

## Chapter 1

### INTRODUCTION

*“Each time a woman stands up for herself, without knowing it possibly, without claiming it, she stands up for all women” - Maya Angelou*

Women are vital to our culture from conception to eternal sleep. Woman’s social roles significantly shape health experience. Feminine developmental stages go from maiden, wife, mother, crone and healer. She does her part patiently and without thinking, asking for nothing in return. Across time, the pivotal role of women in society has guaranteed the steadiness, advancement and sustained growth of countries.

Even if they are competent in every role, women in the present era appear to be struggling to cope with all the roles they play. A woman's aptitude is viewed as inferior to a man in a society where they predominate. It is evident that things have improved considerably when contrast the status of women in contemporary society with that of legendary societies. Women are now employed and providing a contribution to household expenditures. Women now surpass men in many areas. Girls are establishing such records on a daily basis that not only make their families and communities proud but the entire nation.

Women play variety of roles throughout their lives, including sister, mother, wife and daughter. These women dedicate their lives to improve the life of others. Women's conditions are concerning in rural areas, although they are not as dire in urban areas. In every nation on earth, women are the primary carers for children and the elderly. International studies show that women take the initiative to assist the family in adjusting to new problems and realities, when a society's political structure and economy shift. They are probably the ones who start outside help the most, and they have a big say in whether changes in family life are made easier or worse. Women make about 43% of the agricultural labour force worldwide and it reaches 70% in some nations.

Rural women play a key role in supporting their households and communities in achieving food and nutrition security, generating income and improving rural livelihoods and overall well-being (Gran, 2019).

Over the course of its history, India's gender role has changed significantly. Some of the salient points are:

### **1.1. Status of Women in India at Present**

Women standing in ancient India declined, particularly in areas where Indo-Aryan was spoken. Early modern times saw the continuation of subordination. Reforms were implemented during British control, such as the Bengal Sati Regulation of 1829, which prohibited sati, and the Hindu Widows' Remarriage Act of 1856, which allowed widows to remarry. The goal of the Age of Consent Act (1891) was to safeguard young girls. At present the Indian constitution gives the government the authority to implement special policies for women and forbids discrimination based on a person's sex. Women's rights encompass freedom from discrimination, equality and dignity.

There is still violence against women, particularly sexual violence. India has low female labour force participation, gender inequality and mobility restricting societal norms. Nonetheless, strong and brave women are still emerging and making a positive impact on their communities. Even though there has been progress, more has to be done to guarantee all Indian women's safety and equitable opportunity.

Women have been an integral part of India's culture and society since ancient times. However, the status of women in India has been a topic of debate and concern for many years. Despite the progress made in recent years, there are still many challenges that women in India face today. The health of children is impacted by the high incidence of malnutrition among adolescent females and pregnant/lactating moms.

In recent years, there have been many positive developments in India's efforts to empower women. The government has implemented several programmes and policies aimed at improving women's health, education and economic opportunities. There has been a significant increase in the number of women participating in the workforce and women have achieved high positions in various fields, including politics, business and entertainment.

Globally, women's empowerment and gender equality have been at the top of the agenda. The United Nations has included achieving gender equality and empowering all women and girls as one of its Sustainable Development Goals (SDG-5). To address

gender inequality, numerous global, regional and local initiatives and attempts have been made. Because of the patriarchal mentality, women in India have faced discrimination and stereotypes from ancient times. Women have experienced societal ills like sati, the purdah system, female infanticide, female foeticide, dowry and domestic abuse.

To eradicate such evils, a number of legislative and constitutional provisions have been drafted. Women have made significant progress toward women's empowerment in the modern era and have grown more aware of their rights. For the purpose of emancipating women, the federal and state governments have introduced a number of programmes. Nonetheless, women continue to encounter gender bias in both public and private settings, as well as the patriarchal worldview (Kumari & Siotra, 2023).

### **1.1.1 Midlife women**

Adult women are more likely to have multimorbidity as they approach menopause in midlife, which is accompanied by a number of natural physiological changes that can result in illnesses like osteoporosis, depression and urinary incontinence.

The inevitable natural process of aging is frequently associated with deteriorating health. Healthy aging can be informally defined as preserving strong physical, mental and social health, which results in total well-being, albeit there is no commonly accepted definition (Times of India, 2023)

Health issues are essential to one's well-being at every stage of life, but it is possible that they generally get worse as one gets older. Certain frequent events that women have in their middle and later years might have an impact on their overall health. These experiences include menopause, the "empty nest syndrome," becoming a widow or partner's death and taking care of the younger generation. Additionally, women and men alike face increasing risks of chronic illness as they get older. The quality of health is influenced by biological, psychological and lifestyle factors, to varying degrees and at different times.

Diseases brought on by lifestyle, biochemical and genetic factors start to show symptoms around midlife and get worse as one ages, impairing one's capacity for autonomy. Bone metabolism related diseases frequently result in limitations that lower quality of life due to limited mobility, care requirements and potential social isolation.

Given their close relationship, muscle and bone tissue are both engaged in health issues pertaining to older women's locomotor systems. Being active is preventive medicine in and of itself. Midlife has a variety of tools at their disposal to help counteract the negative effects of a loss in health, at least until they reach an advanced age when there appears to be a trend toward less life satisfaction.

