



## Reiki: A Supportive Therapy in Nursing Practice and Self-care for Nurses

Robin Gallob, MS, RN-C

### ■ Abstract

Reiki is a complementary, energy-based healing modality. It has ancient roots, but is uniquely suited to modern nursing practice. Reiki training offers a precise technique for tapping into healing energy, or *ki*, and transmitting it through touch. Reiki treatments are gently balancing and provide energy that supports the well-being of the recipient in a holistic and individualistic way. Relaxation, pain relief, physical healing, reduced emotional distress, and a deepened awareness of spiritual connection are among the benefits attributed to Reiki in anecdotes, case studies, and exploratory research, as summarized in this review of literature. Reiki is easily adaptable to nursing practice in a variety of settings, and can provide support for the practitioners of Reiki themselves, as well as benefiting those they treat with Reiki.

There is a growing interest in complementary and alternative therapies that are noninvasive, do not rely on expensive technology, and are holistic in focus. Reiki (pronounced *Ray-key*) is one such modality that has experienced tremendous growth over the past thirty years or so. Factors that have supported the rapid spread of Reiki include the simplicity of its application and its adaptability to many settings and situations.

Reiki was brought to the West by Hawayo Takata, a Hawaiian woman who herself received treatments in Japan. She taught practitioners, mostly in Hawaii and on the west coast of the United States, from 1938 until 1974. In 1974, she started to train other teachers of Reiki, known as Reiki Masters. By the time of her death in 1980, she had trained 22 Reiki Masters.

In the intervening years, these teachers and their students have trained countless practitioners and Reiki Masters, estimated to

be over a million (Rand, 1991). As Reiki has spread in popularity with the general public, it has also found its way to healthcare professionals and into medical institutions (Alandydy & Alandydy, 1999; Barnett & Chambers, 1996; Mills, 2001; Rand, 1997).

### Reiki as a treatment modality

Reiki is a Japanese concept that can be translated as "Universal Life Force Energy" and also refers to the specific technique for accessing that energy. *Ki* is the term used to describe the activating energy that carries life force — the creative and organizing energy that supports and sustains all living things, analogous to the Chinese concept of *chi* or the Yogic understanding of *prana*. All living beings are seen as partaking in *ki*, and *ki* flows throughout the body and the field surrounding it. (Barnett & Chambers, 1996; Nield-Anderson & Ameling, 2000).

The Reiki technique allows an individual to effortlessly tap into this healing energy, making it available through touch. Reiki energy is perceived as flowing from the practitioner's hands as a passive transfer. The recipient receives or "draws in" the Reiki energy, which is believed to support the innate healing functions of the individual. According to Barnett and Chambers (1996, p. 22), "the vital energy recharges, realigns, and rebalances ... bringing harmony and wholeness to all the recipient's systems."

Although it happens outside of conscious intent and awareness, the "taking in" of the energy is actively directed by the client's own system and energy needs. Unlike other energy healing modalities, Reiki is not dependent on the practitioner's ability to sense disruptions in the energy field or to diagnose energy patterns, and there is no need to direct or manipulate the energy in any way (Nield-Anderson & Ameling, 2000).

■ **Robin Gallob** is a pediatric nurse practitioner in Rochester, NY and is on the adjunct faculty of the University of Rochester School of Nursing. She is a Reiki Master Teacher and the director of the Loving Touch Center of East Rochester, NY, a school for teaching Reiki, and is on the board of directors of the Loving Touch Center International School of Reiki, located in Callaway, VA.

Similarly, practitioners do not have to be concerned with how much energy they are providing; only as much as is needed will be accepted by the recipient (Barnett & Chambers, 1996). One cannot "overdose" with Reiki. When Reiki practitioners are doing a Reiki treatment, they are not using their own personal energy to do the work of the treatment; rather, they are linked with a source of healing energy outside themselves. As a result, they do not have to guard against depletion of their personal *ki*, and do not have to take action to replenish themselves after working. Doing a Reiki session seems to benefit the practitioner as well as the client. Since the Reiki energy is flowing through practitioners during treatments, they also experience Reiki's balancing effects (Barnett & Chambers, 1996).

Reiki is described as holistic in action. Frequently, physical symptoms bring people to explore Reiki (Barnett & Chambers, 1996). They also may sense that treatment options available through the allopathic medical model are not addressing their needs or may have an interest in self-help modalities (Mansour, Laing, Leis, Nurse, & Denilkewick, 1998).

