

The Empowering Nature of Reiki as a Complementary Therapy

Reiki is an ancient healing method with roots in both Chinese Medicine and Christian healing. It is a treatment used by individuals as an alternative and complement to Western medical treatment. Reiki has increased in popularity over the past decade, but remains understudied. Methodological and philosophical reasons for why it is difficult to conduct research on the efficacy of Reiki are discussed. The reasons for the increased success of Reiki as an alternative and complementary healing method in the Western world are addressed, as well as the practice of Reiki as a healing method for self and others. Key words: *alternative practices, complementary medicine, Eastern therapies, energy work, Reiki, Reiki healing, touch therapy*

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*Just for today I will give thanks for my many blessings.
Just for today I will not worry.
Just for today I will not be angry.
Just for today I will do my work honestly.
Just for today I will be kind to my neighbor and every
living thing.*

—Five Principles for Reiki Practitioners¹

HISTORICAL ROOTS

Reiki is a healing method with roots in both Chinese medicine and Christian healing. Reiki, as practiced in the world today, was synthesized in the mid 19th century by Dr. Mikao Usui, a Japanese monk and a Christian who attempted to bring to the world the hands on healing method used by Buddha and by Christ in their healing practices. It is a treatment that has been used by individuals as an alternative to contemporary Western medical treatment, and as a complementary or adjunctive treatment to medical protocols.²

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The term Reiki means Universal Energy or Life Force. The practice is a simple one that, by a gentle laying on of the practitioner's hands, an individual is reconnected to Universal Energy or Life Force. This Universal Energy connects to the body's innate power of healing to promote self-healing. Universal Energy, sometimes referred to as Chi or Ki in other systems of healing, is inherent in all life forms. The Reiki practitioner is a facilitator, not a provider, of this healing energy. In Reiki there are no complicated diagnostics. The energy that is facilitated through the practitioner's hands goes naturally to any spot in the recipient's body in which it is needed. There is no attempt made to evaluate the recipient's energy field or condition. There is no manipulation of the recipient's body or energy field. The practitioner simply places hands in a series of positions on the recipient's body with the intention of facilitating self-healing. Reiki is, therefore, within a long tradition of gentle therapies that seek to provide comfort and healing through compassionate touch.

Modern Reiki was introduced in Japan in the 19th century by Dr. Mikao Usui. From there it was brought to the United States at the time of World War II by Mrs. Hawayo Takata. From a modest start in the 1940s of a handful of Reiki master teachers, it has spread rapidly in recent years. Currently there are at least seven major national and international Reiki organizations. In recent years, there have been numerous variations of "traditional" Usui Reiki. Some of these are simply variations on the traditional techniques advocating some differences in relatively minor points such as specific hand positions, the number of hand positions, or the sequence of hand positions. Other variations reconcile Reiki as a combination of touch

and other complimentary therapies such as aromatherapy, music, massage, therapeutic touch, prayer, crystals or psychotherapy. It is important, therefore, in reading about Reiki, or in reporting studies or case examples about Reiki to understand specifically what has been defined as Reiki treatment.²

RELEVANT RESEARCH AND RESEARCH CHALLENGES

Although the practice of Reiki as a healing therapy has increased in popularity over the past decade, it has not been widely studied. Whether diminished research is related to lack of availability and knowledge by health care providers and clientele is not known. Generally, when sought, Reiki has been reported to be used by individuals with a higher level of education such as managerial or professional positions, for emotional problems (27%), low energy (7%), and concerns with health maintenance (10%).³

There are methodological reasons why it is difficult to conduct research on Reiki. The literature documents case studies or practitioners' anecdotal examples of subjects' responses to Reiki. However, sound research projects and clinical trials are needed to explore the efficacy of Reiki in alleviating distress and suffering, and for improving the quality of life in conjunction with medical treatments. The exact method for treatment delivery is not well delineated in these examples. Although case examples may be well suited for describing complementary methods, this approach does not lend itself to scientific rigor and is difficult to replicate and draw conclusions from such examples.

