger, and what enables one to

stop being angry will help a person be aware of what makes them angry and look at what prevents the anger from arising in the first place (Kelly, 2001).

The next sample how the participants used Reiki principle was found from the saying of living in harmony 'put it down, let the problem go.' The statement presented that the participants learnt not to be worry in life. Worry occurs since participants lose faith in life from the HIV infection. Especially they used to worry about disease progression would shortened their time with the beloved persons. It results in stress, weakness, and physical illness. According to Collins (1999), he presented that when one learns not to worry, person lives the life without stress and has so much more energy to use in a positive fashion and live in abundance.

Hence dealing with anger and worry appropriately relieved the life tension as well as developed a positive thinking to life situation. It helped participant developed the relationship between people around them such as their understanding to children, family, neighbor, etc. The understanding others enhance the feeling of appreciation and finally the feeling of forgiveness. They also change from needed support personality to helping others. These finding reflected the Reiki principle of 'just for today, honour your teachers, your parents and your elders.' It encourages a person to honour all other people, all creatures, and all situations in life, as everything in life teaches him (Collins, 1999).This principle is not just about healing personal relationships with others but also about healing the attitude that one has developed because of experiences with others (Kelly, 2001).

Self-responsibility was also showed the way Reiki principle influenced participants' lifestyle. Participants in this study realized the importance of self-responsibility by doing self-Reiki to manage the symptoms. Taking responsibility on

oneself is the important Reiki philosophy. It is also presented in Reiki principle 'just for today earn your living honestly.' It can be interpreted as "working for your income honestly" or "live honestly" or "put your studies about life into practice" (Kelly, 2001).

The last example reassured the Reiki principle influenced to participants' daily living was 'having hope and faith in life.' This reflected the meaning 'just for today show the attitude of gratitude.' This reinforces one's feeling of being blessed with abundance, and teaches one to act without prejudice (Kelly, 2001).

Fourthly, Reiki was used in daily life activities with the belief that it brings benefit to life. Reiki was also applied to comfort family members. At work, Wanda put Reiki in her work place to balance the energy and promote good atmosphere in the workplace. She reported good relationship among her colleagues. Reiki is above all holistic in effect so participants applied to enhance their living in harmony in many ways. It reaches all levels of existence and strives to bring participants into a state of balance. Living in harmony the participants changed from self-centered personality to family center. They understood that everything in life is interconnectedness. Reiki as a good energy could attracted the good energy to them and people around them. Living in harmony the participants changed from self-centered personality to family center. This finding supported by health in Native American Indian and Alaskan cultures that harmony is defined as a peace with oneself as well as with others, and all other elements of ones' environment (Joe, 2001).

Reiki principles present the concept of Buddhist principles (sila). The objective of Buddhist discipline is to adjust one's way of living so that one may be able to adapt oneself to meet the conditions of Buddhist practice (Biu, 2007). If one

keeps oneself strictly to carry out discipline rules, afflictions of the body and mind would be considerably reduce. Discipline leads to concentration, and concentration to wisdom (Biu, 2007; Dhammananda, 1993; Kung, 2006; Payutto, 1995).

In conclusion, the contents of chapter 4 revealed the six steps of disharmonious living to being harmonious persons. The findings and lessons learned were used to develop TNMR. The model is presented in the chapter 5.

# CHAPTER 5

# THE MODEL AND GUIDELINE FOR APPLICATION TNMR INTO PRACTICE

This chapter describes Therapeutic Nursing Model for Reiki (TNMR) and guideline for application TNMR into practice.

## *Therapeutic Nursing Model for Reiki*

According to preliminary study, the important finding was a tentative model of TNMR. The components of tentative TNMR were Reiki philosophy, nurse's role, and PLWHA's role (see Figure 5 chapter 3). The TNMR reflected the concept of holistic health which promotes PLWHA's responsibility on their health. PLWHAs were seen as the active participants in their own healing.

The tentative model revealed PLWHA's role includes 11 main themes; develop harmonious relationship, give information and understand contradictions, seek complementary therapy for living longer with a beloved person, gain knowledge on the use of Reiki to better decide if it is appropriate, accept Reiki and make decision to use it, attend a workshop on the use of Reiki for living harmoniously with HIV/AIDS, receive support and continue to practice self-Reiki, observe and reflect on the process on using Reiki for living harmoniously with HIV/AIDS, apply new technique, continue using Reiki, and reflect and apply any plan revision.

According to the tentative model, a nurse was an instrument of healing and

facilitator in the healing process. The nurse's role of tentative TNMR were also 11 themes; initiate harmonious relationship, holistic assessment and identifying contradictions, provide information concerning complementary therapy for living with HIV/AIDS, provide information on using Reiki for living harmoniously with HIV/AIDS, give Reiki to experience the energy, organize Reiki training and initiation for PLWHA, give information and psychological support during cleansing period, observe and collect data of using Reiki for living harmoniously with HIV/AIDS., reflect on improving the use of Reiki for living harmoniously with HIV/AIDS, foster the development of sustainable use of Reiki, and reflect and revise plan.

The researcher gained the lessons for implementing to develop the TNMR. Then researcher further explored each component of tentative TNMR such as nurse's characteristics for being an instrument and facilitator of healing, PLWHA's characteristics, process of using model, and healing environment. By using action research cycles and reflective practice, researcher modified the tentative model and finalize model. The new TNMR model compose of five core components; Reiki healing system, harmonious nurse, PLWHA, and nurse-PLWHA interaction, and influencing factors, model is showed in Figure 10.

***Reiki Healing System***

Reiki, Usui's healing system, is a system where a Reiki practitioner is able to tap into universal energy. The system requires a PLWHA to exercise responsibility by practice self-Reiki to help individual find harmony in life. PLWHA needs to attune to Reiki energy to have the ability for self-Reiki. The training and initiation are

completed by a Reiki master in which mantra and symbols are used to activate the PLWHA's ability to channel universal life energy.

There are five important spiritual principles of Reiki. The principles act as a password to remove the inhibitions or negative attitudes that promote a PLWHA for experiencing the best in one's own relationship with other people. The Reiki principles are: 1) Just for today , do not angry, 2) Just for today, do not worry, 3) Just for today, honor your teachers, parents, and elders, 4) Just for today, earning your living honestly, and 5) Just for today, show an attitude of gratitude.

Reiki was non-invasive therapy and harmless. It was a practical method with easy use such as PLWHA practiced self-Reiki while watching T.V., or pressing clothes. They also practiced self-Reiki either lying down or in a sitting position. The Reiki healing system is a healing technique and it is not against any personal religious belief. The flexible and easy guideline practice contributes the PLWHA to apply Reiki for self-care.

***Harmonious Nurse***

Nurse is a channel of universal energy. It is a harmony energy being state under universal law and also has ability to perform the therapeutic relationship for enhancing their client into the harmony state. Nurse's character influenced the use of TNMR. Nurse's bodies operate as self-organizing systems, and thus a flowing of energy is created around the body and between the patient and healer, its environment, and universe, to harmonize and balance the individual and the environments.

Harmonious nurse was important component to promote harmonious living with HIV infection of the PLWHAs. There were two ways that nurse could prepare for being a harmonious nurse.

Firstly, nurse should promote intra-personal harmonious living by practicing self-Reiki, eating healthy food, sufficient resting, regular exercise, maintaining balance between body and mind by training techniques. Nurse promoted self-harmony through appropriately eat, exercise, work, rest, and meditate to clear the mind. In this study, nurse kept the normal pattern of eating, exercise, work, and also practice self-Reiki and meditation. Mind and body balance helped nurse to manage with stress from fieldwork and personal business. It also enhanced better understanding situations and able to manage with the problem. Furthermore, harmony living helped nurse stayed healthy and peaceful throughout the period of study. The finding supported by the concept of holistic approach, it is important for nurse to build wellness self-care procedures into daily regime. It helps nurse staying balance and giving nurse a plenty of energy to help clients (Clake, 2004).

Secondly, nurse promoted inter-personal harmony with PLWHAs. Being in a harmonious relationship was an important nurse-PLWHA interaction. It had to develop and continue throughout the process of using Reiki to enhance HIV infected persons living in harmony with their disease. The Nurse and PLWHA's reflection suggested how nurses could build and maintain harmonious relationships. During study, nurse-PLWHA's interaction to promote harmonious relationship occurred follow the 4 main concepts; morality, aesthetics, balance, and continuity.

***Morality***

Harmonious relationship mandated the nurse be moral. Firstly, the nurse had to respect each PLWHA's confidentiality by meeting the HIV/AIDS self-help group of each hospital after they had invited her. Doing this, gave HIV infected persons the opportunity to decide whether to disclose their HIV status to the nurse or not. During this study, many group members would go home if they did not feel ready to meet with the nurse. Secondly, home visits were organized in an unobtrusive manner to keep the home visit as normal event and unnoticeable from neighbors' perspective such as researcher wore simple clothes, used Southern Thai language, behaved as a relative of family, and talked with the neighbors about others issues of the daily life such as job and politics rather than health. Thirdly, nurse also kept each PLWHA stories confidential. Sometimes when participants asked about their friends' stories, the nurse was very careful during conversation with them. Some participants had only told their special stories with nurse. Keeping each PLWHA's story confidential increased trust between nurse and PLWHA and promoted the success of nurse intervention.