The impacts of losses that women endure in middle age are highly particular. Some, like the higher prevalence of osteoporosis in women, may be directly linked to biological sex differences. Furthermore, psychosocial settings differ for men and women and have different effects on each as soon as they think about general gender related issues. In this regard, the most pressing ethical issue is the persistence of discrimination against women. Gender differences are intricately entwined with major socioeconomic factors, even in later life. The causes of many health issues will be addressed by making major progress in changing the social conditions of women by removing social barriers (Baltes, Margaret, Thiessen & Elisabeth. 2000).

The World Health Organization (2020) states that a person's gender plays a critical role in influencing their health outcomes. In general, women's health issues are still primarily focused on sexual and reproductive health, with post menopausal or midlife health receiving very little attention. The National Health Mission's (NHM) Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCH + A) programme promotes treatments across the lifecycle, but it does not address health issues that arise once a person reaches reproductive age. Women may experience the menopausal transition and osteoporosis, depression and urine incontinence around midlife (Dalal & Agarwal, 2015)

### **Operational definitions**

Pain is a challenging phenomenon with a bothersome sensation that can vary from minor discomfort to intense suffering and it involves sensory and emotional experience.

A condition where a person has trouble getting enough sleep, could be due to physical discomfort or psychological disturbances.

## 1.2. Pain and Women

When it comes to the prevalence and degree of pain related disability, women are more affected by both episodic and chronic pain than men are. Women's complaints of pain start to rise in frequency around midlife, which is a significant time. Pain has not been commonly acknowledged as a sign of the menopausal transition outside of the menopause research field, despite the fact that sex hormones are known to impact and control pain.

Women experience physical and mental health issues as a result of their transition into late midlife and loss of reproductive potential. Cardiovascular disorders, musculoskeletal disorders involving joint pain, neurological disorders of the limbs and joints, weight loss or gain, reproductive disorders and psychological disorders such as anxiety, depression, irritability, forgetfulness, low concentration, panic attacks and loss of confidence are examples of these physical health issues (Agarwal et al., 2018).

Menopausal age is a significant indicator of infertility and the rise in a number of middle aged illnesses and health issues that can be avoided with prompt lifestyle changes, menopausal hormone therapy and dietary supplements of calcium, vitamin D and micronutrients. Physiotherapy techniques aid in the management and prevention of the several effects of early menarche that have been covered. The misconception that physiotherapy is primarily utilized to treat orthopedic issues undervalues the profession's and practice's breadth. Although awareness of the field has grown in recent years, little is known about the extensive therapy alternatives available for addressing women's health difficulties (Gabriel et al., 2009).

Ageing and chronic morbidities are becoming more prevalent in India as it moves through a period of demographic and epidemiological transformation. In India, there is a dearth of nationally representative research on the relationship between pain and quality of life, despite studies looking at the prevalence and risk factors of pain and other chronic morbidities (Goyal & Mohanty, 2022)

Globally, pain is a significant public health concern. Around the world, one in five persons experiences pain, and 1 in 10 adults receives a chronic pain diagnosis annually. It has been a neglected public health topic despite its severity (Goldberg, 2011). Few studies have examined the social and economic costs of pain in India, despite the fact that medical literature has extensively addressed the biological and physiological aspects of pain in developed nations. The lack of a common definition of pain and the understanding that it is only a symptom and not an illness in and of itself are the reasons for this study gap. According to the International Association for the Study of Pain, it is —an unpleasant sensory and emotional experience associated with or resembling that associated with actual or potential tissue damage (Raja, 2020).

The Pradhan Mantri Jan Arogya Yojana, India's national health insurance programme, celebrated its 5<sup>th</sup> anniversary in September 2023, one of the biggest publicly funded health insurance programmes in the world, which is now a cornerstone of the national health policy conversation and is seen as the path to universal health care, is crucial at this time. When it was established, India's women's health reached a significant turning point. According to data from the India State Level Burden of Disease (2017), non communicable diseases, including cancer, diabetes, chronic respiratory disorders, cardiovascular diseases and kidney related health problems, were responsible for 1 in 2 (53.5%) of women's deaths in 2018, up from 1 in 3 deaths in 2017.

### **1.2.1. Types of Pain**

The two main categories of pain are acute and chronic, which are frequently differentiated by length of time. Acute pain is defined as pain that lasts less than three months, whereas chronic pain is defined as pain that lasts more than three months. The World Health Organization recently acknowledged pain as a separate illness in its eleventh revision of the International Classification of Diseases (Treede, 2019). One of the most prevalent health issues among older persons globally is pain, which is thought to have a negative impact on their quality of life. Research indicates that pain has a significant impact on nearly every aspect of life, including sleep, exercise, walking, domestic duties, social interactions and leading an independent existence (Breivik, 2006).

Acute pain typically occurs abruptly and lasts only a short while. It is frequently brought on by damage to some kind of tissue, such as organs, muscle, or bone. When it

occurs, anxiety or other emotional problems may result. Pain, whether acute or chronic, can be debilitating. Additionally, a person's mental state can influence and be affected by both. However, because chronic pain is persistent and, in certain situations, appears to be nearly constant, it can increase the likelihood of developing mental health conditions like anxiety and depression. However, these problems may exacerbate the pain. Threshold pain affects about 70% of persons who take chronic pain medication. Even if a person takes pain medication on a regular basis, they may still experience flare ups of pain. Breakthrough pain can occasionally appear suddenly. Alternatively, something as seemingly little as rolling over in bed can trigger it. Additionally, it can occasionally occur when painkillers wear off before the next dose is due.