Gaus and Hogel⁴ addressed the difficulties of conducting studies of alternative treatments using traditional scientific methods.

Their points apply to the study of Reiki. For instance, to date, there is no apparent universally applied protocol against which Reiki can be assessed. This healing method cannot be masked, *per se*, so that double-blind studies involving random assignment of subjects to standardized treatment protocols and control groups are not possible. Because of the difficulties in designing a placebo substitute, it is difficult to design satisfactory single-blind studies. The practice of Reiki is delivered based on the method of a Reiki Master's teaching and is tailored to the needs of the individual. If the treatment is milder than that used in mainstream Western medicine, it may take larger groups and a longer treatment period to show a positive result. These differences are significant and influence research agendas.

Like many alternative or complementary therapy practitioners, Reiki practitioners often attribute the inability of conventional research designs to evaluate the practice outcomes of Reiki to basic underlying philosophical differences between Eastern and Western health care delivery models.^{5,6} Reiki's holistic approach views an individual within a context involving a dynamic interconnectedness of all aspects of an individual's life and environment, unlike Western biomedical practices that tend to focus on parts of an individual and view symptom phenomena independently without a historical social context.⁶

Additionally, the highly regarded experimental research design, and in particular the randomized clinical trial, involves manipulation and randomization.⁷ Randomization and group assignment processes require that research study participants receive identical group assignment treatments with no choice in treatment. Not having a choice in

treatment can be experienced as unpleasant and oppressive to individuals suffering and in need of treatment. Alternative and complementary therapy practitioners are reluctant to recruit or refer potential research subjects into studies that may create more suffering by denying an individual his or her choice. Furthermore, group assignments do not individualize treatment, are discordant, and often considered unsafe by the standards of Eastern practices that highly individualize interventions depending on an individual's self reports of symptoms, an individual's life style, issues of quality of life, or an individual's responses to the conditions for which he or she seeks treatment. Practitioners therefore are not only reluctant to recruit their clients to participate in research studies that create these experiences, but the research process is viewed as a potential threat to a practitioner-client relationship through diminished choice in treatment and individualized plan of treatment.⁶⁻¹⁰

Practitioners find it difficult to withhold an intervention they have substantiated as beneficial through professional experiences, often times personal use, and as in most cases, a therapy with a several-hundred-year history. Practitioners' convictions about the effectiveness of their therapies contribute to the bias potential of reported research results. Other barriers to the conduct of scientifically sound research projects, are that most practitioners of Eastern therapies have not had the advantage of traditional research training, they do not have close links with institutions where research is carried out, and they do not have access to research funding.⁶⁻¹⁰

Although the literature contains a small number of studies of the efficacy of Reiki, these studies deal almost exclusively with well populations. Several studies examine

the effectiveness of Reiki with nonpatient populations. Wirth et al¹¹ studied the effects of Reiki on blood glucose and urea nitrogen of volunteer subjects treated with a combination of Reiki, Qigong, Therapeutic Touch, and LeShan. The overall results of this study demonstrated that the treatment combination had a significant effect on urea nitrogen values ($P = .02$), as well as a significant effect for blood glucose measures ($P = .0001$). However, precise conclusions regarding individual treatment effects are not possible. Additionally, the small sample size ($n = 12$), and design issues diminish the positive results. Thornton¹² evaluated the effects of Reiki on anxiety, sense of personal power, and sense of well-being in 22 female students. Findings indicated subjects receiving Reiki did not report significantly lower anxiety, greater sense of personal power, or greater sense of well-being than subjects ($n = 20$) receiving a mimic Reiki treatment. Wirth et al¹³ examined the effects of Reiki, Therapeutic Touch, and LeShan on reepithelialization rate of full thickness human dermal wounds. These researchers concluded that the overall results were inconclusive in establishing the efficacy of the treatment interventions. Wirth et al¹⁴ studied the effect of Reiki and LeShan in combination on postoperative dental pain. A statistically significant difference was found between the combined treatment and control groups in the level of pain intensity and pain relief ($F = 21.74$; $df = 1$; $P < .0001$) postoperatively. One notable clinical patient study in the literature, by Bullock,¹⁶ documented the effect of Reiki therapy of a hospice patient; this single case design suggested the effectiveness of Reiki in pain relief and relaxation with an adult male receiving palliative care.