Then nurse also sensitized to PLWHAs' stigmatization because living with HIV infection is a stigmatized experience. The nurse needed to be aware of this when interacting with participants since conversation could trigger negative past experiences. For example, when the nurse interviewed Somna on how HIV infection had an impacted her life, she talked about had HIV infection was a barrier for remarriage after she divorced her first husband. After she stated her concern she was quiet. The nurse realized she was very sad that the infection caused her lost an

opportunity to remarry with the new man who loved her. The nurse had to know how to deal with awkward conversations. In this situation, the nurse allowed her to decide whether to continue or stop the interview and get emotional support from nurse. Then the conversation was resumed when participant is ready. The nurse also learned not to use the word that stressed being HIV infected. Instead nurse used the same words that PLWHA like to use within their group. For example, participants preferred to call themselves an "Infected person group" (kloom poo tid chua) instead of "HIV/AIDS infected person group" (kloom poo tid chua HIV/AIDS)."

Finally, nurse was being non-judgment and non-discriminating**.** Nurse's attitude to HIV infected person influenced harmonious relationship because participants were sensitive as to how people around them reacted to their HIV infection including the nurse's attitude with them. They revealed later that they kept on observing the nurse's behaviours to see if there was any bias or discrimination against HIV infected persons they tested to see whether the nurse would eat lunch with them during self-help group activities or at home visits.

They found that the nurse never blamed them or accused them about their past or present behaviours or being HIV infected. They felt the nurse listened to their stories and tried to understand their situation rather than accusing them. PLWHA, Wanda, reflected that she felt confident enough to tell the nurse about her present sexual relationship with her new boyfriend. She confessed that being an infected person did not mean she did not have feeling or stop everything just waiting for death. Many blamed her for having new boyfriend and never learning from experience. When she told her story to the nurse, she felt good that nurse just listened and showed understanding to her and gave her a consulting on her new relation.

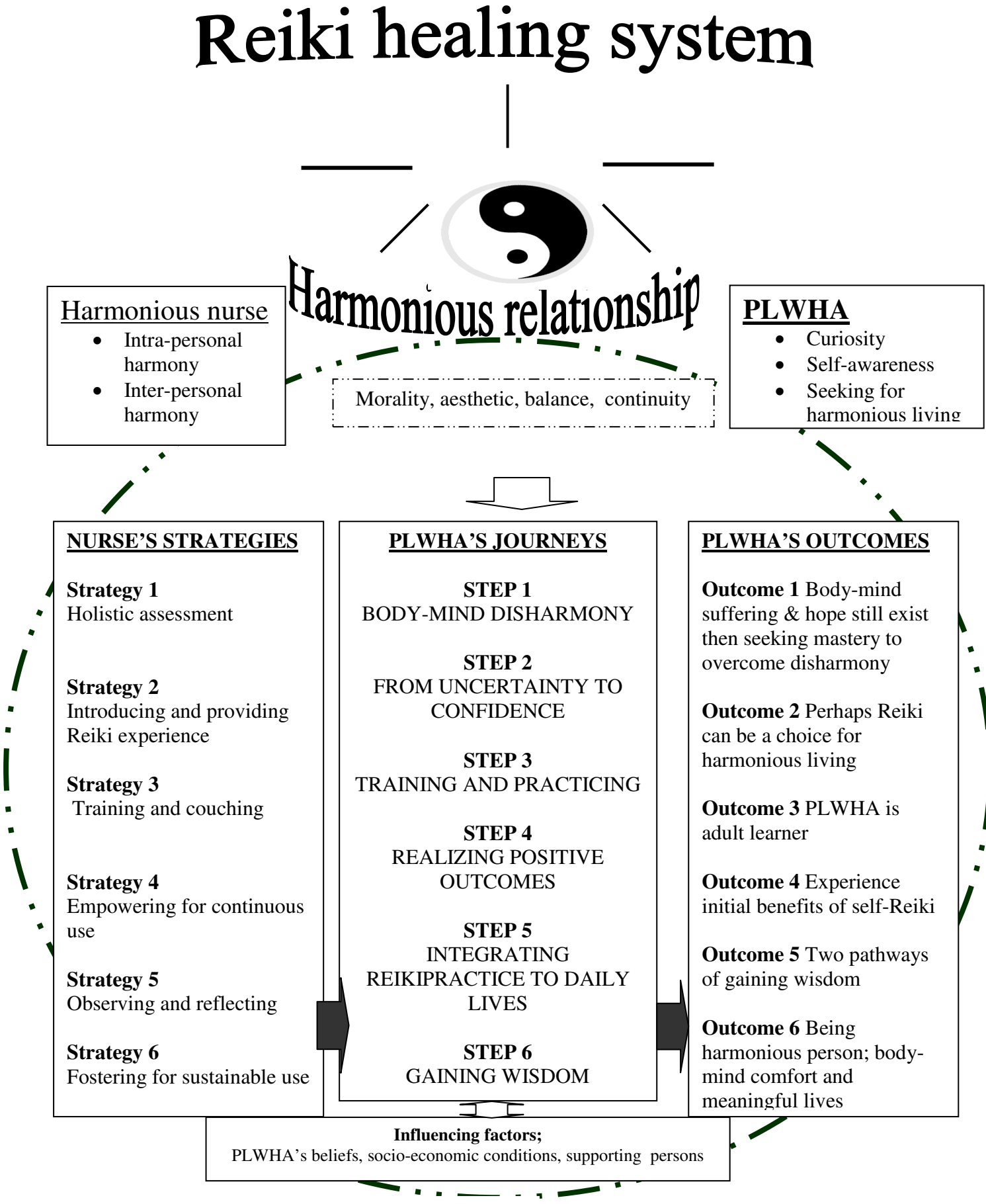


*Figure* 11 Therapeutic Nursing Model for Reiki

### *Aesthetics*

The aesthetic action was an important concept to promote harmonious relationship. Firstly, nurse is being a flexible person. The interaction between nurse and participants occurred in a flexible manner throughout the process. In this study PLWHA experienced difficult life situations. For example, they had to work for family as well as attended family's socio-cultural activity. They had to balance the role as person who needed caring with the role of being a member of family and society. This study revealed that flexibility helped the nurse out of conflict and kept the therapeutic intervention moving on. For example, the nurse made an appointment to see Wanda for a home visit on Sunday since she had her day off every Sunday. Aumpa sometimes called the nurse to have an individual reflection a few days earlier than the planned appointment because she was in the city for shopping and it was convenient to meet. In addition, during the home visits nurse had to wait for her since she had many clients at her beauty salon.

Not only did the nurse need flexibility meeting schedule, but the nurse allowed participants freely to try the self-Reiki pattern to benefit their own personal goals. For example, they could integrate self-Reiki practice with their own beliefs. In addition, they could apply the sequence of hand positions, and length and frequency of self-Reiki to suit their need. They could revise the plan based on their individual conditions.

Secondly, nurse had cultural understanding. Not only should the nurse learn sub-culture, she also needed to learn the local culture or Thai rural culture, such as when participants invited the nurse to meet with them on the same day as their

community had a Buddhist ceremony. Then nurse could go and take part in the activity. Additionally, community people liked to take a short rest in the afternoon after a meal. They tended to prepare snacks for the afternoon break and they hoped the nurse would take the fruit from their garden or Thai sweet back with her. At the same time, nurse should give something to the participants' family as a gift during her home visit. One PLWHA had a traditional Thai game instrument (mak-koom) for the family so nurse was expected to play with them before the interview. Furthermore, participants had their own new language. For example, HIV infected persons developed their new language to communicate in groups such as 'bring" means look good. Then nurse should learn to use this language to maintain continuity.

Thirdly, aesthetic was found when nurse had the simplicity**.** In the beginning, the meetings between nurse and participants were organized in an informal pattern. The nurse used Southern Thai dialect to communicate with and put an appropriate word before the name of each PLWHA which followed Thai culture in respect to seniority. Nicknames were also used to communicate and increase the closeness of relationship. Not only did the nurse have individual meetings with each PLWHA, but she also met with them in group during their monthly self-help group meetings. The nurse attended and took part in their normal activities such as having a meal, snacks, playing games and sharing ideas to support their group activities. Furthermore, home visits were simple arrangements at participants' homes to each PLWHA such as at under the tree in front of the house, on the beach, or the working area at home. Lastly, aesthetics could be find in nurse's had good time management. Good time management promoted harmonious relationship because it helped meeting happen according to plan and also brought both nurse and participants into having

with each other. In this study, poor time management happened by both nurse and participants. For example, participants were late from house work. This made their friends wait to start the group training and also caused them to go home late. Upon reflection the nurse learned to manage time better in the next meeting with the others. On the nurses' side, sometimes she came late to group meeting because she used public transportation and sometimes got lost. Some participants thought the nurse had forgotten the meeting. Even though this event occurred rarely it may obstruct the activities and develop a negative attitude between group members themselves and with the nurse.

The model shows harmony occurred in an ordered or aesthetically set of relationships among the elements of the whole. Furthermore, to promote harmonious relationship also need cultural sensitivity. Harmonious relationship needs cultural understanding for being the sameness. Understanding culture helps nurse avoidable conflict and knows how to apply culture to achieve the goal of the nursing care. Cultural performance as the precondition of harmony These represented an idea image of cultural tradition as a sense of harmony that the implication of harmony covered one's cultural context, related to significant meaning in human wholeness, and emerging from a structure involving tension.