Most typically, pain is categorized according to the type of injury that generates it.

The two primary categories are nociceptive pain, which is pain resulting from tissue damage, and neuropathic pain, which is pain resulting from damage to the nerves. Psychogenic pain is a third type of pain that is influenced by psychological variables. The majority of the time, psychogenic pain stems from either nerve or tissue damage. However, the pain is exacerbated or prolonged due to factors such as anxiety, stress, despair, or fear. Pain can sometimes be attributed to a psychological condition (Saling, 2023).

Early upsetting form of chronic pain that is very challenging to effectively treat is neuropathic pain. Although it negatively impacts patients' quality of life and causes a variety of unpleasant symptoms, little is known about how it affects individuals. Much of the influence of neuropathic pain on respondents' inability to maintain a variety of relationships was rooted in its unpleasant and strange nature. The main challenges for tighter relationships focused on the decline in the quantity and/or quality of personal relationships. The inability to convey symptoms and the resulting repercussions, as well as the invisibility of their anguish, were major sources of irritation for individuals in more distant relationships and those with professionals. To better understand how neuropathic pain is felt, how it impacts both close and more distant relationships, and how medical professionals can help individuals with chronic neuropathic pain maintain social and personal relationships while effectively communicating their pain, more research is required (Closs, 2009).

### **1.2.2. Pain and its Effects**

Pain makes people more susceptible to substance misuse and other mental health problems (Ballard, 2022). Pain is not only a major health concern for individuals, but it also has a substantial societal and financial impact. Quality of life is adversely affected by chronic pain, which is a concern for individuals, health providers and society at large. The incidence of chronic pain in India, its effects on people's quality of life, the methods used to treat it now, and treatment satisfaction were all determined by the current epidemiologic study. Chronic pain prevalence in America, Europe, and Australia is extensively documented. On the other hand, not much is known about the prevalence of chronic pain in Asia or Southeast Asia. The results of earlier western studies cannot be generalized to Asian nations due to the genetic and cultural differences in pain reporting, expression and causation. The extent and impact of chronic pain in India's adult population have to be measured by a prevalence study (Saxena, 2018).

An analysis of 7,500 Indian doctors' 2,00,000 consultations and 5,50,000 health related complaints was recently published in the esteemed Lancet. Of these, 20% were connected to discomfort. The only thing worse than this was fever. Chronic pain affects 13% of Indians living in cities. Ahmedabad has the fewest victims at 6%, while Chennai has the most at 22%. There is a serious issue if Chennai serves as a bellwether of Tamil Nadu. According to studies conducted in rural Kerala, Maharashtra and West Bengal, 25% of the population may experience discomfort, which is a far greater issue than in metropolitan India. In India, women endure greater suffering than men, although the gap is not very large. In contrast to men, who typically experience pain that is more sporadic in nature, women also tend to endure pain that is persistent. Furthermore, it comes as no surprise that pain increased with age (Atlas Pain Care, 2024)

### **1.2.3. Multimorbidity in Middle aged Women in India**

Without access to basic healthcare, women in impoverished nations face severe, life threatening illnesses and health problems. Similar disadvantages exist for women and girls in India in many spheres, including social, cultural, educational and economic ones. From early life to old age, women frequently face prejudice and inequality in areas such as nutrition, food consumption, education, access to resources and healthcare and other possibilities. Together, these conditions increase a person's vulnerability to illness and

lead to poor physical and mental health throughout life (Debsarma, Saha & Choudhary, 2022).

Adult women are more likely to have multimorbidity as they approach menopause in midlife, which is accompanied by a number of natural physiological changes that can result in illnesses like osteoporosis, depression and urinary tract infections. Multimorbidity is generally connected with worse quality of life, leading to impaired work productivity and associated economic loss in midlife. Multimorbidity is generally connected with worse quality of life, leading to impaired work productivity and associated economic loss in midlife. Neuropathic pain, which results from injury to the nerves, is frequently characterized as prickly or scorching. It is compared to an electrical shock by some. Others describe it as a stabbing sensation or as being like pins and needles. Some individuals with nerve injury frequently have extreme sensitivity to touch and temperature. Light contact, such as rubbing against a bed sheet, can trigger the pain (Puri, Sinha, Mahapatra & Pati, 2022).

#### **1.2.4. Pain and its relationship with thoughts and beliefs**

The International Association for the Study of Pain defines pain as an unpleasant, emotional and subjective experience connected to actual or potential tissue damage. The prevalence of pain has dramatically increased in recent years due to changes in living conditions and economic development. Persistent pain can lead to maladaptive thoughts and actions, hinder day today functioning, raise psychological stress levels and even make the pain worse. On the other hand, those with positive mental health who experience chronic pain have a weak but discernible correlation between pain management and the alleviation of physical dysfunction. As a result, scientists are becoming more aware of the complex relationships and comorbidities between mental illnesses and pain, where the two conditions frequently coexist and support one another and may be partially mediated by similar neurological processes. Compared to patients with mild or moderate pain, individuals with severe pain report higher levels of emotional discomfort. Additionally, research has shown a strong correlation between opioid usage and problems related to stress, anxiety and depression. Results highlight the value of psychological therapies as a key element of pain management, which can enhance patients' mental well-being, lessen pain and dependency on opioids. In certain situations, psychological interventions may even be a viable substitute for pharmaceutical analgesia (Yao, 2023).