Reiki treatments are also reported to assist people dealing with emotional distress, such as depression or anxiety (Barnett & Chambers, 1996; Engebretson & Wardell, 2002; Mansour et al., 1998) and clients may notice shifts in mental attitudes or the ability to make desired changes in behavior following treatments. Although Reiki is not "faith-based" and is not claimed by any particular religious tradition, Reiki practitioners and clients may also experience a deepening of their own sense of spiritual connection (Mansour et al., 1998).

During a typical Reiki session, the fully clothed client lies supine on a massage table. After connecting with the Reiki energy, the practitioner lightly touches the client, following a sequence of hand positions that cover the front of the body. The client then rolls to a prone position, and the back of the body is treated. Each hand position is maintained for several minutes. A full treatment lasts 1 to 1-1/2 hours.

Hand positions are static; there is no manipulation of tissues or movement other than changing to another position (Barnett & Chambers, 1996; Olson & Hanson, 1997; Rowland, 1998). Hand positions vary from practitioner to practitioner, based on their training and the specific needs of the client. For example, if a person is not comfortable in the prone position, the hand positions for the back can be adapted to a side-lying position. A client presenting with a sprained ankle would most likely receive (and expect) direct treatment to that site, even if that particular position was not part of the standard routine of the Reiki practitioner. Reiki is adaptable, and can easily be practiced with a client in a chair or hospital bed.

When a full treatment is not practical, a few hand positions may be selected for a spot treatment, e.g., to address a headache or a bruised knee. If it is inconvenient to apply the standard positions due to the presence of medical equipment, patient positioning, or transport conditions, Reiki can be done while holding a hand and sitting at the

bedside or by laying a hand anywhere that can be comfortably reached by the practitioner (Barnett & Chambers, 1996). A Reiki treatment can also be given with the practitioner's hands a few inches from the surface of the body, as direct touch is not required for the transfer of energy to occur. Burns, abrasions, and paresthesias therefore are not contraindications to the application of Reiki. Reiki is believed to pass through clothing, dressings, or casting materials without loss of efficacy.

### Reiki as experienced by practitioner and client

During a session, many practitioners are aware of the flow of the Reiki energy, although this sensitivity is not required for effectively transmitting Reiki. They may sense a rise and fall of the energy "draw." They may notice a difference in the energetic activity at different hand positions and adjust the duration of a given hand position accordingly.

Practitioners often report a sense of warmth, tingling, or pulsation in their hands during a treatment session. (Barnett & Chambers, 1996; Rowland, 1998).

Similarly, the person receiving a Reiki treatment may report heat or cold, waves of energy, tingling, heaviness, or floating sensations. Profound relaxation and time distortion are common experiences, as are emotional responses such as peace or bliss (Barnett & Chambers, 1996; Bullock, 1997; Engebretson & Wardell, 2002; Mansour et al., 1998). The effects of a Reiki treatment may be appreciated immediately or may only become apparent after the session, as recipients notice changes in their daily lives. This example is derived from the author's client files:

"Betty" was a middle-aged, retired counselor who came for a Reiki session. Her main goal was stress reduction, as she was experiencing conflict with her teen-aged daughter and was in a demanding training program for a new professional career. Throughout the first session, she was especially restless, itchy and fidgety, and it seemed that her expectations had not been met (it is far more common for clients to drift off to sleep). A few weeks later, to my surprise, she called to schedule a series of sessions. In the interim, she had noticed that she was less reactive when her daughter was provocative, and that it was easier to decide upon appropriate actions when dealing with her. She had also noticed that her sessions with a psychotherapist were more productive, as she seemed to have more insight and clarity.

### Reiki training

First-level Reiki classes typically include content on the history of Reiki, applications of Reiki, ethical considerations, and instruction and practice of the hand positions used in direct treatments for one's self and for others. Second-level classes include several advanced techniques for focusing the energy in specific ways, e.g., directing it toward emotional issues or mental attitudes. First- and second-level classes are usually 1 to 2 days in length.

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Level Three or Reiki Master training involves further exploration of Reiki through treatment sessions for one's self, for others, and for self-reflection. Attainment of this level is required for a teaching Reiki to others. Level Three has traditionally been an apprenticeship program, with the candidate working closely with a Reiki Master over the space of a year or more, although shorter, non-traditional programs are offered by some teachers.