***Balance***

Harmonious relationship needs power of balance between nurse and PLWHA. The balance of power happens when both nurse and PLWHA realized each other as the equal partner. Nurse is part of the HIV/AIDS self-help group with no

social level. PLWHA did not want to be treated as being lower status. The equal partner is also found in the way nurse behave as a symbolic language such as dialect, manner, and dressing. Balance of power to promote harmonious relationship could find when nurse had non-judgment and non-discrimination. Nurse's attitude to PLWHA influenced harmonious relation since the PLWHAs sensitized to how people around them reacted to their HIV infection. Instead of being blame or accuse, nurse should open her mind to listen and encourage them to express their living situation. The non-prejudice (clear mind) nurse helps nurse to understand and gives the PLWHA a consulting on the life issues.

Balance was found in the interaction between nurse and participant. For instance, nurse treated the PLWHA as the equality partner. Equality between nurse and participants promote harmonious relationship. Participants revealed that they like the way nurse interacted with them as an equal (kuam-tao-tuem) partner. They like it when nurse stood as part of their group with no social level. They did not want a nurse who treated them as being lower status. Porn shared her experience that when she went to a provincial public health office one female officer called her 'ee-AIDS' (ee is impolite word in some Thai context). She was upset and felt as if she was a stray dog with mange skin and ugly. Furthermore, Porn also shared her discussion with her husband about the nurse's behaviour during the home visit that she behaved very simple and informally (reub-ngai-mai-mee-pitee-ree-tong). For example, the nurse wore simple clothes, ate simple food, and looked like lay person (meun-chao-ban). This style it seem that both nurse and the participants were in the same social class.

### *Continuity*

The continuity of action was the last major finding that supported harmonious relationship between nurse and PLWHAs. The continuity of action promote harmonious relationship. The theme emerged from the sub-theme 'regular and continuous support.' The continuous supports strengthen the trusting relationship and also increase the inspiration in life of PLWH. Furthermore, continuity support help nurse to further assess the situation and use many methods to encourage the PLWHA to keep on self-Reiki practice. Many review literatures supported the finding.

## *Persons Living with HIV/AIDS (PLWHA)*

PLWHAs were channels of universal energy and consciousness. Opposite to nurse's body, PLWHA was a human body that endure a debilitating and unpredictable experience that impacts harmony of their lives - including the physical, psychological, social, and spiritual – which results in living in disharmony with their energy system. PLWHA need self-Reiki practice to improve their life condition and live in harmony. The practice of self-Reiki is especially significant for PLWHA, which is a simple and independently applied technique used to heal themselves in daily living. The model reflect the concerns of people with HIV/AIDS to use alternative and complementary therapy; 1) how to select which therapy to use, 2) how to just with therapy work, 3) how to assess the safety of different therapies, 4) how to approach western medicine along with complementary or alternative therapies, and 5) how to address and possibly overcome barriers to the use of therapies.

***Nurse-PLWHA Interaction; PLWHA's Journeys, Nurse's Strategies, and PLWHA's Outcomes***

The nurse could help PLWHA enhancing living in harmony with HIV/AIDS by follow the six steps journey: 1) body-mind disharmony, 2) from uncertainty to confidence 3) learning and practicing Reiki, 4) realizing positive outcomes 5) integrating Reiki practice to daily lives, and 6) gaining wisdom, as the following details:.

***Step 1. Body- Mind Disharmony***

This step nurse conducted *holistic assessment* to explore living condition, values, meaning of living with HIV/AIDS. To implement holistic assessment, nurse used holistic assessment to explore the living condition cover physical, mental-emotional, and spiritual aspects. The objective and subject data are collected. Then nurse also identify the life meanings of living with HIV. To explore the holistic life which focused on disharmonious living, nurse needed to be careful to PLWHA's stigmatized issues and confidentiality. When the negative response occurs, nurse can skilfully give PLWHA a psychological support.

Nurse should aware that the holistic assessment was a relational process so nurse could not be completed in the first time of interaction and the richness of data depended on trust between nurse and PLWHA. Holistic assessment helped them carefully explored life from physical concern to the faith and hope in life. When they found hope it helped them realized the important of living long to complete the life

goal. PLWHA's hope to live with beloved persons was a key point to strengthen their intention to live long. Nurse manifested participants by using hope of life as the personal inspiration to live and improve their life.

Holistic nursing includes assessment, intervention, and evaluation phases. The processes hardly work in a linear fashion. As nurse collects more information and begin to implement, nurse have to double check back and collect more assessment information. Likewise, after beginning and intervention and evaluation, nurse needs to repeat the process to find the solution that useful for particular PLWHA.

Nurse strategies presented experience about how HIV infection caused disharmony living. The finding in this study showed outcome of holistic assessment**;** suffering from symptoms, stress from being HIV infection persons, lived with uncertainty, hopeless and dying ideation, guilty and unforgiveness, helplessness and dependence, living for beloved person and wish for better life, and experiencing the limitation of using complementary therapy. Nurse who employ the model has to realize that each PLWHA had primarily different in disharmony concerns such as work and living condition, personal health, having family and children, etc. The difference related to health status, personal attitude in life, marital status, and socio-economic supporting.

***Step 2 From Uncertainty to Confidence***

The aim of this step was to introduce Reiki healing system to PLWHA because nurse found that the PLWHA had lack of information and experience of Reiki healing

system. The nurse's strategies in this step were to introduce Reiki healing technique to participants and to provide Reiki experience to participants to make a decision for using Self-Reiki. The finding revealed the concern of introducing and providing Reiki to PLWHA as the following:

Firstly, nurse provided the information about Reiki as *"Hands on Healing Modality***."** Reiki healing system is not a religion, a cult, a sect, or an organization so there is no need for participants to change their present belief system. Reiki is also not a form of psychic healing, of mind control, wishful thinking or hypnosis as well as nor is it a mediation or massage technique. To present Reiki as a healing modality, the nurse assured the participants that they did not need to change their belief system from self-Reiki use. Since nurse assured that Reiki healing is non-religious technique, participant felt confident to try and decided to use it for self-care.

Secondly, nurse affirmed PLWHAs that "*everyone could learn Reiki for self healing as well as give Reiki to others"* because the ability to practice Reiki healing was passed down from Reiki teacher to Reiki student. The ritual was called attunement (prub-palang). After attunement the Reiki student body was channelled to facilitate the flow of Reiki energy. This affirmation ensured the participants that this technique was simple learn and use. Nurse could encouraged the person who used Reiki to share their experience with friends to make the PLWHA had the confident that HIV infected person could easily learn and use Reiki for self-healing. Thirdly, nurse supported the Reiki use with reasonable evidences such as a research study report or personal experience. Study report on Reiki used in HIV person was attracted by the PLWHAs.

Finally, nurse facilitated the PLWHAs to experience the energy by trying 30-minutes Reiki treatment session because it was difficult to explain the nature of Reiki energy. Then receiving Reiki treatment helped PLWHAs to understand the Reiki healing phenomena. Directed experience by receiving Reiki healing from nurse contributed the PLWHAs to understand the energy healing technique for making decision.

PLWHA's Outcome is called "perhaps Reiki can be a choice for enhancing harmonious living." The finding described the PLWHA's feeling since they first known Reiki until nurse introduce them Reiki. There were four themes showed the responses included 1) feeling not sure, 2) feeling of unconfident on Reiki use and opening mind to try, 3 ) perhaps Reiki can be a choice for self-care, 4) from faith and curiosity to first attempt Reiki. The outcome revealed that Nurse found from the study that not every HIV infection person were interesting on Reiki technique. Most of who attended the introduction was female HIV infected person. Reflection revealed that that to help PLWHA had good information on decision for self-Reiki nurse needed to provide the Reiki session for persons with HIV infection. Directed experience of receiving Reiki treatment helped them making decision whether to use self-Reiki.

***Step 3 Learning and Practicing Reiki***

The aim of learning and practicing Reiki was to enhance the PLWHAs' ability for self-Reiki and able to practice self-Reiki during the cleansing period. There were three main concerning on how the nurse organized Reiki training. These included

training pattern to support personal benefit, training contents focused on self-Reiki, and PLWHAs as adult learner, details as the following:

1. Nurse provided training to support individual readiness of disclosing the HIV status. In this study, Reiki training was organized into two patterns; group training and individual training. Both patterns supported the PLWHAs' willingness and readiness. Nurse found that the individual training was provided for the PLWHAs who wanted to keep their HIV status confidential while group training was for those who disclosed their HIV status with friends.

2. Nurse provided training content which focused on self-Reiki so that PLWHA can focus on the specific content and can apply the knowledge to themselves.

3. Nurse interacted Reiki student by focusing PLWHA as adult learner. For example, PLWHAs were treated as equals and the nurse allowed them to voice their opinions freely in class. Furthermore, nurse actively involved PLWHAs in the learning process. For example, some PLWHAs had Reiki experience so during lectures about Reiki, the nurse drew out PLWHAs' experience of receiving Reiki with relevance to the topics.