Dr. Wager, Director, Cognitive and Affective Neuroscience Laboratory at Dartmouth University, studied how people's thoughts, beliefs and expectations affect the brain and body. He has a particular interest in the experience of pain. He began his career studying the placebo effect, and today he uses brain imaging techniques to examine what pain looks like in the brain, and to try to understand why pain feels the way it feels to a particular person in a particular set of circumstances. He used the findings to help develop new psychologically based treatments for pain.

As a result, scientists are becoming more aware of the complex relationships and comorbidities between mental illnesses and pain, where the two conditions frequently coexist and support one another and may be partially mediated by similar neurological processes. Compared to patients with mild or moderate pain, individuals with severe pain report higher levels of emotional discomfort. Additionally, research has shown a strong correlation between opioid usage and problems related to stress, anxiety and depression. Findings highlighted the value of psychological therapies as a crucial part of pain management, as they can help patients feel better mentally, lessen their dependence on opioids and in certain situations, even replace medication assisted analgesia.

Older adults frequently have persistent discomfort and disturbed sleep. Although the effect of persistent pain on sleep is well established, the two occurrences are correlated because sleep disturbances reduce the pain threshold, which in turn influences how much pain is felt. Both phenomena are taken into consideration in an ideal disease management strategy (Frohnhofen, 2018).

### **1.3. Insomnia**

A sleep disorder called insomnia makes it difficult to go to sleep and remain asleep. Almost everyone experiences periods of insomnia from time to time. However, someone is probably experiencing chronic insomnia if they have trouble falling asleep or if they wake up throughout the night or early morning and find it difficult to get back to sleep. This should occur at least three times a week for a few months. Daytime weariness and low energy levels can be caused by insomnia. Insomnia mostly impacts mood, though. Depression and anger seem to be strongly triggered by the long term sleep disturbance caused by insomnia.

Many adults experience brief bouts of sleeplessness at some point. Days or weeks may pass during this. Stress or a traumatic experience is typically the cause of short term sleeplessness. However, some people develop chronic insomnia, also known as long term insomnia. This persists for at least three months. The primary issue could be insomnia, or it could be connected to other illnesses or medications.

#### **1.3.1. Signs and symptoms**

Symptoms of insomnia include

- finding it difficult to sleep at night
- waking up in the dark of night
- wake up earlier than usual
- being drowsy or exhausted during the day
- feeling irritable, melancholy, or nervous
- struggling to concentrate, pay attention, or recall things
- committing more mistakes or experiencing more mishaps
- worrying about sleep all the time (Mayo Clinic, 2024 )

### **1.3.2. Causes of insomnia**

Insomnia has no primary cause. Research, however, indicates that insomnia probably arises from specific kinds of physiological arousal during undesired periods, upsetting regular sleep cycles in many individuals. Such arousal can manifest as elevated body temperature, a faster heartbeat and higher levels of some chemicals, such as cortisol.

Insomnia susceptibility may also be influenced by an individual's age, gender and family history. Furthermore, mental health conditions, including anxiety and depression, frequently coexist with insomnia difficulties. People who suffer from both insomnia and mental health disorders may have different causes of their insomnia, according to current theories.

### **1.3.3. Pain and insomnia**

Lack of sleep can result in pain as well as it may cause it. In addition to the therapeutic management of patients, this reciprocal association between sleep and pain has significant ramifications for the prevention of chronic pain and public health in general. Sleep disorders, which are characterized by inadequate sleep length or quality, are substantially correlated with chronic pain. Furthermore, the association between pain and sleep is reciprocal pain can cause sleep disturbances, which in turn cause short term or disrupted sleep, which decreases pain thresholds and increases random pain.

Epidemiological research has demonstrated that inadequate sleep length and poor sleep quality are risk factors for the emergence of chronic pain. In addition, there is compelling evidence that sleep disturbances or short sleep duration can lead to the development or aggravation of spontaneous pain symptoms, such as headaches and muscle pain, as well as hyperalgesia, or an enhanced sensitivity to painful stimulus.

The consequences of sleep restriction or disruption over a period of one or more days are evaluated using subjective pain ratings and/or quantitative sensory tests, and this link has been shown in several experimental models of sleep loss. In chronic pain populations, this reciprocal relationship between pain and sleep deprivation functions to reinforce and intensify both conditions through a vicious cycle; for instance, a poor night's sleep worsens pain, which in turn disrupts sleep, and the cycle then continues and intensifies as time goes by (Haack, Simpson, Sethna, Kaur & Mullington, 2020).

#### **1.3.4. Insomnia among women in India**

Sleeping well at night is essential for healthy functioning during the day. The fact that sleep is an active neurobehavioural state maintained by a highly regulated interaction between neural networks and neurotransmitters in the central nervous system is now well accepted. Sleep is essential for regulating the body's physiological functions, such as temperature, metabolism, learning, memory consolidation and deterioration.

More people have chronic insomnia than diabetes, AIDS, cancer, heart disease and other illnesses. Although majority gets good sleep, there are many occurrences in modern life, particularly in cities, that can occasionally induce insomnia in almost everyone. Additionally, the idea of sleeplessness has evolved over time (Bhattacharya, Sen & Suri, 2013). In Indian scenario, as women enter menstruation, their risk of developing insomnia increases by 2.75 times. This risk persists throughout adulthood as a result of hormonal fluctuations, pregnancy, illnesses, stress and complicated domestic life. Eighty percent of women with severe hot flashes report having chronic sleeplessness. Sleep problems are common among older adults over 60, with 60% of them experiencing insomnia (Hamblin, 2007).