Recently the Office of Alternative Medicine (OAM) and the National Heart, Lung, and Blood Institute funded a \$5.7 million grant at the University of Michigan's Complementary and Alternative Medicine Research Center (CAMRC).¹⁵ Four research projects will be randomized, blinded, and placebo-controlled. The effects of Reiki on recovery techniques in diabetic patients will be one of the four funded studies.

However, to date, the lack of research is related to the unavailability of a standardized treatment protocol, the general use of Reiki by white, high functioning, well educated, and financially capable individuals, and the tendency of Reiki to be delivered by independent private Reiki practitioners. Practitioners of Reiki report,¹⁷⁻¹⁹ through clinical observations, a reduction in recipients' pain and stress, and healing on physical, psychological, emotional and spiritual levels. Clinical accounts consistently indicate Reiki recipients' deep sense of relaxation and well being. In hospice care, practitioners have further noted that recipients experience a reduction in nausea and emotional distress, through deep relaxation promoted by Reiki. Additionally practitioners have noted improved communications between recipients and caregivers as recipients' emotional distress is diminished during Reiki sessions.

REIKI: AN ANCIENT HEALING ART

Individuals tend to seek the services of a complementary practitioner for chronic conditions.¹⁹ Chronic illnesses generally require frequent physician visits, hospital admissions, and dependency on health care services. Therefore, the need for greater control and participation through choice, are particularly relevant when individuals suffer from

more enduring illnesses.⁵ Individuals attempting to manage their lives, adopt healthier life styles, and maintain self-sufficiency seek health care practices and practitioners they believe will enhance the quality of their lives in these ways. Research²⁰ indicates that a professional relationship with a health care provider that is based on mutual trust and respect between the two, as equal partners in decision making, are essential aspects of an individual's coping with illness. Autonomy and independence are supported when individuals remain actively involved in decisions concerning their health rather than assuming a passive role. As De Ridder et al²⁰ conclude, individuals see themselves as powerless when they feel insignificant and an anonymous number.

Skeptical about the efficacy of mainstream Western medical practices, individuals seek Reiki, as with other complementary therapies, because they believe that their general health can be improved, and that they will be better able to take a more active part in maintaining their health.²¹ An individual seeking complementary therapies has freedom of choice between methods and practitioners, which fosters a sense of autonomy. The inherent aspects of Eastern healing methods of respect, harmony, and individuality of intervention regimes empower recipients.

Individuals, as unique dynamic energy fields, are constantly interacting with one another and with the environment.²² Schwartz

and Russek²³ describe two types of energy—kinetic and potential. Kinetic energy refers to energy that is expressed when an object accelerates and potential energy is the energy that is potentially available. Energy is the ability to do work and influences the motion and functioning of systems. These energy types can be applied to the practice and teachings of Reiki. In the practice of Reiki, there is a flow of energy from the giver, a Reiki practitioner, to a receiver. Reiki practitioners, as part of their training process, receive attunements, or initiations, that are delivered by a Reiki Master. Each person has Life Force and potential healing powers. During attunements (spiritual, sacred, and confidential rituals), a Reiki Master uses symbols and mantras to create higher vibrations, or accelerate an ability for channeling the Universal Life Energy—attunements, transform an individual's potential for healing and channeling. Attunements offer a Master a structure to activate and increase a recipients' channeling ability. The attunements empower and heighten a practitioner's ability to serve in the healing process. Once activated all a practitioner needs to do, to connect with the healing Life Force, is to place his or her hands on his or her self or someone else. The Life Force automatically flows from practitioner to recipient in abundance, never depleting the Reiki practitioner.