PLWHA's Outcome in this step is called "PLWHA is adult learner." Upon reflection with PLWHA suggested that small group had advantages such as saving training time, a discussion among group members make the content understandable, and it increased PLWHAs' experience by sharing Reiki treatment with friends. However, group training needed a flexible plan to fit in people different work schedules. The feedback from PLWHAs presented that They believed that group

training was more exciting and it also contributed the participants to learn from each other. The reflection found that participants wanted 5-7 persons per group. Group

Nurse learnt that the training should take 6-8 hours to give enough time for lecture and practice and most PLWHA were over 35 years old so they suggest that the handouts should be simple reading with appropriate font size for easily read in the middle aged adult. In addition, it was important for nurse to provide the training environment that the PLWHAs were able to learn and comfortably practice. By doing this, nurse could keep PLWHA confidentiality and also support learning atmosphere. PLWHAs suggested from this period that only one supporting visit was practical. Since they had tried Reiki for a short time period they just wanted to clarify confidence in practice. In this step, nurse should pay more attention to PLWHA who are in the age over 40 years and had low learning ability. Since they needed more information supporting during initial use from nurse.

Nurse's strategy is called "supporting and couching." Nurse had supporting visit during the three weeks of initial Reiki use. The supporting included nurse presented themselves to the PLWHA with supporting manners. These included showing a caring attitude, demonstrating kindness, being approachable, and being cheerful. Then the nurse listened to the PLWHAs' stories on Reiki use and allowed them to ask any question and also shared Reiki sessions with PLWHAs during supporting visits. Giving Reiki healing session with nurse also increased the PLWHA's confidence to practice self-Reiki. Nurse found that with the supporting manners during home visit helped nurse to strengthen harmonious relationship with PLWHA and family and/or beloved persons.

PLWHA's Outcome is called "cleansing experience motivated practice." After PLWHA had Reiki training nurse allowed them to practice self-Reiki. The PLWHAs reported cleansing experiences motivated them to keep on practice. In this step, self-report was useful to show the change of symptoms resulting from Reiki treatment.

***Step 4 Realizing the Positive Outcomes***

The aim of nurse's strategy is to empower the PLWHAs for continuous use. Nurse could empower to PLWHA with empowering manner, empowered PLWHAs through families' members**,** cultural and personal belief*,* by asking question 'what do you want to do if your symptoms improve?', peer and HIV/AIDS self-help group support, facilitated participants working for PLWHA who wanted to use Reiki as a complementary therapy. Encouraged family key person or friends to empower participants was useful since nurse was not with PLWHAs all the time. the practice.

PLWHA's Outcome of empowering for continuous use is called "experience the initial benefit of Reiki practice." This step described PLWHAs's experience of the second month of self-Reiki practice. They reported improving symptom experience, particularly the physical symptoms. The impressed health conditions strengthened the hope of PLWHAs to self-Reiki and live normal life.

***Step 5 Integrating Reiki Practice to Daily Lives***

The aim of this step is to observe and reflect the PLWHA's truth of self-Reiki use. Nurse used observing and reflecting to help the PLWHAs understanding their self-Reiki use. To observe self-Reiki nurse used subjective and objective data such as ssymptomatic self-report, chakras and aura monitor and reflective process of self-reflection. Especially the reflecting, nurse encouraged each PLWHAs had downward and upward comparison to help PLWHA understand living condition of the difference in self-Reiki use. There were limitations to use the measurement for monitoring the outcome by chakras and aura monitoring. Firstly, some participants were not comfortable to come for monitoring because they did not want to meet the other people who monitor the equipment. Using symptomatic self-report to observe the outcome of self-Reiki was practical. The reflection helped participants learned from the experience of each other as well as support in self-care measure.

PLWHA's outcome is called "two pathways of gaining wisdom." The first pathway is getting benefit then performing regular self-Reiki. This pathway presented PLWHAs' experience of gaining wisdom during they had regular self-Reiki. Consistently used self-Reiki brought a change in personal life understanding. The results from consistent practice also brought the improvement in the symptoms that promoted physical, mental/emotional health. A relaxed and calm mind enhanced personal insight (personal wisdom). PLWHAs gained an understanding of their situation and accepted their HIV infection status. They realized the significance of holism in life. They changed their negative attitude in life to positive thinking and developed more positive behaviours. For instance, The second pathway was "getting

benefits and performing irregular self-Reiki, then realizing and revising practice." This pathway explained the PLWHAs' experience of irregular Reiki use which happened after two months of self-Reiki. When PLWHA had experienced initial positive symptoms. The behaviour of using Reiki moved from a regular to an irregular pattern. The factors that influenced the participants to move to irregular practice were primarily that they felt healthier and ready to live as normal. This pathway happened with PLWHAs who had poor economic status and lack of social support.

Upon reflecting, and comparing themselves to their close friends, PLWHAs realized that the directed experience of regular and irregular self-Reiki practice helped them better understand how to adjust the best pattern of practice for themselves. They realized that life conditions influenced their attitudes of regular self-Reiki practice. The reflection in irregular practice finished with the conclusion that they needed to readjust their behaviours to suit with health condition as well as to readapt self-Reiki practice for improving the health condition.

***Step 6 Gaining Wisdom***

The results from consistent practice also brought the improvement in the symptoms that promoted physical, mental/emotional health. The aim of this step is fostering PLWHA for sustainable use of Reiki. Nurse fosters the sustainability of practice by reflection and comparison. Reflection helps PLWHA analyzing their situations. To realize the living conditions influences PLWHAs' attitude of regular self-Reiki practice. Also nurse could helped foster the PLWHAs for continuous use by having a periodic follow up the self-Reiki use, providing a revise training for those

who needs it, encouraging the successful person to share the experience with friends, promoting self-responsibility by stressing the important of self-care to promote healthy living with HIV/AIDS, and encouraging PLWHA to build a Reiki network with the aim to skill and psychological support of the new and old users. This brought PLWHAs experiencing physical comfort, a relaxed and calm mind enhanced personal insight (personal wisdom). They realized the significance of holism in life.

The PLWHA's Outcome of being harmonious person is called "body-mind comfort and meaningful lives (bai kai bai jai, chai cheewid yang mee koonka)." The outcomes covered state of living in harmony with HIV/AIDS both interpersonal and intrapersonal. Body mind comfort presented interpersonal being this included PLWHA experienced symptoms under controlled**,** self-understanding and acceptance of being HIV infected person, understanding others and forgiveness, put it down and let the problems go. Meaningful lives presented the harmonious living of PLWHA with others such as human being and higher self. The harmonious living showed the PLWHA had positive thinking, live life with consciousness, having hope and faith, and helping others.

There were three self-care strategies that the PLWHA applied to manage the symptoms; practice self-Reiki, Gassho meditation, and performance of others self-care strategies. PLWHA had practice self-Reiki regularly. The length of practice for each PLWHA differed from 15-30 minutes to 1 ½ hour. The frequency was 1-2 times a day. The practice mainly focused on the front position of the body and most PLWHAs spent a long time with hands position on chakra $2^{th}$ and $4^{th}$.

The simple step to practice Reiki was started from Gassho position. Then they invited the Reiki teacher, Buddha or Holy spirit, or God followed by drawing Reiki

symbol on the chakras $7^{th}$ – $4^{th}$. Then they started when they felt their hands were warm and they finished the session by saying a word of thanks to Reiki guide and blessing to themselves and put on the Reiki symbol to seal the energy. Some PLWHA repeated the name of Reiki symbol as a mantra to increase the energy and concentration. Furthermore, the PLWHA occasionally self-Reiki use for specific problem such as headache or tiredness from work. Gassho meditation was also occasionally used to calm the mind. Two participants sometimes used Gassho meditation to calm the mind after a busy day. Sitting in Gassho meditation quickly helped them to stay calm and peaceful. Reiki principles were used as the ethical guideline to remind the PLWHAs how to behave to balance their lives as well guide them during unwanted life experiences. PLWHAs performed others self-care strategies such as taking healthy food to helped the body gained enough nutrients, having physical activities to promote body strength.

### *Influencing Factors*

The researcher found that there were factors influenced the use of self-Reiki for living in harmony with HIV/AIDS. These included supporting person, socio-economic conditions, PLWHA's beliefs, as the following details:

#### *Supporting Persons*

Often, the participants reported that a beloved person, such as husband, children, and parents, influenced them to practice. Participants in this group were self employed with secure income and the one who was unemployed had support from

family. Successful participants were the key persons to work for nurse in monitoring, empowering, supporting participants in a long term self-Reiki use.

### *Socio-economic Conditions*

Living condition such as social support and economical status, influenced the pattern of self-Reiki practitioners. Not only did family members support PLWHAs to continue self-Reiki, but the family support daily living expenses. Fore example, Patcha did not need to go out to work when her health condition improved because she had monetary supported from her family. While Porn and her husband were rejected by Porn's husband family and Porn family could not give her monetary support. Then Porn left house for work since her symptoms improved.

Furthermore, since PLWHAs in this group were unemployed and self employed with the difference family's income so economic status was one of the factor that influenced pattern of self-Reiki use. Not only did family members support participants to continue self-Reiki, but also support the daily living expenses. E.g. Patcha did not need to go out to work when her health condition improved because she had monetary supported from her family. While Porn and her husband were rejected by her husband's family and Porn family could not give her monetary support. Then since her symptoms improved Porn left house for earning her living.