The present study examines pain and insomnia among midlife Indian women and evaluates selected psychological and complementary interventions.

#### **1.3.5. Women and Gender**

India accounts for 2.4% of the world's total land area and 17.7% of its people, according to the UN People Division (Kumar, 2021). As per the World Bank, women make up 48% of India's overall population. In 2001, there were 933 girls for every thousand males in India (2011) that number had increased to 940 (Trading Economics, 2022). The overall fertility rate has clearly decreased, falling from 2.7 in 2005-2006 to 2.1 in 2019-2020 (Arora, 2021).

More than 50 years have passed since India's first female prime minister was chosen and the country currently has several very well known female leaders. According to a recent Pew Research Center survey of almost 30,000 Indian adults, over 10% of Indians think that women generally make better political leaders than males, while the majority of Indians think that "Women and men make equally good political leaders." Just 25% of adult Indians believe that men are for political leadership than women.

A significant portion of Indians hold egalitarian views regarding certain gender roles in the household. Sixty two percent of respondents, for instance, think that both men and women should be in charge of raising children. However, among sizable segments of the population, traditional gender roles remain prevalent women should be the primary caregivers for children, according to about 34% of respondents. When it comes to certain gender roles in the house, many Indians have egalitarian ideas. For example, 62% of adults believe that child care should be the responsibility of both men and women. However, a sizable portion of the populace still adheres to conventional gender norms The majority of adults (34%) believe that women should be the ones to take care of children.

Comparably, while a small majority (54%) believes that both men and women in households should be in charge of making ends meet, 43% of Indians believe that males should bear the primary responsibility for this. Furthermore, indicating the persistent dominance of men in the economy, the majority of Indian adults believe that men should have more rights to employment than women when jobs are scarce. Eight out of 10 people share this opinion, with the majority (56%) agreeing entirely (Pew Research Center, 2022).

### **1.3.6. Health challenges among Indian women**

Between 2000 and 2018, the percentage of women in Tamil Nadu, Goa, Punjab, and Kerala who died from diabetes and kidney diseases doubled, from 6.3% to 12%. Indian Council of Medical Research, Public Health Foundation of India, Institute for Health Metrics and Evaluation, Global Burden of Disease India Compare Data Visualization (2017) reported that between 2000 and 2018, the percentage of women in Tamil Nadu, Goa, Punjab, and Kerala who died from diabetes and kidney diseases doubled, from 6.3% to 12%. These illnesses can also cause morbidity that is irreversible and life long, which has a major effect on household out of pocket expenses and quality of life. The necessity for immediate attention to women's health needs and a knowledge of their determinants across state contexts is indicated by these trends in Non Communicable Diseases

As with health, the "three delays framework" (Thaddeus & Maine, 1994) has frequently been used to understand the health requirements of women. The three delays are a failure to prioritize and acknowledge women's health needs in households, which results in a delay in seeking care; a lack of access to quality healthcare facilities and healthcare providers who can guarantee prompt identification of NCD risks and

vulnerabilities; and a delay in receiving affordable care because of financial limitations encountered when seeking specialty services.

Women's limited agency for seeking health care in the home and their dependence on men for support and transportation, the need for family approval to obtain healthcare and the propensity to disregard women's medical needs when mounting diagnostic and medication costs are the main causes of this gender bias. Women are further discouraged from seeking care due to the intricacy of using insurance programmes and navigating/negotiating healthcare access. These obstacles include choosing treatments, bargaining with insurance agents, and the absence of support during treatment waiting periods (Bhan & Shukla, 2023).

#### **1.4. Reiki**

Reiki originated in the energy healing traditions of Japan. According to the theory behind the technique, an initiated reiki healer transfers this universal energy onto the recipient through their hands in order to promote healing and balance.

##### **1.4.1. Theory behind Reiki**

One widely accepted explanation makes reference to a phenomena called the "biofield". Every living thing is surrounded and penetrated by an electromagnetic field known as the biofield. According to Baldwin, Reiki researcher and Physiology Professor, University of Arizona's College of Medicine, this field in humans extends at least 15 feet from the body. For instance, to control heartbeats, the heart generates an electrical field that can be detected by an electrocardiogram. Though not as strongly as the heart, the brain also generates an electrical field. According to the previously cited literature analysis, all of the body's cells actually generate both positive and negative electrical charges, which in turn form magnetic fields (Bedosky, 2023).

##### **1.4.2. Reiki as a system for personal development and healing**

There is growing proof of the health benefits of the Japanese energy healing technique known as reiki. It includes dealing with pain, reducing fatigue and alleviating anxiety and despair, among various others. Reiki has expanded all over the world and been modified into many different styles and techniques, but its fundamental ideas of using energy to heal still stand. It helps people relax, reduce tension and improve their general well-being.

There are many good attributes that are incorporated in the nature of Reiki energy, which an individual becomes aware of as s/he focuses on it while treating oneself and others, conducting classes and performing attunements. These attributes raise into increasingly complex emotions of joy, happiness and calm that beyond the states of consciousness one can typically aware of. Furthermore, they can assist in cultivating positive, healthy personality traits.

Reiki respects free will, so unless one wants it to, it will not heal or help to achieve these higher levels. To do this, one must be open to change. One must be able to identify unhealthy personal traits in himself/herself and be willing to let them go if s/he wants to continue personal rehabilitation. Reiki will help people heal more quickly if they embrace it as their spiritual path, are committed to letting it heal them fully, and accept its power to do so. This procedure may involve enhancing the quality of the Reiki energy that can be channeled and assisting in the development of all the attributes that are beneficial for an individual to possess.

