

Reiki Healing Therapy as a Psychological Approach

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The purpose of this research paper will discuss the background of reiki therapy and look at the psychological approaches of the therapy itself and the various techniques used throughout Reiki practices. Benefits to both the practitioner and the patient or client will also be implemented at both perspectives. A little background looking at both the nursing approaches and psychological approaches behind Reiki therapy will both be incorporated explaining the purpose, effects, symptoms, and overall effectiveness and healing benefits the therapy gives to the patient.

In the world of traditional psychotherapy, healing touch has been excluded from the history of interpersonal techniques (LaTorre, 2005). Historical psychoanalysts such as Freud established a no-touch rule in regards to therapeutic relationships, even though touch has been recognized as an important tool of the healing process (LaTorre, 2005). Within the last 40 years, the idea of using touch in regard to psychotherapy has changed in regard to researching showing positive effects on enhancing emotions and improving an overall state of well-being for various individuals (LaTorre, 2005). Healing touch has taken on a larger role as a way of being used to strengthen, center, and improve an emotional state of mind while integrating the mind and body together (LaTorre, 2005).

Reiki is a source of healing energy medicine that originated in Japan (Stockham-Ronollo, et.al, 2012). The history of reiki is believed to have evolved about 2,000 years ago and was referenced in the Sanskrit Sutras of Tibet, even though its original origin has not been confirmed (Barnett et. al, 2014). Origins of reiki and other healing modalities can date back to thousands of years ago with references in the Old Testament (Jain, et. al, 2010), even though Reiki has no religious affiliation (Gilberti, 2004). A period of rebirth had occurred for reiki expansion after

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discoveries were made by Dr. Mikao Usi in the early 1900's (Gilberti, 2004). The word reiki itself means universal (rei) life force energy (ki) (LaTorre, 2005). First practiced in the west, Reiki was first used traditionally outside of the hospital setting (Stockham-Ronollo, et. al, 2012). Healing benefits are promoted based on the idea that an unseen life force energy will flow through the human body causing the individual to feel more alive (Pierce, 2007). There is no specific theory as to how reiki healing works or any typical understanding for the benefits of its therapy (LaTorre, 2005). Scientists are still continuing research in exploring the bio-electromagnetic fields and the role they have on physiological processes (LaTorre, 2005). Reiki has recently been used in regards to improving memory loss, anxiety, depression, stress, and pain (Barnett et. al, 2014). Reiki healing has also been used among patients with cancer, those who are under hospice and HIV/AIDS programs (Barnett et. al, 2014). Connections and new discoveries are still being made to provide more of a clear theoretical understanding to how reiki and other healing touch therapies work (LaTorre, 2005).

Complementary and alternative practices in medicine are practiced all around the world among individuals in both eastern and western cultures (Posmontier, 2013). These healing practices are used to improve health and overall well-being, treat various types of acute and chronic illnesses, cope with treatment side effects, and to achieve a sense of control over one's body (Posmontier, 2013). Complementary medicines are referred to as modalities used in sync with methods of conventional medicine (Posmontier, 2013). Alternative practices are methods used instead of the various forms of conventional medicine (Posmontier, 2013). The focus of complementary medicine approaches are to preserve and maintain health, not only in the situation of healing disease but to achieve a high level of wellness (Markides, 1996). The modalities referenced in both complementary and alternative practices outside of conventional

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medicine may include the use of herbal, vitamin and nutritional therapies, yoga, massage, holistic healing, energy therapies, music therapy, and acupuncture (Posmontier, 2013).

Reiki is effective in its practices due to the integration of the mind, body, and spirit (Stockham-Ronollo, et. al, 2012). This type of therapy includes the placement of hands in or through the body's biofields (Stockham-Ronollo, et. al, 2012). The self-healing capacity of the human body is supported by the flow of energy and balance throughout one's energy system (Pierce, 2007). A practitioner will place their hands above or slightly on the patient receiving the treatment with the goal of triggering a healing response (Stockham-Ronollo, et. al, 2012). Reiki practitioners believe that love is the universal life force energy which flows through them to another individual (Stone, 2008). Reiki therapy may be offered and administered in a wide variety of settings such as health care facilities including medical offices, hospitals, and clinics (Stockham-Ronollo, et. al., 2012). Incorporating other complementary and alternative medicine practices can also be common when administering Reiki healing (Stockham-Ronollo, et. al, 2012).