### *PLWHAs' Belief*

Individuality influenced the success of self-Reiki practice to enhance living in harmony**.** Firstly, Self responsibility is important for person to practice Reiki to manage symptoms**.** Participants shared the opinion that they were the first to love themselves. To love themselves they should be responsible for their own health by regularly practicing Reiki. Also self-awareness influenced the pattern of regular self-Reiki use. High awareness participant, such as Patcha and Nunya, tended to keep the self-Reiki practice regularly and seriously. In case of Mari, a Muslim, being ill is the God's will. So she had to learn and practice and experience. Reiki was perceived by Mari as God's gift to relieve the illness.

## *Guideline for Application Therapeutic Nursing Model for Reiki*

The TNMR revealed the guideline for nurse to use Reiki for enhancing harmonious living. The guidelines are divided into two phases; preparing phase and intervening phase.

### *Preparing Phase*

In this phase, the aim is to prepare nurse for using TNMR. The activities including 1) exploring the philosophy of Reiki healing system and developing individual skill of using Reiki for self-care and giving other Reiki, 2) developing oneself for being harmonious nurse by promoting intra-personal and inter-personal

harmony. Those strategies are practicing self-Reiki and performing other self-care practice such as eating healthy food, exercising, etc., and 3) developing the deep knowledge and skill of building and maintaining harmonious relationship which cover the core attributes of morality, aesthetics, balance, and continuity.

***Intervening Phase***

In this phase nurses work as healing instrument to facilitating the healing process by performing nursing intervention; 1) initiating harmonious relationship, 2) conducting holistic assessment to explore body-mind suffering and meaning of living with HIV/AIDS, 2) introducing Reiki healing system to PLWHA with concerning on Reiki a hand on healing technique, everyone can learn Reiki for self-healing, providing Reiki experience to PLWHA, 3) training and supporting to enhance the PLWHA's ability for self-Reiki and able to practice self-Reiki during cleaning period, 4) empowering the PLWHA for continuous Reiki use by using empowering manner, family, peer, and cultural and personal beliefs, 5) observing and reflecting on PLWHA's truth of self-Reiki practice by using subjective and objective data such as self-report, chakras ad aura monitor, and self-reflection, and 6) fostering PLWHA for sustainable use by having a periodic follow up, providing revised training, encouraging PLWHA to be a successful model of using Reiki to other PLWHA.

In conclusion, this chapter presents "The Therapeutic Nursing Model for Reiki and guideline for application model". The finding is useful for nurse to apply Reiki for self-care in PLWHA.

# CHAPTER 6

# CONCLUSIONS AND IMPLICATIONS

This chapter begins with conclusions, impacts of study, limitations of study, and implications for the profession of nursing and recommendations for future research in this area.

## *Conclusion*

The Development of Therapeutic Nursing Model for Reiki (TNMR) to enhance living in harmony with HIV/AIDS has increased. The participants were nine PLWHA who lived in the area of Songkhla province, Thailand. The study begun in November, 2004 to August, 2006. The TNMR composed of five core components; Reiki healing system, harmonious nurse, and PLWHA, nurse-PLWHA interactions, and influencing factors. Nurse's strategies include holistic assessment, introducing and providing Reiki experience, training and couching, empowering for continuous use, observing and reflecting, and fostering for sustainable use. PLWHA transformed them from disharmonious living to being harmonious persons. The six main themes of their journeys included body-mind disharmony, from uncertainty to confidence, training and practicing, realizing positive outcomes, integrating Reiki practice to daily lives, and gaining wisdom. The PLWHA's outcomes include body-mind suffering, but hope still exist then seeking mastery to overcome disharmony, perhaps Reiki can be a choice for harmonious living, PLWHA is adult learner, Experience initial benefits of self-Reiki, two pathways of gaining wisdom, and body-mind comfort and

meaningful lives. Factors influenced the journey from disharmonious living to being harmonious persons were PLWHA's beliefs, socio-economic conditions, and supporting persons.

### *Impacts of Study*

The study contributes public awareness on how we use Reiki as complementary therapy and influence on education, nursing service, and Reiki community for good health.

#### *Education*

Research result shows the benefits of Reiki practice to PLWHA. Then Faculty of Nursing, Prince of Songkla University and Songkhla Nursing College integrate Reiki healing practice for nurse students in nursing curriculum. Reiki is also integrated to the selective course on Health Care in Tripitaka of Mahapanya Viddayalai, (Buddhist College).

#### *Nursing Service*

The TNMR is applied for providing care to patient. For example, Faculty of Nursing, Prince of Songkla University provides Reiki training and treatment for client of Holistic and Eastern Wisdom Care Center. Clinical nurses apply Reiki to patients in

daily practice, such as relieving pain, improving sleep, promoting relaxation, and supporting the end stage of life.

### *Reiki Community for Health*

Reiki group is set to promote healthy among members who use Reiki for self-healing. The Reiki community also provides Reiki volunteer to help chronic patients in the communities and to train people for using Reiki for self-care. Reiki for peace is originated in the communities in the deep south area of Yala, Narathiwas, and Pattani.

## *Limitations*

The limitation of this study was only one male PLWHA who volunteered to enter the study program. This would lead the result of study from female PLWHA perspective. A second limitation was that, because the majority of PLWHA were Buddhist and only one was Muslim. Then the finalized model would provide an more Muslim perspective. In addition, this researcher was not a nurse practitioner from the HIV/AIDS self-help group. This may have resulted in the feeling of PLWHA to perform the treatment in a positive light to pleasure the researcher. Finally, only PLWHA who disclosed their HIV infection status too k part in the study, this may not a good representation of the all PLWHA aspects.

### *Implication for Nursing Practice*

The TNMR has the potential guideline to be an enormous resource in addressing nurse to use Reiki as a choice for self-care in PLWHA.

The first implication to be considered in choosing individuals for whom this TNMR would be appropriate, nurse must explore the personal background to this modality and working with PLWHA. The TNMR may not be appropriate for very nurse individual and could actually hinder the burden to the unwilling nurse to work with PLWHA.

The second implication is the need for nurse to experience Reiki treatment to understand the phenomena of Reiki use. This makes easier for nurse to provide nursing intervention for PLWHA.

The third implication is the importance of nurse assessing the ability of the supporting system; friends, family, HIV/AIDS self-help group to provide support to promote the successful self-Reiki use.

### ***Recommendation for Future Study***

Based on the result of this study, future research should be conducted in the supporting persons' experience of giving the support for PLWHA using Reiki to enhance living in harmony with HIV/AIDS; comparing the quality of life of PLWHA who integrating Reiki to self-care strategies; and replication of this study to include male PLWHA as well as increase the number of Muslim and Christian PLWHA to enter in the study.

The first recommendation is to conduct a study of the supporting persons' experience of giving the support for PLWHA using Reiki to enhance living in harmony with HIV/AIDS. The PLWHA revealed that they had a supporting from family and friends to continue self-Reiki practice. It would be interesting to conduct the study about those supporting persons' experience of giving the support for PLWHA to enhance living in harmony with HIV/AIDS. The knowledge would be useful for nurse to apply for implementing the TNMR.

The second recommendation is to conduct a study of comparing the quality of life of PLWHA who use and non-use self-Reiki into daily life practice. The finding of study showed the positive results of self-Reiki including physical, emotional/mental, spiritual, and work/life. The positive result may influence the life of PLWHA in a long term use. Quality of life in PLWHA who had self-Reiki practice is the interesting topic that need to further study.

The third recommendation is to replicate this study to include more male PLWHA as well as increase the number of Muslim and Christian PLWHA other than Buddhist. All of the PLWHA were female that hinders the transferability of the finding to male, others religious beliefs.