#### **1.4.4 Visualize the chakra and meridian energy systems of the body**

The way the chakras, or energy centers, in the body function is directly related to how well one feels physically. Each Chakra is associated with a specific body part or system. In order to facilitate the absorption, transformation and distribution of life force energy and Reiki throughout the physical and energetic bodies, one can understand that the major chakras are the ideal locations for the hands to be placed when administering a Reiki treatment to oneself or another individual. In order to direct Reiki's healing energy where it is most needed, one can also learn to read the energy blocks of himself/herself and others.

#### **1.4.5. Reiki sessions to address all facets of life**

Reiki can help to develop positive, healthy qualities like patience, love for others and oneself and non competitiveness. It brings into a state of acceptance of other people's thoughts and beliefs, fosters non judgment, strengthens the capacity for forgiveness, cultivates gratitude for friends, family and everything else an individual have it and experience it, enhances the quality of joy and peace one feels, and above all it deepens the connection to the Source of Reiki, which strengthens the sense of security as Reiki more readily directs the lives and keeps watch over everything one does.

Reiki in combination with psychotherapy is similar intervention with deals with mind/body. It is recognized as an alternative therapy as it promotes relaxation and helps with chronic pain, anxiety, sleeplessness and depression. It makes it easier for people who want to integrate their mind and body and Reiki can help people with chakra blockages (pain) break free from them. In mental health counselling and the larger medical community, complementary and integrative treatment approaches are quickly becoming standard practice.

## **1.5 Existential Therapy**

### **1.5.1. Central principles of existentialism**

Generally speaking, the existentialist stance entails the following

1. Taking the experience of the human as its starting point - not merely the thinking subject, but the acting, feeling and living individual (Macquarrie, 1973).
2. "Essence comes after existence" People do not have a single essence that makes them who they are. People are autonomous, accountable, conscious entities (existence) - not the labels, roles, definitions, stereotypes, or categories they fit into (essence).
3. Radical libertarianism, which values freedom, people making their own decisions, and adopting autonomous ways of being, and which supports the existence of human free will (as opposed to determinism).
4. Considering authenticity to be the highest virtue, "authenticity" is defined as the extent to which a person's behaviour, in spite of outside influences (including the need to fit in with social norms), is consistent with their ideas and desires.
5. Believing that a person's beginnings are marked by "the existential angst," or a feeling of bewilderment, fear, or disorientation in the face of a ridiculous or seemingly pointless universe.

The belief that each person, not society or religion, should define their own meaning, values and life purpose (Solomon, 1974). Existentialists are right when they say that a fundamental tenet of existential phenomenology emphasizes how each person's experience of connecting with and deriving meaning from the environment is distinct. It focuses on the fears and uncertainties that are essential to

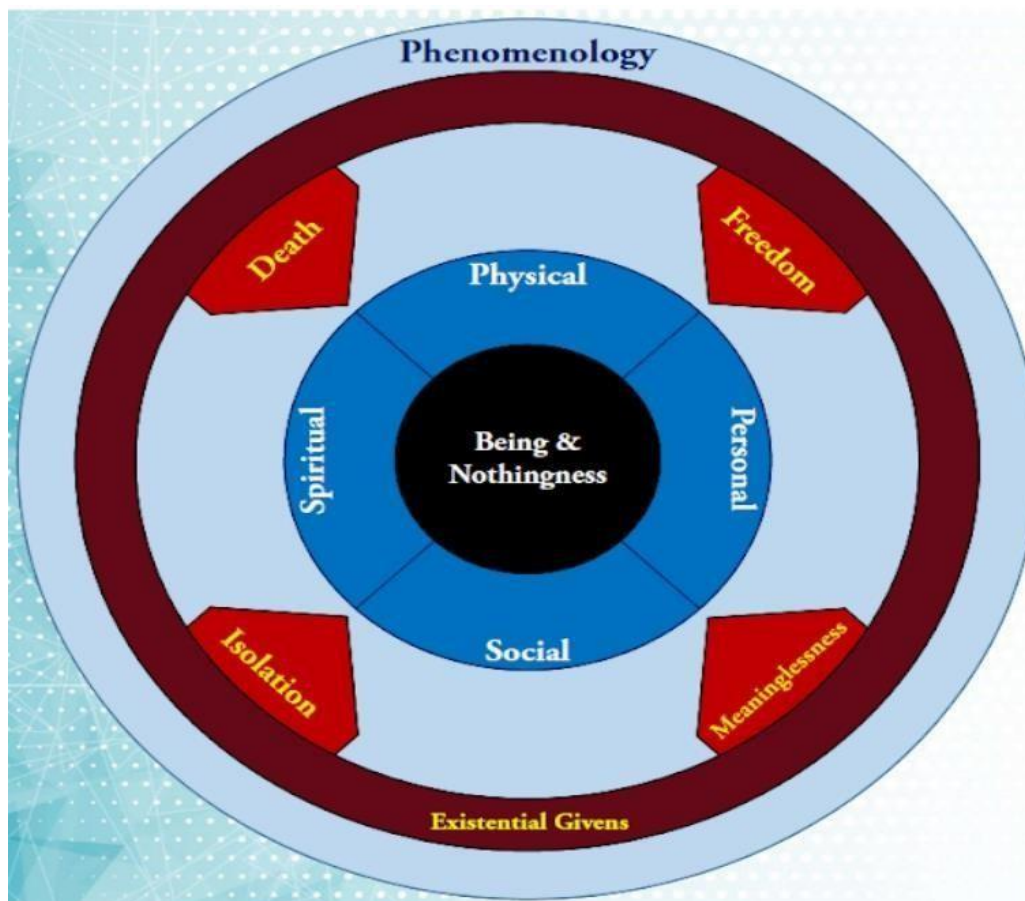
life and existence, such as death, the fear of the unknown, and the purpose of life. Its core premise is that everyone is capable of making their own decisions and taking personal responsibility for the achievement. Rather than exploring the past, the existential method focuses on the present, though past events are taken into account and can offer valuable perspective.