Sessions of reiki healing may tend to vary in length from about 30-90 minutes depending on how many additional sessions are being administered (Stockham-Ronollo, et.al, 2012). The patient or client will lie down or sit in a comfortable position fully clothed (Stockham-Ronollo, et. al, 2012). The patient will be encouraged to relax, and to channel their focus inward, letting go of all conscious control (Barnett et. al, 2014). Corresponding to the body's endocrine and lymph systems, a full treatment will require the practitioner to place their hands in 12 different positions stretching from the head to the patients back of their torso area (Stockham-Ronollo, et. al, 2012). The positions will typically be held for approximately 10 minutes or less depending on the amount of heat radiation and tingling sensation that occurs from the practitioner's hands

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(Stockham-Ronollo, et. al, 2012). Once this sensation subsides, the practitioner will move on to another area or the session will come to an end (Stockham-Ronollo, et.al, 2012). By directing healing intentions to manipulate certain fields throughout the body, a practitioner may remove blockages in their patients bioenergy field (Gillespie, 2015). The reiki practitioner does not direct the specific flow of energy, but allows their internal body to guide the healing energy to the places most needed throughout the patient (Rosada, et. al, 2015).

After the end of a reiki session, the patient will experience significant amounts of relaxation and meditation and it is very normal for them to enter a sleeping state (Pierce, 2007). Patients may also become more aware of their surroundings and may feel an intense form of comfort with their practitioner (Pierce, 2007). Connections may arise outside of the norm and the patient may enter a state where they experience certain energy or reality that is beyond their physical life (Pierce, 2007). Sessions are meant to administer a sense of peace, quiet, and a trusting experience between the patient and the practitioner (Pierce, 2007). When a client begins to feel a decrease in their symptoms or an increase in their overall well-being, Reiki sessions are no longer necessary to alleviate symptoms or pain but may be continued as a self-administered technique of relaxation (Stockham-Ronollo, et. al, 2012).

Reiki, also referred to as a type of biofield touch therapy, has been found to have many healing properties such as the ability to decrease anxiety levels, decrease stress levels, and also significantly reduce depression and treat chronic pain (Stockham-Ronollo, et.al, 2012). Reiki has also been found to improve sleeping patterns, increase thinking clarity, and increase mood levels (Stockham-Ronollo, et. al, 2012). As a non-invasive biofield energy technique, extremely low frequency energy is used to catalyze the body's natural process of healing (Rhodes, 2015). Certain studies have been conducted to focus on results that parents experienced by practicing

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reiki on both themselves and their children to reduce these symptoms listed above (Barnett, 2005). Parents and children both experienced decreased stress levels and an increase in their well-being and their family relationship quality increased as well (Barnett, 2005).

There are very distinct meanings between the terms healing and curing. The term “to cure” has been defined as an elimination of signs and symptoms that correspond to a certain disease, which may or may not correspond to the end of a patient’s disease or sense of distress (Pierce, 2007). Healing in comparison has been described as the process of bringing parts of oneself together at deeper levels leading to an integration of healing and balance (Pierce, 2007). These various parts of self can include a range of physical, mental, emotional, and spiritual states of mind (Pierce, 2007).

Reiki therapy is based from the belief that a form of spiritual energy can be channeled through a practitioner, healing the individual’s spirit, resulting in the healing of one’s physical body (Novoa et. al, 2014). Secondary traumatic stress (STS) is referred to as the type of stress experienced by individuals who are constantly reminded of a traumatic event as a result of acting as a secondary witness to the event that occurred (Novoa et. al, 2014). This type of stress can also be related to the natural behaviors and emotions that result from the knowledge of an event that occurred or was experienced by a significant other (Novoa et. al, 2014). Symptoms of STS can include but are not limited to anxiety, stress, disturbed sleep scheduled, insomnia, anger or fear, social phobias, increased drug usage, isolation, and feelings of worthlessness (Novoa et. al, 2014). Physical conditions that relate to STS include increases in arousal, sweating, rapid heart rate, impaired immune system, dizziness, and aches or pains (Novoa et. al, 2014).