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# APPENDICS

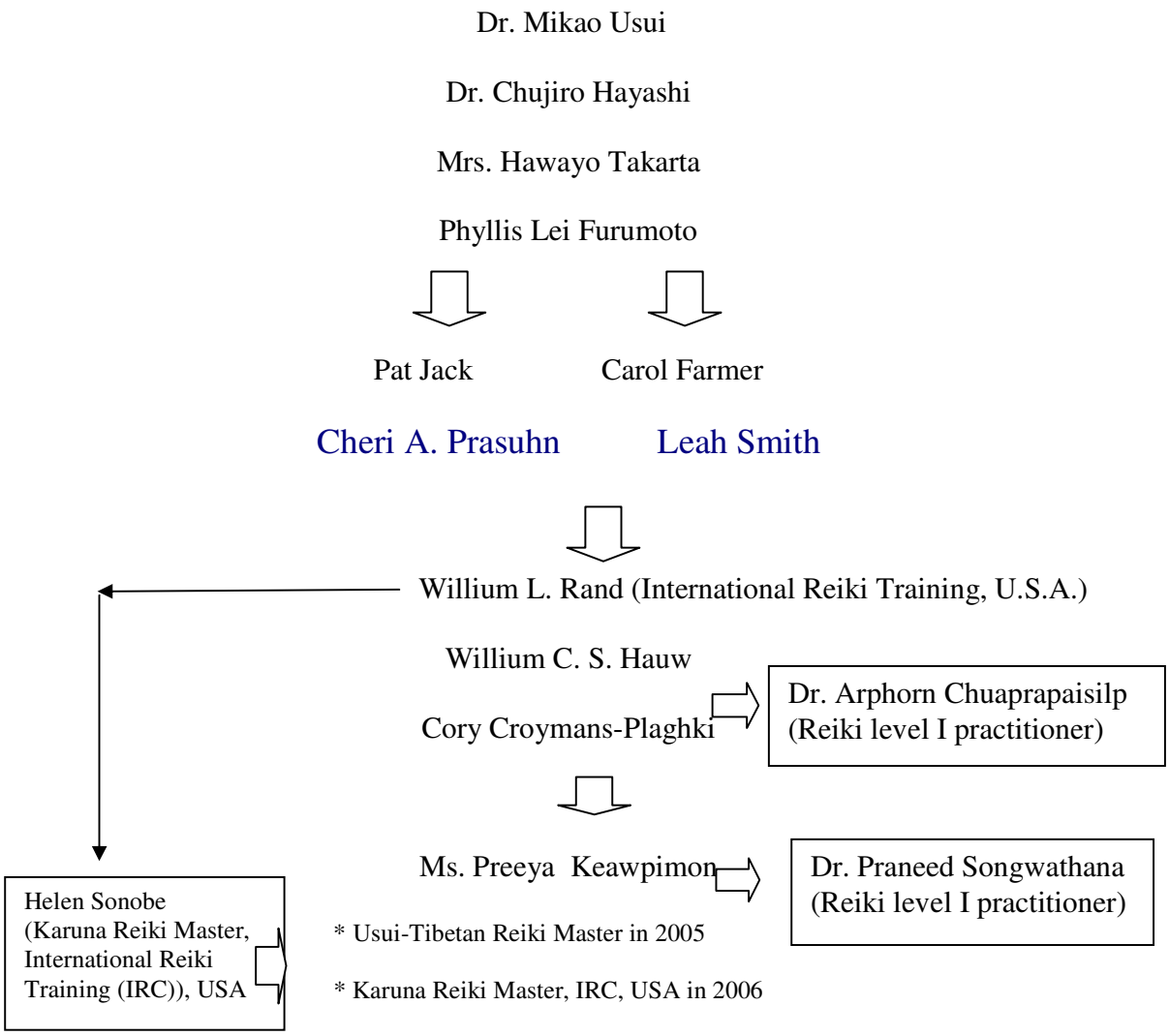
## APPENDICES A

### Researcher's Reiki Training

The researcher came across Reiki for the first time by chance. She read a used book on the subject from a small shop in Chiangmai, Thailand. Afterwards, she looked for a Reiki class. In 2002, one year later, the researcher attended a Reiki I class, and then continued to improve the use of the skill, and finally completed a traditional Reiki-master teacher course in 2005. Mrs. Cory Croyman-Plaghi, who has lived in Thailand for more than 20 years and also established the Asian Art Healing Center in Chiangmai, provided all of these courses. The lineage of the researcher's Reiki teaching is shown below:
As the illustration indicates, the researcher is a fourth generation Reiki Master, taught by a line of teachers beginning with Dr. Mikao Usui, the original founder of Reiki healing.

Practicing self-Reiki and giving Reiki to others increased the researcher's curiosity. She continued to try Reiki with different types of patients. The researcher found that Reiki promotes relaxation, reduces stress and tension, alleviates tiredness and aching muscles, relieves the pain caused by chronic cancer, relieves headaches, soothes burns, reduces fatigue, and calms upset stomachs, among other applications. Before this study began, the researcher had not only given Reiki sessions to patients and friends, but she had also provided Reiki classes for Reiki students. She had forty Reiki students attend a Reiki level I class, seven students complete a Reiki level II class, four students complete advanced Reiki training, and two students complete a Reiki master teaching class. During

the period of study, the researcher is a nurse who was a qualified Reiki master with the directed experience of using and teaching Reiki.



## APPENDIX B

### Holistic Assessment Guideline

1) Demographic information (age, sex, religion, occupation, marital status, income, educational background, race, and number of family members).

2) Health history (past, present, and family health history).

3) Therapies (western therapies as well as alternative and complementary therapies). This was achieved by using a list of questions as a guideline (Why have you chosen to use these methods of healing? How long have you practiced? How often have you practiced? Have you experienced any positive/negative outcomes from the therapy? How sustainable is this method? What method suits you best?).

4) Ways of life (work, personal activities, cooking and eating, recreation and exercise, social activities, spiritual practice, sleeping, shopping, and the effects of HIV infection on one's way of life).

5) Physical health (self report of symptoms, and laboratory tests).

6) Psychological and emotional health (state of mind and self perceived positive and negative mental health).

7) Social status (relationship with family, friends, HIV/AIDS group, community, and other social support groups).

8) Environment of living (social, culture, political, and economic impact).

9) Spiritual aspects (beliefs, faith, love, trust, hope, and values)

10) Contradictions of living with HIV/AIDS

11) Aims of Reiki use (short term and long term)

## APPENDIX C

### Symptomatic Self Report Form

**Form Code….**

**Part I Demographic data, History of illness, Past-Present personal self-care**

1. Sex ( ) Female ( ) Male
2. Age……years
3. Self-help Group……..
4. Marital status ( ) Single ( ) Couple ( ) Widow ( ) divorce
   ( ) Separated live
5. If married, number of children……..Age……..
6. Religion ( ) Buddhist ( ) Muslim ( ) Christian
7. Education ( ) Elementary ( ) High School/Technical college ( )
   University/higher Education
8. Career ( ) Unemployment ( ) Agriculture ( ) Fisherman ( ) Construction ( )
   Factory employee ( ) Self-employ ( ) Others…….(specific)….
9. The length of time of having HIV positive result …….years……..months
10. HIV/AIDS classification ( ) Asymptomatic HIV
    ( ) Symptomatic HIV ( ) AIDS
11. Risk factors to HIV infection ( ) Intra-marital sexual relationship ( )
    Extra-marital relationship ( ) Intravenous drug user ( ) Homosexual
    ( ) Sexual violence such

12. HIV infection disclosure

( ) No ( ) Yes to ( ) Family ( ) Friend ( ) Healthcare provider

13. Highly Active Antiviral Treatment ( ) No ( ) Yes course…….(I, II, III)

If answer yes: Length of using……..years……months

14. Latest CD4 level ……..

15. Treatment of opportunistic disease ( ) No ( ) Yes

specific……..

16. Complementary therapy using

| Type | Frequency | Outcome | Remark |
|---|---|---|---|
| | | | |
| | | | |

## Part II Self Report of symptom before and during self-Reiki practice

| Physical symptom/ discomfort | Self report time period | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Before | 1 week | | | 2 weeks | | | 1 month | | | 2 months | | | 3 months | | |
| | N=9 | same | improve | none | same | improve | none | same | improve | none | same | improve | none | same | imp | none |
| Localized pain | | | | | | | | | | | | | | | | |
| Difficulty sleeping | | | | | | | | | | | | | | | | |
| Dizziness | | | | | | | | | | | | | | | | |
| fatigue | | | | | | | | | | | | | | | | |
| Skin problems | | | | | | | | | | | | | | | | |
| Generalized muscle pain | | | | | | | | | | | | | | | | |
| Numbness | | | | | | | | | | | | | | | | |
| Difficulty pay attention | | | | | | | | | | | | | | | | |
| Nausea | | | | | | | | | | | | | | | | |
| vomit | | | | | | | | | | | | | | | | |
| Shortness of breath | | | | | | | | | | | | | | | | |
| Fever | | | | | | | | | | | | | | | | |
| Forgetfulness | | | | | | | | | | | | | | | | |
| Physical symptom/ | | | | | | | | | | | | | | | | |

| discomfort | Before | 1 week | | | 2 weeks | | | 1 month | | | 2 months | | | 3 months | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N=9 | same | improve | none | same | imp | none | same | improve | none | same | improve | none | same | improve | none |
| Decrease in weight | | | | | | | | | | | | | | | | |
| Dry mouth | | | | | | | | | | | | | | | | |
| Cough | | | | | | | | | | | | | | | | |
| Lipo-distribution | | | | | | | | | | | | | | | | |
| Sore throat | | | | | | | | | | | | | | | | |
| Decrease vision | | | | | | | | | | | | | | | | |
| Blossom | | | | | | | | | | | | | | | | |
| Loss of appetite | | | | | | | | | | | | | | | | |
| Diarrhea | | | | | | | | | | | | | | | | |
| Frequent void | | | | | | | | | | | | | | | | |
| Pale | | | | | | | | | | | | | | | | |
| Amenorrhea >1 year | | | | | | | | | | | | | | | | |
| Bruising | | | | | | | | | | | | | | | | |

(continue)

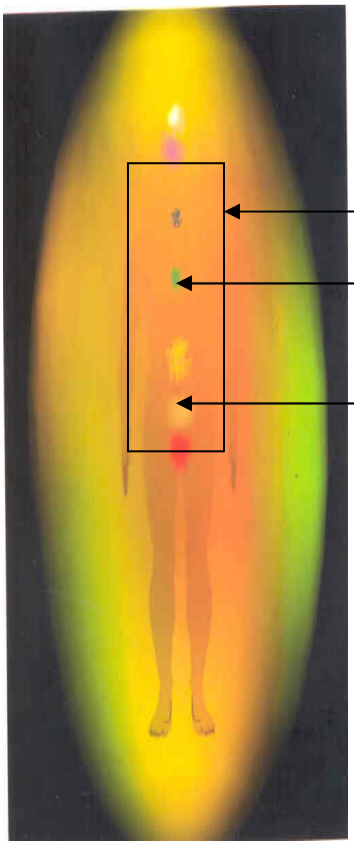
| Physical symptom/ discomfort | Before | 1 week | | | 2 weeks | | | 1 month | | | 2 months | | | 3 months | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N=9 | same | improve | none | same | improve | none | same | improve | none | same | improve | none | same | improve | none |
| Night sweats | | | | | | | | | | | | | | | | |
| Jaundice | | | | | | | | | | | | | | | | |
| Rough skin | | | | | | | | | | | | | | | | |
| Breast engorged | | | | | | | | | | | | | | | | |
| Change in taste | | | | | | | | | | | | | | | | |
| Chronic abscess | | | | | | | | | | | | | | | | |
| Nervousness/worried | | | | | | | | | | | | | | | | |
| Low confident | | | | | | | | | | | | | | | | |
| Irritable | | | | | | | | | | | | | | | | |
| Fearfulness | | | | | | | | | | | | | | | | |
| hopelessness | | | | | | | | | | | | | | | | |
| Social activity | | | | | | | | | | | | | | | | |
| Nightmare | | | | | | | | | | | | | | | | |

Note: Same = no changing of symptom after self-Reiki None = symptom had completely healed

Improve = symptoms had improved to good result

## APPENDIX D

## Chakras and Aura monitoring



**APPENDIX E**

**Reiki Handout**

**Usui Shiki Ryoho Reiki I Training**


By

Arjarn Preeya Keawpimon

Nurse instructor, BNS. & MNS.