Reiki is unique among energy healing and other manual therapies in that it is not "learned" or "taught" in the usual sense of the words. Information about Reiki, such as its history and a sequence of hand positions, can be taught in class or learned from a book. The actual ability to connect with the Reiki energy cannot be obtained in this way, but is rather imparted by the Reiki Master through a ritual called the attunement process (Barnett & Chambers, 1996; Rowland, 1998). This is an energetic initiation, which is believed to align and open the pathways in the body that carry healing energy.

The ability to tap into Reiki energy and transmit it through touch is thus passively acquired by the student as a direct result of the attunement ritual. Reiki energy is immediately available to the student after the attunement process is completed, and a new student is able to offer effective Reiki treatments without a lengthy learning curve. The process to establish the connection with Reiki energy and start the flow of energy may be as simple as making physical contact with intention to transfer healing energy, or as Rowland (1998, p. 35) describes, "Hands on, Reiki on." The practitioner may also use a personal routine for centering and invoking the flow of the Reiki energy. Following the completed attunement process, the new practitioner has a permanent connection to Reiki energy and is able to access it at any time.

### **Benefits of Reiki for practitioners**

Reiki is also unique among hands-on therapeutic modalities in its effectiveness in

providing care to the caretaker. Many in the healthcare professions struggle with balancing personal needs with the demands of the workplace and may find it difficult to schedule time for personally restorative practices. Reiki is not only a technique that a practitioner can offer to a client, but is also a way for practitioners to take care of themselves.

Hand positions for self-treatments are taught in basic Reiki training and students are encouraged to give themselves regular treatments. Practitioners experience the same benefits from a self treatment as do their clients: relaxation, a sense of being cared for, pain reduction, and an increased ability to cope with life's challenges (Barnett & Chambers, 1996; Rowland, 1998).

A complete sequence of hand positions for self-treatment may take 20 to 30 minutes to complete. Full, conscious attention to the process is not necessary, however. A practitioner can connect with the energy, put a hand somewhere on his or her body, and allow the Reiki to flow while occupied with other things such as reading, listening to morning report, or participating in a staff meeting. Practitioners often find that this practice helps them to be calm and focused in a stress-filled environment or gives them a needed energetic boost.

### **Nursing applications**

Reiki is adaptable to a wide variety of settings. The flow of the Reiki energy is triggered by the practitioner's intention and contact with the recipient. It does not require preparation by the practitioner (other than training) or obvious hand movements. The practitioner can allow Reiki to flow through the hands while doing other things, such as range of motion exercises or helping with activities of daily living. Reiki can therefore be integrated with standard nursing care or offered as a stand-alone treatment in any situation where relaxation, pain relief, or enhanced healing would be desired.

Following are examples of Reiki used in healthcare settings:

A woman in her late twenties, diagnosed with AIDS and AIDS-related diarrhea, was admitted to hospice with a Stage 2 decubitus ulcer of about 2.5 cm, for which she was receiving standard care. One of the nurses who worked with her is an advanced Reiki practitioner. While doing dressing changes three or four times a week, she also gave a 5- to 10-minute Reiki treatment, with the intention of providing pain relief during the procedure. Unexpectedly, given the frail physical condition of the patient, the ulcer healed completely over the course of about a month. (M. Angerame, personal communication, June 9, 2003)

Bullock (1997) presents a detailed case history of a home hospice client with an aggressive cancer with unknown primary site, deep venous thromboses, and pain, who received regular Reiki sessions as part of his visiting nurse service and palliative care. Pain relief, decreased edema, improved ambulation, and an enhanced sense of well-being followed the Reiki treatments.

Silva (2002) is a gerontologist and administrator of an Assisted Living Facility for patients with Alzheimer's disease. She describes her use of Reiki with two of the residents. She reports that Reiki was helpful in reducing agitation, pacing, wandering, and paranoia and that mealtimes and physical care became easier for the staff as a result.

At Columbia/HCA Portsmouth Regional Hospital in Portsmouth, N.H., a 15-minute Reiki treatment was offered pre-operatively to surgical patients, with over 800 patients choosing to participate in 1998. Although no formal data collection was done, there was the perception that patients benefited from the treatments, with less pain medication required, shorter length of stay, and improved patient satisfaction (Alandydy, P. & Alandydy, K., 1999).

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## Research on Reiki

Therapeutic Touch and Healing Touch are energy-based healing modalities that were developed by nurses, taught as continuing education courses for nurses, and are the subject of many research studies. In contrast, Reiki has been embraced by practitioners from all walks of life, mostly outside of the mainstream healthcare system. As a result, systematic evaluation of Reiki from a scientific perspective is just starting to emerge.