Research has proved that reiki is the cause of stress relief, and decreases in both anxiety and depression but little evidence has shown any of these effects to be related to STS (Novoa et. al,

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2014). For the current study, it was hypothesized that reiki would have a positive influence on mental health professionals suffering or at risk from STS (Novoa et. al, 2014). Participants went through an inclusion criteria screening to identify levels of STS risk and these levels were determined through the Professional Quality of Life Scale measuring subscales of compassion satisfaction, burnout, compassion fatigue, and secondary trauma (Novoa et. al, 2014). All participants that met certain criteria to be included in the experiment were scheduled four appointments for reiki sessions, one each week, for a total of four weeks (Novoa et. al, 2014). Reiki treatments were chosen at random and conditions included reiki treatment, a placebo condition, and a control group (Novoa et. al, 2014). The reiki treatments lasted four weeks, the placebo group lasted four weeks but received no reiki, and the control group was informed they were to receive distant reiki for the four weeks but received no treatments as well (Novoa et. al, 2014).

In regards to the original hypothesis, there would be a significant difference in STS, anxiety, depression, anger, and hostility among reiki treatment, placebo, and control groups, the results did not provide support to the hypothesis being tested (Novoa et. al, 2014). Reiki treatment did not appear to influence levels of STS in mental health professionals who had participated in the study (Novoa et. al, 2014). Further research in this field of STS would need to be implicated to continue an aid to the findings of reiki research in this typical field of study (Novoa et. al, 2014). A limitation to reiki research in general is they utilize such small sample sizes, and many have not been replicated which leads to many questions in the therapies effectiveness (Novoa et. al, 2014). Reiki cannot be expected to reduce stress, anxiety, and pain levels to zero, but it can be looked at as a form of therapy to regain balance within the human body (Novoa, et. al, 2014).

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As a whole, biofield therapies form a subcategory of energy therapies which is one of the five forms of complementary medicines defined by the National Center for Complementary and Alternative Medicine (NCCAM) (Pierce, 2007). Due to the healing process needed in different therapeutic situations, such as couple therapy, Reiki has been integrated to solve many issues in regards to relationship distress of couples that were in search of some form of therapy (Stockham-Ronollo, et. al, 2012). Reiki healing has also been identified to help make chemotherapy a less aversive form of treatment (Orsak, et. al, 2015). As a holistic therapeutic integration, by promoting a nurturing healing touch, the emotional expressions of the patients have significantly been increased (Stockham-Ronollo, et.al, 2012). Therapeutic touch can offer a variety of healing benefits to the patient such as relaxation, physical sensations (to the practitioner as well), cognitive activity, and both spiritual and emotional experiences (Stockham-Ronollo, et.al, 2012).

Energy fields are a very important concept to understand in regards to reiki therapy. Every human being has a personal space, or a personal energy field or aura in regards to their own body. This personal space can be related to electromagnetic fields that surround one's body. Extending out from the body, these fields are known to be strongest around the heart and can be strengthened during specific energy healing practices or meditation (Leskowitz, 2008). Energy fields may be assessed between the practitioner and the patient without hands on contact (Leskowitz, 2008). An experimental study was conducted by Leskowitz in regards to having patients place their hands 12 inches apart and slowly move them closer together, reporting on the tingling and warmth sensations they felt coming from their hands. This tingling sensation represented the energy fields of the patient (Leskowitz, 2008). The effectiveness of various

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biofield therapies are felt through compassion and the conscious intent to heal the patient (Pierce, 2007).

Due to Reiki therapy being patient driven, there is no harm in its benefits including a problem of over treating or incorrect treatment (Stockham-Ronollo, et. al, 2012). Patients will often respond in a way that they state they can feel a warm sensation or tingling from the sessions, but no harm actually occurs from the practice of Reiki (Orsak, et. al, 2015). Even though no side effects have been documented or known to occur, according to the NCCAM, it has been advised that during a state of relaxation, one may experience a release of emotions that may be overwhelming or frightening (Barnett, et. al, 2014). Some patients may also feel uncomfortable during touch therapy. Determining one's level of comfort is very important for a practitioner to be able to administer the highest level of quality care to their patient (Barnett, et. al, 2014).