Reiki Master Teacher

Contact: Faculty of Nursing, Prince of Songkla University, Songkhla, 90112

Thailand

Tell (074) 284605, (074) 286550

email address: preeya.k@psu.ac.th

**Class outline**

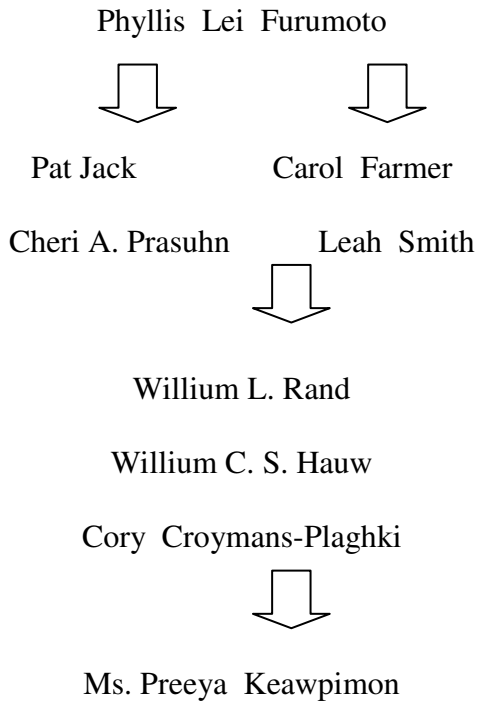
1. Introduction
2. Gassho meditation
3. Reiki talk-what is Reiki, different levels, cleansing process, history-Usui, Hayashi, & Takarta
4. Break
5. Talk about attunement
6. Gassho meditation and Reiki attunement
7. Sharing experience
8. Self Reiki treatment (without and with Reiki symbol)
9. Giving Reiki to others
10. Reiki principles
11. Question and answer

## Reiki lineage

Dr. Mikao Usui

Dr. Chujiro Hayashi

Mrs. Hawayo Takarta




**HISTORY OF REIKI**

Reiki originated in Tibet thousands of years ago. Tibetan monks had mastered the science of tapping the Universal Life Force Energy for man's use in healing and self transformation to eventually lead to spiritual enlightenment. This technique was however, only taught to a selected and disciplined few._Reiki healing system was rediscovered by a Japanese physician, Dr. Mikao Usui, in the late 1800s and early 1900s after assiduously studying Buddhism.

In Japan, the term Rei means the higher power, and ki means life force energy. A term closely related to chi or qi in China and Taiwan, Prana in Hindu and India,

Fohat in Tibet, Pneuma in Greece, Mana in Hawaii Kahuna, Bioplasmic energy in Russia and Ioenergy in the West. Reiki essentially means “spiritual life force energy.”


Dr. Mikao Usui

After Dr. Mikao Usui, developed a hand-on healing system, he applied these energies to the patient with whom he was working. Following these revelations, he proceeded to share the secret Reiki with others. Not only to Buddhists, by the use of symbols and invocations, created a simple lay practice available to everyone, regardless of religious or philosophical persuasion. Then Reiki practitioners trace their lineage back to Usui. One of Dr. Usui’s student was Dr. Hayashi who developed the standard hand position. Reiki healing system was introduced to the West during 1960s and 1970s by Madam Hawayo Takata.

Madam Takarta was Japanese who lives in Kauai, Hawaii. She developed Reiki fee system and distributed Reiki healing system to America. In the present, there are many countries which the clinics and hospitals integrated Reiki to normal hospital service such as America, Canada, England, Australia, and India.

Dr. Hayashi Mrs. Takata

*In this handout, Reiki is referred to as the Usui System of Natural Healing. It is a vibration energy technique that balances, harmonizes and restores human energy systems by using the energy centers in the palms of the hands. The hands are placed gently and* pass*ively in different positions over or on the body, usually beginning at the head.*

**Reiki is not**

1. A religion, a cult, a sect or an organization : there is no need to change your present belief system.
2. A form of psychic healing, of mind control, wishful thinking or hypnosis
3. A meditation or massage technique

**Nature of Reiki energy**

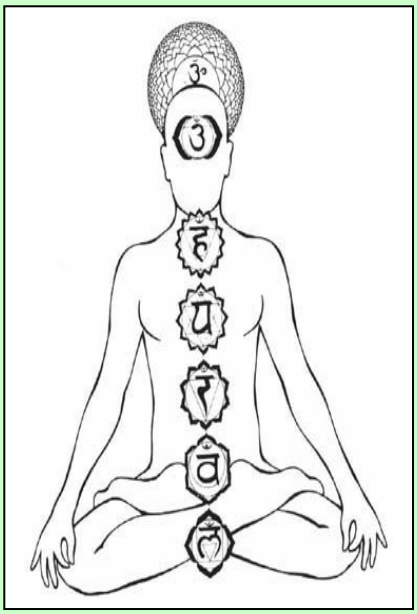
1. There are many healing systems apply ki for healing benefit, but it is not Reiki. Exercise to develop ki and use it for healing in general

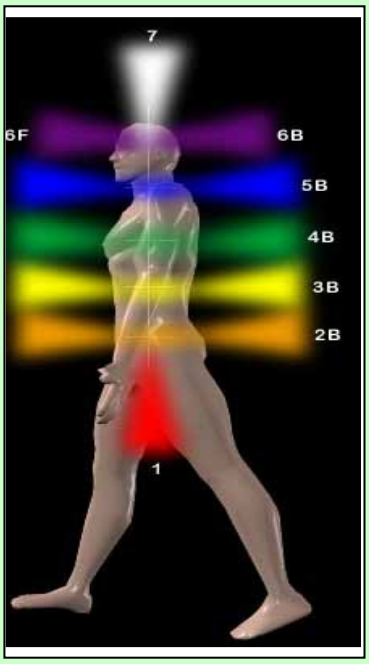
usually involved meditation and breathing exercise. Ki is effected by the mind and can be directed by the mind except Reiki.

2. Reiki has a higher vibration and it does not with direction from one mind, but it seems to have a mind of its own.
3. The ability to practice Reiki come from the student receive attunement form Reiki teacher, so no need for long time meditation or breathing exercise and then everyone can learn Reiki.
4. Reiki is guided by the higher power. Reiki practitioner work as the channel so the practitioner is not depleted and it can not do harm for practitioner.

**Healing mechanism of Reiki**

The body has spinning energy centers that look like spinning wheels and are called, Chakras. The word comes from the Sanskrit "chakra" meaning "wheel, circle", and sometimes also referring to the "wheel of life". The seven main chakras are described as being aligned in an ascending column from the base of the spine to the top of the head. Each chakra is associated with a certain color, multiple specific functions. The chakras are thought to vitalize the physical body and to be associated with interactions of both a physical and mental nature. To heal, is to bring the chakras into alignment and balance.






Healing mechanism of Reiki bases on Eastern philosophy explanation about health. Health is the state of life force energy balance in human body. Blockage or weaken life force energy level cause illness Reiki works by flowing to negative energy area and change the vibration of negative Ki. This is usually done by raising the vibration until the negative Ki can not hold on the negative area and is released. Other times, the negative Ki may be reprogrammed by the Reiki energy and transformed into positive Ki which restores and maintains health. On a deeper level, Reiki can and often does reprogram the person's subconscious mind, releasing negative thoughts, feelings, and memories and even balancing karma.

.

**Reiki training**

Reiki training is done in three degrees. Each level raise practitioner vibration, thus allowing for the flow of higher healing frequencies. The first stage is Reiki for Self

Healing. The second degree of training is for those who wish to become therapists and the third degree is for those who wish to teach Reiki and pass on attunements

The first degree, training should take a minimum of one day. Some instructors teach it in two or two and a half days. Emphasis is placed on the practice if self-Reiki in preparing practitioners to give Reiki to others. The attunements empower the Reiki practitioner's ability to act as a conduit in the healing process. Once attending, the practitioner only needs to place his or her hands on his or her body or someone else body to connect with the healing life force. Universal energy automatically and abundantly flows through the Reiki practitioner to the client's body. The minimum subjects covered should include: The history of Reiki, what is Reiki and how it works, the five Reiki principles, the Reiki I attunement, demonstration and practice time to give complete Reiki treatments to others and oneself.