Reiki is different than other forms of healing interventions because of its simplicity. Reiki does not demand months or years of training. There are three levels, or degrees, of Reiki. Level one, or the First Degree, can be taught in a weekend, and the Second Degree in a day. The Third Degree, the master level, prepares the practitioner to teach Reiki and involves several stages. It is during the First Degree a beginning practitioner learns

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the history of Reiki, receives attunements for this level, is instructed on the basic hand positions for self Reiki, and the hand positions for giving Reiki to another. (Full descriptions of the hand positions are available in many available books. The reader is also referred to references, 1, 2, 17, 18, and 24). The Second Degree involves instruction on absent, or distant healing, and the practitioner receives unique attunements for this level.

Healing during a Reiki session is synchronic—both the practitioner and recipient are mutually healed as the Life Force is channeled through the practitioner. Healing occurs on physical, emotional, mental, and spiritual levels, evolving toward balance and harmony. The practitioner does not direct the energy through his or her body to specific areas, but rather Reiki acknowledges the wisdom of life forms to receive and use energy where it is most needed. Each practitioner and recipient experiences the energy flow differently. Each has his or her own unique energy field and needs, and therefore is influenced by Reiki in different ways. As stated earlier, Reiki recipients have reported a wide variety of experiences that have been described as warm sensations, blissful increased senses of well being, heightened perceptions of colors or sounds, or diminished sensations of emotional, mental and physical pain, among others. Healing takes place, however, whether an individual is cognizant of the process or not. The practitioner sets the stage for healing through his or her intention and commitment to be a compassionate conduit for the Life Force, for the highest healing good, and always honoring the sacredness of the experience.^{1,2,17-18,22,24}

Reiki is not intrusive, does not demand any technology, can be practiced anywhere at any time, and does not require a practi-

tioner or recipient to engage in verbal exchanges. Reiki is not for diagnosing disease conditions and therefore does not require a practitioner to collect information, and there are no body manipulations in a Reiki treatment. These attributes are beneficial for individuals that are stressed, highly anxious, have been involved in many difficult, intrusive, and often painful medical or surgical procedures, are fatigued, sedated, or unconscious. They are equally appropriate for children or adults. Recipients can be sitting, laying down or standing; although the preferred position is laying down.¹⁷ Reiki is a simple gentle healing method that only requires a trained practitioner to lay on his or her hands.

REIKI AND HOLISTIC NURSING PRACTICE

As Jonas²⁵ acknowledges, the increasing popularity of alternative and complementary therapies reflects the changing needs and values in Western health care practices. He stresses the importance of mainstream medicine continuing to incorporate alternative therapies into curriculums in order that the gap between physicians, scientists, and the public they serve does not broaden. From his perspective, a major strength that needs to be preserved from the practices of alternative therapists is their emphasis on self-healing and promotion of health. Wells-Federman²⁶ lends support to Jonas' message, but points out that nursing has historically facilitated patients' self-care management and health maintenance. She posits that the present challenge for nursing is to examine the impact of nursing care on the mind, body, and spirit, to hone time-honored abilities, and to continue to develop assessment skills to more appropriately facilitate an individual's

mind, body, and spirit development. Wells-Federman further stresses the unequivocal need for a health care provider to learn to care for themselves. She addresses the synchronic nature of fostering compassionate care for individuals, families, and communities, and compassionate care of self.