A pilot study was conducted to look at the efficacy of Reiki therapy during chemotherapy in regards to quality of life, mood levels, and symptom distress (Orsak, et. al, 2015). All patients responded to the treatment as being a form of relaxation and no problems or negative side effects had occurred (Orsak, et. al, 2015). Previous studies found that chemotherapy caused forms of fatigue in patients with breast cancer, and in comparison, Reiki reduced the fatigue in these patients (Orsak, et. al, 2015). In this situation, with further research, Reiki was found to be the most rewarding and less aversive form of therapy (Orsak, et. al, 2015).

Back in 2007, a randomized, counterbalanced crossover pilot trial on Reiki therapy versus rest was conducted by Tsang, Carlson, and Olsen, to examine levels of fatigue, pain, anxiety, and overall quality of life (Pierce, 2007). The study consisted of 16 patients all diagnosed with cancer (Pierce, 2007). Results showed that the Reiki group reported significant decreases in fatigue

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within all seven days of treatment, and the control or resting group did not (Pierce, 2007). After a week-long washout period, the reiki group maintained their decreased levels of fatigue and they also showed an overall increase in quality of life (Pierce, 2007).

In the form of becoming a Reiki master or practitioner, sessions have been administered and even taught to both children and adults (Stockham-Ronollo, et. al, 2012). The core of Reiki training includes a series of initiations or attunements that will connect the student to the universal energy that is provided through this healing therapy (Stockham-Ronollo, et. al, 2012). Reiki once taught can then be used on individuals who may be treating themselves or close relatives, as a licensed practice, or in hospital-based programs (Stockham-Ronollo, et. al, 2012). Practitioners can form a sense of connection with universal energy sources through forms of meditation and connection with the recipient of the healing therapy all taught throughout the classes (Pierce, 2007). All practitioners will develop a new sense of well-being, a meditative mind, and will be a more open, focused, and caring individual (Pierce, 2007).

Many practitioners and researchers to this day have viewed Reiki, or the healing physical touch aspect as taboo, even though it offers a course of spiritual physical and emotional healing to the patient (Stockham-Ronollo, et. al, 2012). Clinical integrations of biofield therapies are most definitely evolving due to advancements of the therapies being used within the field of nursing and other medical practices (Pierce, 2007). Nursing units and other medical care facilities have been utilizing their staff in a way of integrating reiki to improving their healing services (Silvernail, et. al, 2012). Since the 1970's, approximately 200,000 individuals have been trained with healing touch therapies, which about 60% of were nurses (Pierce, 2007). Hands on reiki therapy was being integrated in clinical practices on women in labor as well as on surgical and cancer patients (Silvernail, et. al, 2012).

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Many nurses and employees in various medical fields are using biofield healing therapies to aid in their practices (Pierce, 2007). According to the National Center for Health Statistics in 2007, a survey was conducted and results showed that roughly one in every four adults and one in every nine children have used some form of complementary or alternative healing technique to achieve goals of improved health, coping with medication side effects, and generally improve overall well-being (Posmontier, 2013). These practices were frequently used to treat forms of mental illness as well (Posmontier, 2013). When given the opportunity to learn and practice reiki, many health care workers used the experience to provide additional services to their patients (Silvernail, et. al, 2012).

Reiki is not only used for cancer patients and those who are ill. Caregivers can often experience a burnout state or mind where they feel exhaustion from making cancer a part of their lives even though individually they may not be affected (Pierce, 2007). Reiki may be administered to caregivers or practitioners can administer self-healing techniques on themselves to replenish their own energy fields and sense of mind (Pierce, 2007). Outcomes of controlled trials provide evidence that the use of biofield therapies and healing touch therapies are effective, but there has been minimal research conducted in regard to applying the techniques to the caregivers or the professionals (Pierce, 2007). These individuals may be found within different oncology offices or in settings where chemotherapy is administered but the individual is not diagnosed with cancer, being a family member, loved one, or caregiver (Pierce, 2007). In 1993 a study was conducted by Quinn and Strelkauskas looking at the effects of healing touch therapy on a small group of individuals (Pierce, 2007). Results stated that the individuals reported increased levels of joy, contentment, and affection (Pierce, 2007). Decreased levels of anxiety, hostility, guilt, and depression were also reported (Pierce, 2007).