Given that it is client centered, it is comparable to the humanistic approach.

Additionally, it is used integratively - that is, in tandem with other forms of therapy by many therapists. The four main themes of existential therapy death, meaning, solitude, and freedom are often alluded to as foundations of the existential concept.

*Figure 7*

*Four Themes of Existential Therapy*



Source Irvin Yalom (1980). Existential psychotherapy. New York Basic Books.

### **Freedom**

Dealing with some of the tough or difficult things in a genuine and courageous way can help people feel the most valuable gems of life genuine joy, love, desire, wildness and belonging, according to those who practice existential psychotherapy. The four "existential givens" are fundamental freedom and ultimate responsibility; loneliness and isolation; the meaning one must give or discover in the meaninglessness of life; and the certainty of our own death and the deaths of everyone we love. Psychotherapy is frequently sought by people who are unaware that they need to address one or more of these existential givens. Our sense of freedom can either be enhanced or diminished by the need to fit in with a community or social group. An individual join a group can provide a feeling of identity and direction, enabling to express himself/herself truly in the group. But groups also put pressure on their members to follow the rules. Then, one can figure out how to stay free and independent in a beloved group and how to fit in without destroying the group or oneself.

### **Isolation**

Even though one live in a world where people are surrounded even then s/he still feels alone or isolated at times. Feelings of alienation and existential angst might result from each person's existence being fundamentally distinct from others. Ironically, the connectivity brought about by social media and digital communication can make to feel more alone and disconnected. While social media can make less concerned with in person encounters and real human connections, it can also produce phoney connections and superficial partnerships.

### **Meaninglessness**

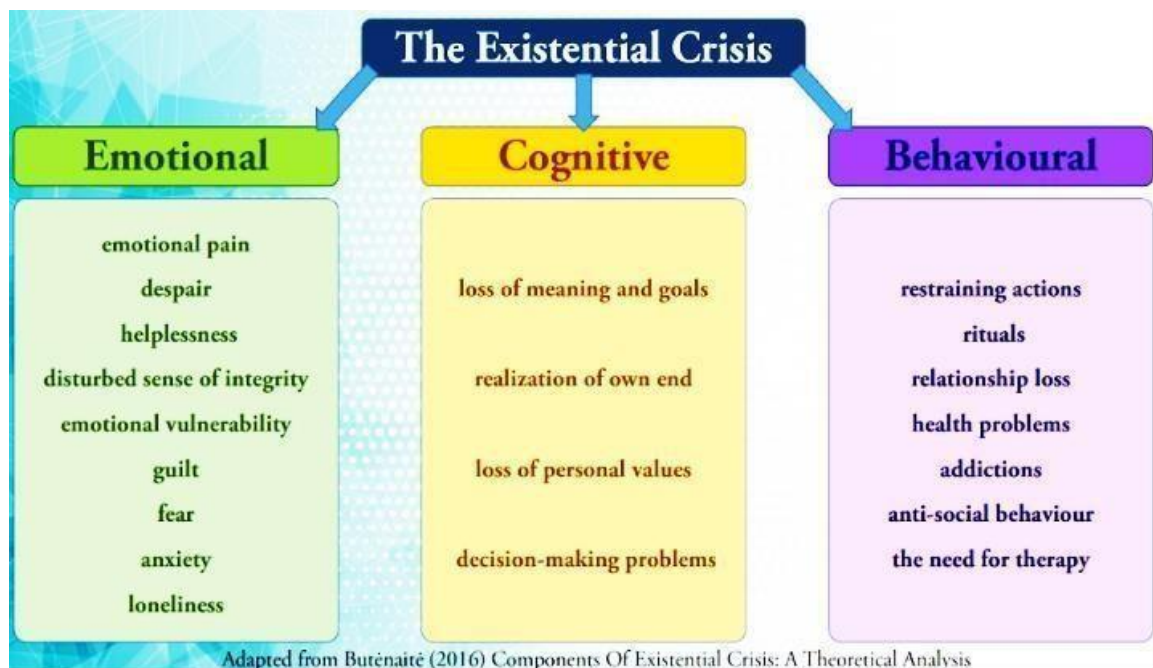
The argument made by existentialists that the cosmos is fundamentally meaningless and purposeless does not imply that one should give up. Instead, it returns to "freedom and responsibility" one must face the difficulty of giving the lives purpose in the face of this seeming meaninglessness since no one else can do it for us. One might find it difficult to discover a deeper sense of meaning and purpose in life in a world when materialism, consumerism, and rapid satisfaction rule the day. Looking around, it appears that leading a meaningful life does not come with money or social rewards. One struggles with the purpose of life might be overshadowed by the unrelenting chase of wealth, position, and outside approval.