There are abundant anecdotal reports of benefits from Reiki treatments, and many practitioners have "Reiki stories" of major changes in health status attributed to Reiki. The interested reader is directed to Barnett and Chambers' (1996) book, *Reiki Energy Medicine: Bringing Healing Energy to Home, Hospital, and Hospice*, which contains a collection of well-presented examples that support their presentation of the nature of Reiki and its application in a wide variety of settings. Mills (2001), a veterinarian and M.D. specializing in obstetrics and gynecology, shares the story of her discovery of Reiki and her experience with applying it in her professional practice.

Several pilot and preliminary investigations into the effects of Reiki treatments have been completed (Engebretson & Wardell, 2002; Mansour et al., 1998; Olson and Hanson, 1997; Wardell & Engebretson, 2001). Two studies were primarily descriptive, with the intention of characterizing the experience of Reiki treatments and identifying directions for further research. Another examined the effects of a Reiki treatment on chronic pain. All used a convenience sample, with no control or placebo arm.

Engebretson and Wardell (2002) interviewed healthy volunteers after they experienced a single Reiki Touch session, consisting of two hand positions held for 15 minutes each. Participants frequently reported alterations in their internal experience of time, body awareness and sensations, cognition, and emotional states. The pattern that emerged from the interviews was paradoxical, as

participants reported opposites such as weightlessness vs. heaviness and relaxation vs. high arousal, with some participants reporting both extremes simultaneously. This variability of experience supports the belief that Reiki promotes a state of balanced well-being, with individual responses reflecting the homeostatic needs of the individual at that time. The authors suggested that research designs must be complex enough to capture these paradoxical or self-regulating effects.

Mansour et al. (1998) investigated Reiki by taking a phenomenological approach. A Reiki Master, three of her clients, and a Reiki practitioner participated in lengthy in-depth interviews (totaling approximately 5 to 10 hours for each participant). Four of the interviewees had received between 15 and 50 Reiki sessions and their experiences are summarized here.

The four participants experienced major psychological or physical changes, or both, which they attributed to Reiki. One reported improved sleep patterns, and normalization of low blood pressure and hypothyroidism. Another experienced resolution of endometriosis and chronic abdominal pain. Improved social relationships and decreased emotional distress were experienced by all four women, two of whom had reported suicidal feelings prior to Reiki. Two identified major healing in the realm of their spirituality. The researchers concluded that these findings support the holistic nature of Reiki, and that benefits may be cumulative with repeated treatments.

Wardell and Engebretson (2001), in an arm of the descriptive study summarized above, measured physiological parameters relating to relaxation during a single, 30-minute Reiki Touch treatment. State anxiety was significantly reduced, as was systolic blood pressure. Other physiological measurements were in the direction of relaxation, but were not statistically significant.

Olson and Hanson (1997) did a pilot study on the effectiveness of Reiki in pain management. Twenty volunteers who had

persistent pain of at least moderate intensity received one Reiki treatment for about 1-1/4 hours. They rated their pain on a visual analog scale (0-10 points) and on a Likert scale (0-5 points) before and after the treatment. All participants reported a reduction on at least one of the pain rating instruments. The mean decrease in pain scores, 2.25 points on the visual analog scale and 1.25 points on the Likert scale, was significant ( $p < .0001$ ) for each test.

Clearly, research into the nature and practical benefits of Reiki is still in the exploratory phases. A rich body of anecdotal evidence from credible sources suggests the range of possible benefits for practitioner and recipient. There are methodological challenges inherent in the design of clinical trials to examine Reiki, including randomization and controlling for placebo effect and standardization of treatment (Nield-Anderson & Ameling, 2000), assessing the cumulative effects of repeated treatments (Mansour et al., 1998), and capturing the variability of effects that a holistic and balancing therapy may produce (Engebretson & Wardell, 2002; Mansour et al., 1998). It is hoped that further research will build upon the wealth of anecdotal reports using study designs that can address the holistic nature of Reiki's effects.

## Summary

Reiki is an accessible, simple-to-use complementary healing modality that can easily be integrated with standard nursing care in a variety of settings, from labor and delivery to hospice. Published anecdotes and preliminary studies suggest that Reiki can assist with pain relief, enhance healing, foster relaxation, alleviate emotional distress, and promote wellness in a holistic way. Reiki also offers benefits to the practitioner in the form of a powerful method for self-care that can be integrated into daily routines. Reiki is a "low-tech, high-touch" modality that can gently bring balance and ease to our personal and professional lives and to those we touch.

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