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Originally, in the world of traditional psychotherapy, healing touch, or any various forms of touch therapy had been excluded from the psychological and emotional healing process for any patient (Stockham-Ronollo, et.al, 2012). As stated above, many practitioners looked at this form of therapy as a taboo subject and healing touch was not believed to administer any healing properties to the patient. Realistically, side effects of reiki or healing touch are very minor and typically if severe effects do occur, they may well be from a variety of other issues (Leskowitz, 2008). A healing crisis, as some may call the phenomenon, may occur, where symptoms may increase after a healing treatment until the human body can overcome the symptom and then return back to a normal balanced state (Leskowitz, 2008).

Different wellness centers all over the world have been utilized as facilities of primary care that also offers forms of healing therapies, such as reiki, as one of its services (Findley, 2016). The Rutgers FOCUS Wellness Center, located in Newark, New Jersey, opened in 2012 as a grant funded nurse led program to offer services such as counseling, therapy, medication management, and alternative medicine practices, such as reiki (Findley, 2016). A psychiatric nurse practitioner (PNP), is trained in these practiced to be able to offer this type of healing to those in need at the center (Findley, 2016).

According to the 2007 Health Interview Survey, 1.2 million adults and approximately 160,000 children received at least one or more sessions such as Reiki or another form of energy healing within the past year (Orsak, et. al, 2015). In general, Reiki has not been well researched and there are not that many studies out there to provide a large or significant amount of results (Stockham-Ronollo, et. al, 2012). Studies are generally limited due to poor experimental designs with lack of random assignment of subjects and control groups (Orsak, et. al, 2015). Most studies and research include very small sample sizes and it is hard to compare the effects when used

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with multiple other therapies to say that Reiki was actually the cure to specific symptoms (Stockham-Ronollo, et. al, 2012). Studies that examine the effects of Reiki in reducing symptoms and pain among chemotherapy patients are also limited, so it can be difficult to compare the results to previous research, even though it has been established that Reiki as a whole is an effective form of therapy (Orsak, et. al, 2015).

Due to the ease of training, Reiki has evolved into the most commonly known hands on type of energy therapy in the world today (Leskowitz, 2008). To become a reiki master or practitioner, classes are typically held within weekend workshops and no clinical experience or graduate level education is required (Leskowitz, 2008). Back in 2008, according to Leskowitz, approximately 80,000 Americans were trained within the year in reiki mastery classes. The practitioner will go through a series of attunements where they will become trained to transmit and receive healing energy through their patient (Leskowitz, 2008). Forms of distant energy healing can also be provided where a person will receive therapy from a reiki master who may not actually be present (Leskowitz, 2008).

Level 1 Reiki mastery can be obtained after two weekend workshops equaling a total of 12 hours of training (Leskowitz, 2008). Reiki classes can be taught to anyone at any time, and at any given age (Silvernail, et. al, 2012). Reiki 2 mastery, also known as distant healing, included one more additional workshop which is typically shorter in length (Leskowitz, 2008). Other classes such as angelic reiki, or angelology may be offered to learn more about the multidimensional system of healing working at the soul level (Zega, 2007). Deeper levels of healing and transformation occurs within angelic reiki healing with the integration of the belief in angels (Zega, 2007). In the first level courses, individuals will learn all about the history of reiki, what the therapy entails, benefits, and the specific hand positions that can be used on one

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self and on others (LaTorre, 2005). Practice sessions during the class will include a beginner hands on experience, a balancing of the body, and an attunement process to improve the practitioners ability to channel specific energy healing through their hands to the recipients body (LaTorre, 2005). Self-treatment is the most important aspect of this first set of courses which usually will last for the first 21 days to balance the mind, body, and spirit (LaTorre, 2005). In 2001, Wardell and Engebretson provided indications that feelings of peace and safety within an individual enhance the connectedness and relation between the reiki practitioner and the patient (LaTorre, 2005). When a practitioner is able to grow from their self-healing treatments, they are able to explain the effects in more detail to the recipient, leading to a sense of trust (LaTorre, 2005). Forming this relationship is very important in regards to any healing therapy method.