**Mortality**

Death is as unavoidable as one desires to escape it. It is a fact of life that "no one here gets out alive." An individual perception of time, priorities, and "life choices" are influenced by the knowledge . After experiencing anything close to death, people may start to believe that life is random or pointless, or they may feel that life is far more valuable. One can frequently find it difficult to accept the fact that s/he will die, even in spite of (or maybe because of) medical and healthcare advancements.

*Figure 8*

*Dimensions of Existential crisis*



**1.5.2. Significance of Existentialism**

The central idea of existential philosophy is the concept —existence,|| which indicates that the being is essentially and always openness to the other. A central idea of phenomenology is that of —intentionality,|| by which is meant that the consciousness is always consciousness of something, i.e., it is interwoven with the other. Precisely because these fundamental ideas are common to existentialism and phenomenology, these two streams of thought have been able to merge into a single stream as existential phenomenology (Kwant, 1965).

The therapist is focused on the subjective experience of the individual and the way the subjective meaning and interpretations are constructed and experienced by that person. The therapist does not view the person as an object that can easily be labelled or categorized how the person seems to be from the outside is less interesting than what it is likely to be that patient. Existential therapy aims to encompass more than most typical psychotherapies the focus is not only on thoughts and feelings but also on the person's choice, actions and behaviours, as well as their way of being in relation to other people and the different aspects of their life.

Bring the client out of the notion of the false identity. The individual is encouraged to deconstruct, reinterpret and question labels others have put on them or the usefulness of such labels. Individuals are assumed to take responsibility for their choices and not allow constructed identities to serve as excuses. The therapy focuses on individual freedom and choice conformity to social norms and expectations is not a valid excuse when it comes to behaviours that prevent fully living an authentic and meaningful life.

The therapeutic process explores the individual's relationship to the existential givens. The process of therapy seeks to help the individual clearly establish the meaning, value and purpose of life and find their own reason for living. It is possible that individuals reach the same conclusions as society or religion but they must have arrived at their own volition and conscious choice – not merely accepted as gifts from others.

Existential therapy attempts to overcome nihilism by helping clients to create (or discover) meaning in their lives. To some extent existential therapy avoids intellectualized discussions about objective meaning it is more interested in subjective experiences of meaningfulness and meaninglessness. For example, despite the fact that life has no objective purpose, acts of altruism and kindness tend to feel more meaningful than acts of wonton selfishness. Existential therapists hope that those they work with will leave with a reason to live, something to live for, a sense of purpose.

### **Rationale for the study**

#### ***Statement of the problem***

Although pain and insomnia disproportionately affect midlife Indian women, empirical studies integrating biopsychosocial and complementary perspectives remain scarce.

After the systematic review analysis on intervention for pain and insomnia, we could observe that there are numerous studies on the assessment and the biological analysis of pain and insomnia. But there are almost no studies which were done on a holistic intervention so an integrated psychological conceptual framework for the study was framed, using both Reiki for bio field energy flow and existential therapy for psychosocial dimension of the dependent variables (pain and insomnia)

Reiki and existential therapy, while distinct in their approaches, share some commonalities in well-being and personal growth. These are the key similarities: Both Reiki and existential therapy emphasize the importance of addressing the whole person—mind and body. They aim to promote overall well-being rather than just treating specific symptoms. Both practices encourage individuals to take an active role in their healing and personal development. Existential therapy focuses on personal responsibility and choice, while Reiki empowers individuals to harness their own energy for healing. Both approaches value the importance of being present in the moment. Existential therapy encourages clients to confront and embrace their current experiences, while Reiki practitioners often emphasize mindfulness and the flow of energy in the present moment. While Reiki might help one develop a closer relationship with their spiritual self, existential therapy explores issues of authenticity, meaning, and purpose. Reiki practitioners and existential therapists both provide a safe, encouraging space for people to discover their inner selves and overcome obstacles.

#### **Need for the study**

Compared to high income nations, chronic non communicable diseases usually begin ten years earlier in India (around age 35 and older). With the accumulation of many chronic illnesses, that plateaus among the middle aged women, most concerning is pain and insomnia which is bidirectional. Midlife is a crucial time for health transition that calls for the best possible care. This necessitates thorough data on midlife pain and insomnia, particularly in low and

middle income countries like India where there are few research of this kind and almost none involving the biopsychosocial aspects of pain and insomnia. In India, people are greatly impacted by the interconnected problems of pain, insomnia and mental health. The inability to sleep or insomnia, is a widespread issue that many people face, particularly those who have long term medical concerns (Kadu, 2021). Insomnia may result in memory loss, emotional sensitivity, decreased immunity and dysfunction during the day. A multisectoral strategy that emphasizes awareness and intervention at the individual and community levels is needed to address pain, sleeplessness and mental health concerns.

This research attempts to explore the different psychological dimensions of pain and insomnia, its effects on the overall well-being and standard of living of middle aged women. Over the past decade integrative therapeutic methods are being recognized and explored. The purpose of this study is to examine psychosocial contributors to pain and insomnia and evaluate the effects of Reiki and existential therapy.

**Objective**

To assess the prevalence and severity of Insomnia and Body Pain Intensity among midlife Women

To find out the effectiveness of Reiki and Existential Therapy in managing Body Pain Intensity and Insomnia among Women

To identify the relationship between Body Pain Intensity and Insomnia among Women