A basic premise in the practice of Reiki is that Reiki brings healing to oneself and others. As described earlier, during Reiki training for the First Degree, the beginner Reiki practitioner is taught hand positions for self-healing as well as for the healing of others. The healing of self and other is viewed as reciprocal and integral to the practice of Reiki. Practitioners model health promoting behaviors, to health care recipients, when they promote the healing process in themselves. By practicing self Reiki, practitioners keep mindful of their own need for healing, and the sacredness and unity of the body, mind, and spirit. Practitioners' reports, after self Reiki treatments, are similar to recipients' reported responses after a Reiki session given by another. For example, self Reiki has been described as increasing relaxation, decreasing stress, increasing feelings of warmth, expanding ones' sense of well-being, deepening of insights, and enhanced senses of empowerment to face changes or expected hardships.^{1,2,17}

It is quite common for an individual interested in the practice of Reiki to report an initial distressful time with their own health

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or with the illness of a loved one before their knowledge of Reiki. These times are often described as frustrating and filled with a suffering unmatched in the individual's life, or a suffering equal to the loved one. The individual usually then goes on to describe a serendipitous discovery of Reiki, such as at a health fair, or a friend bestows a gift certificate for a Reiki healing session. The "to be Reiki practitioner" often recounts an instant feeling of omniscience, spiritual experience, or remarkable and profound attraction, to this ancient sacred healing technique. They become fascinated by Reiki's loving, respectful, and gentle abilities. The empowering nature of Reiki, as a complementary therapy, resides in its simplicity, applicability, and ability to be generalized. Described earlier, Reiki practitioners need merely to begin with a compassionate intent and lay their hands on themselves or another. This gentle touch is soothing, nurturing, and restoring.

To illustrate the above, the following is an example of a recent and not untypical Reiki session. It involves one of the authors (L. Nield-Anderson) delivering a Reiki treatment to a dear friend that was dying of breast cancer.

CASE STUDY

GW was at the last stages of her earth life. One of her daughters called me and told me that the hospice had informed the family that GW would probably die within the week. I had been performing distant healing with GW for several months for another chronic illness. Her newly discovered breast cancer and the speed of its metastases were astonishing.

Being with GW, her children, and their spouses seemed natural. They knew me as their mother's good friend. It was a privilege to participate in GW's process of saying goodbye. Her children wanted me there to share their mother's dying process with them and their mother. I had the privilege of changing wet sheets,

covering and uncovering her as her body temperature changed, and giving her sips of water. The room was filled with what GW had given to all of us—love.

GW had always been authentic and honest, and she was no different at this time. She let us all know when she was uncomfortable and when she was frightened, commenting at one point, "I don't know about this dying—it seems right now dying is just about as hard as living—but—I have never done this before—not that I remember."

At her bedside, GW's eldest daughter from Texas, also a Reiki practitioner, and I gave Reiki to GW. Her other children were in the room watching. They were participating in the Reiki session, although not directly laying on their hands, with their curiosity and obvious respect and appreciation. I do not know how long we laid our hands on GW. We both lost track of time. We both ended the session because we were so warm. The room felt like 100 degrees, and both of our hands seemed to be burning. Anne and I took our hands off GW without either knowing the other was doing this. We also did not converse during the Reiki session. It was only after the session had ended did we share the reason for ending. We also thought GW was

asleep. Her eyes had been closed for quite sometime, her breathing was regular and slowed. As soon as we removed our hands, GW stirred and said "what happened." We both instantly realized that we had not only withdrawn our hands simultaneously, but we had not given GW any warning. When we removed our hands the room temperature felt like it had fallen, and GW noticed the energy shift, and it startled her. GW was still conscious, but drifted in and out. When she was alert she would converse and spend time with us and then drift off again. Her times away were getting longer.

After her daughter and I ended the Reiki session, GW did not say whether she felt better or not—she just let us know she knew we had ended the session. Several hours later a hospice nurse came to visit. It was the hospice nurse that said to GW, "you seem much calmer and more relaxed than before." GW answered "yes after the Reiki I do feel calmer—more peaceful."

I will miss GW. Missing her acknowledges her magnificence and profound contribution to my life. GW's permission to receive Reiki gave us a special way to connect and say goodbye that words could not. I am grateful to Reiki for providing this time with her, and grateful to GW for bringing Reiki to me.

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