Reiki has been used all over the world in various health care settings. In fact Reiki can be administered in any location at any given time. Complementary and alternative medicines, such as Reiki, have been implemented into the daily role for registered nurses at the bedside of patients in hospital settings (Coroneos-Shannon, 2015). A way to being implementing reiki and other healing touch practices in various health care settings is finding volunteers who are willing to offer their services at no additional cost to the patient (Pierce, 2007). The Windana Society located in Melbourne, Australia has been providing Reiki services for over 15 years to individuals receiving treatments suffering from alcohol and drug withdrawal (Stockham-Ronollo, et. al, 2012). In regards to chemotherapy, Reiki has provided less aversive treatments to patients with cancer and has also been able to give a form of companionship to the patients as the sessions continue (Orsak, et. al, 2015). Further research is suggested but Reiki is recommended as a form of companionship and a potential treatment for the alleviation of extensive side effects during chemotherapy (Orsak, et. al, 2015).

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Clinicians experiencing a state of burnout while providing human services either as a volunteer or as a profession is becoming more popular in the world today, and has not been adequately addressed (Rosada, et. al, 2015). This state of burnout can include a high level of exhaustion, mentally and physically, depersonalization, and a reduced rate of personal accomplishment (Rosada, et. al, 2015). Reiki, being a holistic biofield therapy, has been known to significantly reduce stress levels and was used to determine if 30 minutes of healing touch reduced the burnout rates in community mental health clinicians (Rosada, et. al, 2015). Sham reiki, a pseudo treatment to mirror traditional reiki was used and compared against the true effects of reiki therapy itself (Rosada, et. al, 2015).

Participants of the study were chosen from community mental health agencies in New England using a randomized trial to place them into either group 1 (hands on reiki treatments) or group 2 (hands on sham reiki) (Rosada, et. al, 2015). Those practitioners administering sham reiki pretended to perform actual reiki on the participants maintaining the same sense of balance and positive healing intentions throughout the session (Rosada, et. al, 2015). A crossover study was also implemented to assure that all participants received both reiki and the placebo form (Rosada, et. al, 2015).

Instruments of assessment included a Maslach Burnout Inventory-Human Services Survey (MBI-HHS) and a Measure Your Medical Outcome Profile Version 2 (MYMOP) as outcome measures to the experimental design (Rosada, et. al, 2015). The MBI scale uses a 7 point Likert scale to determine components of burnout such as emotional exhaustion, depersonalization, and reduced sense of personal accomplishment (Rosada, et. al, 2015). The MYMOP scale was an individualized self-report measure monitored two components or

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symptoms that mattered most to the participant and then a certain activity and overall well-being (Rosada, et. al, 2015).

Data was collected from the participants at four different times, before the treatment sessions began, after their first session, and both before and after the second session (Rosada, et. al, 2015). All 16 reiki practitioners used during the course of the study were of level two mastery or higher (Rosada, et. al, 2015). Sham reiki providers had no experience of reiki classes or any expertise in the area (Rosada, et. al, 2015). Results of the study showed that reiki was significantly more effective in reducing symptoms of burnout among mental health clinicians (Rosada, et. al, 2015). Significant reductions were shown in the areas of emotional exhaustion, depersonalization, and improvements in personal accomplishments which were all measured by the MBI (Rosada, et. al, 2015). Age was also a factor in the fact that younger participants had higher levels of improvements than older participants (Rosada, et. al, 2015). As a result, 30 minutes of reiki healing for a series of six weeks does reduce the rates of burnout in community health physicians in relation to placebo sham reiki (Rosada, et. al, 2015).

A limitation to studies regarding forms of energy healing promoting holistic benefits of relaxation and reducing exhaustion and burnout rates can be referred to as the Hawthorne effect (Rosada, et. al, 2015). This effect can include participants reporting to have felt an improvement of symptoms as the result of agreeing to participate in a study that has specific goals of accomplishing these types of issues (Rosada, et. al, 2015). Sort of like a placebo effect, if people think that the study is supposed to help them, in their mind they may report signs of improvement due to their prior knowledge of the purpose to the experiment (Rosada, et. al, 2015).