**Reiki attunement and cleansing period**

The ability to facilitate Reiki healing is passed down from master practitioner to student called attunement. This attunement is described as adapting recipients' channel to facilitate the flow of Reiki, the universal life energy, for treating oneself and others. Reiki attunement conducts while the student has sitting meditation. The student has to close the eyes for concentration, puts both feet on the floor, back straight, and both hands are face with each other at the heart level. The attunement process takes 15-20 minutes.

For the next 21 days the symbols are absorbed into the body via the energy system and during this period the student may experience something like a healing crisis (cleansing period). This can mean that one has dreams, or experience emotions,

or has mild illnesses like coughs and colds. Although this sounds unpleasant, it is regarded as a positive thing as it means that the body is shedding old negativity and out-worn though patterns, memories, etc that are no longer needed. As a result the Reiki student emerges feeling stronger in many ways and better able to cope with life. Those who have already worked on their issues generally experience few problems during the 21 days.

**Reiki treatment**

Traditional Reiki treatment is offered through light touch on a fully clothed recipient seated on a chair or reclining on a treatment table. Then the practitioner placed hands on or directly above a specific area of the recipient with the intent of bringing healing and willing for the energy to flow. A full treatment typically includes placing hands in 12 positions on main areas of head, and on the front and back of the torso.

A Reiki treatment is relaxing. It can also be gently energizing, depending on the state of the recipient. Reiki is always balancing, and follows the need of the receiver, not the intention of the practitioner. Reiki works from the most subtle level of our existence, where imbalance begins. As we regain balance, called homeostasis in medicine, superficial symptoms often disappear, and the body's innate healing potential is enhanced. Whereas specific results are never promised, and vary widely from person to person, Reiki can be a valuable addition to any treatment plan or well-being program. Because Reiki is extremely gentle, it is appropriate in any situation.

It is often suggested that those who seek Reiki during chronic or serious illness have at least 4 treatments before evaluating the benefit Reiki may bring.

Timing of treatments, there is a wide range of opinion regarding the timing of treatment. Generally it is advisable to have treatments closer together at the beginning. Whether this is daily or weekly should be discussed by the practitioner and client and decided after the first treatment.

Reiki is a therapy that can be used alone or in conjunction with conventional medicine or other complementary and alternative techniques. Reiki may help maximize results while minimizing side effects by enabling the individual to return to balance between conventional treatment sessions.

There are no known medical contraindications to Reiki treatment. The recipient draws the healing vibration according to his/her need, so there is no danger of over-dosing.

Each person must take responsibility for his/her medical care. Anyone dependent on medication, such as antiretroviral drug, should have their medications monitored by their physician, in case the need for medication decreases.

**Benefits of Reiki**

1. Reiki is “self-help”, onetake control of her health.
2. Reiki promotes relaxation and reduces stress and tension
3. It alleviates tiredness and aching muscles
4. Relieves pain and discomfort of chronic diseases
5. Relieves headaches, colds, flu, cuts, burns, fatigues, stomach upsets, sprains and other discomforts of day-to-day living.

6. Complements other healing systems, including standard medical (western) treatment.
7. Enhances creativity, communications and learning abilities by improving the integration of the left and the right hemispheres of the brain.
8. Helps children in their growth process, particularly with stress and learning difficulties.
9. Reiki relieves the tension of extra weight in pregnant women.
10. Increases confidence and self-esteem.
11. Helps overcome fear and anxiety.
12. Assists in reconnecting with our Inner Self
13. Reiki is a powerful tool for personal growth and for improving our quality of life.
14. Psychologically, an hours' treatment of Reiki is equivalent to 4 hours sleep. This fact alone makes Reiki a very effective stress reliever.
15. Reiki helps people at the end state of life die peacefully.
16. Animals and plants love Reiki.

**Steps of self- Reiki practice**

**1. Gassho:** Gassho literally means " two hands coming together. With the Gassho Meditation, it bring oneself into a meditative state. By doing Gassho, the guideline as the following:

1. Sit down with closed eyes and hands placed together

in front of the chest. Focus the entire attention at the point where the two middle fingers meet.

2. Relax as well as one can.

3. Energy phenomena may also occurs, such as hands

or backbone becoming very warm: Observe this and focus to your two middle fingers.

2. **Reiji-Ho:** Translated into English, Reiji means " indication of the

Reiki power." Ho means "methods."

1. Connect with the Reiki power

2. Pray for the recovery and/or health.

3. Now hold the folded hands in front of person third eyes

and ask the Reiki power to guide for healing.

**3. Chiryo**: Chiryo means "treatment" in English. The person giving the

treatment follow the position

4. **Bless:** Finish the session by holding the ankles, seal the energy, thank you the Reiki guide, and self blessing.

## Hand Positions for Self-Reiki

**การบำบัดตัวเองตามท่ามาตรฐาน**

**Reiki Principles**

These principles are the means by which all Reiki practitioners and teacher stay healthy. When people live the Reiki principle, they are actually all the ethical guidance, peaceful mind which bring wisdom. There are 5 spiritual principle of Reiki laid down by Dr. Usui.

1. Just for today do not worry
2. Just for today do not angry.
3. Just for today honor your teachers, your parents and your elders.
4. Just for today earn your living honestly (responsibility).
5. Just for today show gratitude to all living things.

## APPENDIX F

### In-depth Interview Guideline Question

1) What was your original medical prognosis? Has your condition stabilized or changed for better or worse? Was a base line or starting point established before the Reiki sessions started? If you did not have a starting point, how will you know if you have improved? Has your actual progress been missed or misinterpreted? (In the case of participants that had chronic or visible symptoms, the researcher was allowed to take pictures for comparison, to use as evidence).

2) Are there any factors which might limit your progress and complicate or aggravate your condition? Is there anything in your environment preventing progress?

3) Is there something from your past which is limiting your progress?

4) Is there a block to progress stemming from within you?

5) Do you have a previous traumatic experience that is still unresolved? Or perhaps a psychological condition which is limiting your progress?

6) Could there be physical limitations to your progress?

7) Do you have any tissue or nerve damage caused by the condition that is not part of the treatment you are receiving?

8) Has the length of treatment necessary to make a healing difference been misinterpreted? Sessions can and need to be sustained for long periods and not just contained within the usual one hour session. Sessions can also be spread over months, even years, rather than just a few sessions. Is there something more to be done by you?

9) Is there something that you need to experience, linked to your condition?

10) Have you achieved the goal of your practice?

## APPENDIX G

### Researcher Field Note

| Contradictions | Observational note | Theoretical note | Methodological note |
|---|---|---|---|
| | | | |

**Analytical**

**Note:……**

## APPENDIX H

## Reflective Practice Guideline

The reflective practice is a way to use validate a TNMR. The following questions were used as part of reflecting upon the process of formulating a TNMR:

1) What happened when using TNMR?
2) When did it happen?
3) Where did it happen?
4) Why did it happen?
5) Who was involved? How?
6) How did you feel?
7) What does it mean?
8) Have you reached your goal in practicing Reiki?
9) What have you learn?
10) How can we do better?

## APPENDIX I

## Protection of Human Subject Guideline

Swasdee ka, my name is Preeya Keawpimon. I am a doctoral student, Faculty of Nursing, Prince of Songkla University. I am conducting dissertation title "Development of a Reiki Nursing Therapeutic Model to Enhance Living Harmoniously with HIV/AIDS." The purpose of study is to develop Therapeutic Nursing Model for Reiki in HIV/AIDS. The research outcome will be use by nurse for Reiki using to support the persons living harmoniously with HIV/AIDS.

It is my pleasure to invite you to take part in this significant study. With your verbally consent, you will take part in this study as follow:

1. Participants will have holistic assessments by using interview, symptom self-report, and chakras and aura measurement. The information will be use for therapeutic intervention.
2. Participant will try Reiki treatment from the researcher for making decision..
3. Participant will be invited to attend free Reiki level I training for self-Reiki.
4. Researcher will follow up the participant for therapeutic intervention from the beginning of self-Reiki practice to living harmoniously with HIV/AIDS through Reiki.
5. The researcher will support the expenditure during the research study period such as the trip for training, meals, the compensation for temporary leave the daily work for research activity.
6. The researcher will ask permission for record the interview and taking a note to get the valid data. The interview record will be keep to protect the

participants' confidentiality and it will be destroy when the research process is finished.

7. During the study process, participant can involve in the decision process of study and also has right to withdraw from the study or reject to get involve in any activity what make she feel uncomfortable any time. These will be respect to personal human right.
8. During study process, the participants will freely contact the researcher for clarify any question, both in personal and group. The contact number is 09-6353919 or 074-284605.

Thank you,

Preeya Kewpimon

# VITAE

**Name** Miss Preeya Keawpimon

**Student ID** 4658005

**Educational Attainment**

| Degree | Name of Institution | Year of graduation |
|---|---|---|
| Bachelor in Nursing Science | Prince of Songkla University | 1996 |
| Master Degree in Nursing Science (Nursing Care for Women) | Chiangmai University | 2003 |

**Scholarship Awards during Enrolment**

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**List of Publication and Proceeding -**