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Another study similar in its goals to reduce burnout rates was conducted in 2007 and looked at the effectiveness of reiki therapy as well as other holistic healing methods to promote health and the enhancement of problem solving abilities within registered nurses at a university based hospital (Raingruber, et. al, 2007). The nursing staff attended reiki sessions weekly for a total of six weeks and entered a relaxed state of mind on a massage table while listening to soothing music (Raingruber, et. al, 2007). The nurses were then asked to keep a self-care journal to record their experiences each week in regards to sensations and feelings they noticed during or following their session and to report changes that may have occurred in regards to their nursing practice (Raingruber, et. al, 2007). The participants recorded feelings of warmth, tingling sensations in their hands, and high levels of relaxation (Raingruber, et. al, 2007). An increased awareness of enhanced problem solving abilities and the ability to focus on patient needs was reported as well (Raingruber, et. al, 2007). Reiki also allowed the nurses to feel more present when tending to their patients (Raingruber, et. al, 2007). In 2003, a total of 24 hospitals and community based programs in the United States used Reiki in specific areas such as general medicine, surgery, cancer treatment, hospice, and palliative care (Ringdahl, 2014). Ten years later, in 2013, a total of 75 hospitals and medical care facilities integrated reiki programs as an offering to their services (Ringdahl, 2014).

Reiki healing, as stated above, has been known to help treat a variety of symptoms in all stages of life. Depression in adolescents is known to have high rates of prevalence and recurrence and on average 14-25% of individuals experience at least one depressive episode before they reach their adulthood (Charkhandeh, et. al, 2016). The most common intervention in treating depression known today is the prescription of antibiotics (Charkhandeh, et. al, 2016). Another study from 2016 looked at investigating effectiveness of cognitive behavioral therapy

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(CBT) in relation to reiki as a complementary medicine technique (Charkhandeh, et. al, 2016). 188 adolescent patients were randomly assigned to CBT, Reiki, or a wait-list and depression scores of all individuals were recorded before and after a 12 week intervention period (Charkhandeh, et. al, 2016). Both CBT and reiki healing were effective in reducing depression symptoms within the period of treatment, and CBT showed the highest effects (Charkhandeh, et. al, 2016).

The effects of reiki have also been researched in regard to post-cesarean delivery pains and anxiety levels that patients undergo within the first few days following delivery of their child (Midilli et. al, 2015). As well as most studies, a randomized clinical controlled trial was used on an obstetrical unit in Izmir, Turkey (Midilli et. al, 2015). 90 patients were randomly assigned to a reiki group or a control group and treatment was applied within the first 24 and 48 hours of delivery for a total of 30 minutes (Midilli et. al, 2015). In regards to anxiety levels, results showed a significant decrease within the postoperative patients (Midilli et. al, 2015). Reiki was also effective in relieving pain that was associated with cesarean births (Midilli et. al, 2015). Factors such as age, sex, and culture could be the cause of different effects in pain perception (Midilli et. al, 2015).

Pilot studies have also been conducted to measure the effects of Reiki on pain perception in patients that received total knee arthroplasty (TKA) (Byrne-Notte, et. al, 2016). Satisfaction levels were also measured in regards to hospital and reiki healing satisfaction (Byrne-Notte, et. al, 2016). 43 participants were all included within randomized trials to measure the efficacy of reiki healing after TKA surgery (Byrne-Notte, et. al, 2016). All participants reported a significantly reduced level of pain after receiving reiki healing and results prove that reiki may be an effective component in managing postoperative pain (Byrne-Notte, et. al, 2016).

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As the world is evolving, researchers, scientists, psychologists, and many other individuals are discovering various other realms of healing. A series of biofield therapies as well as complementary and alternative medicines are being used as forms of healing and treatments. In present day, biofield therapies remain controversial and further research is necessary to prove the efficacy of the various treatments (Jain, et. al, 2010). Reiki has been shown to contribute many healing properties to individuals leading to relaxation, decreased signs and symptoms of illness and disease, and an increase in overall life quality and individual well-being. Further research is necessary to look at the effects of reiki therapy and to relate it to specific outcomes in the existing research in the world today.

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