

## **Reiki**

### Background/Definition

Even though many varying schools of Reiki exist, they all ascribe to the idea that Reiki healing involves a transfer of a universal energy or life force mediated by one sentient being to another (Glesner, 2002). This ancient Tibetan practice (VanderVaart, Gijzen, de Wildt, & Koren, 2009; Vitale, 2007), reintroduced by Mikao Usui in the 20th century and first expanded to the Western World by Hawayo Takata by the 1970s (Glesner, 2002), is currently classified by The National Center for Complementary and Alternative Medicine as an energy medicine, and explicitly as a biofield therapy (Lee, Pittler, & Ernst, 2008).

The energy received from an unknown source, or often mentioned as being received from the universe (Lee, et al., 2008; Anderson & Wolk-Weiss, 2008), is channeled through the hands of a practitioner who holds his or her hands over specific points throughout a person's body aiming to facilitate a self-recovery response (NCCAM, 2012). However, Reiki may be also practiced from a distance without the need to be physically present by a patient's side (VanderVaart, et al., 2009; Vitale, 2007). It is a non-invasive and non-pharmacological practice (Burden, Herron-Marx, & Clifford, 2005) used to either prevent or cure imbalances of the body (Gleisner, 2002).

### Theory

An energy form that is infinite and omnipresent, sometimes called qi (or chi or prana) is "organized into energy systems and fields that are penetrable and interactive with each other, within individuals and between individuals and the environment, which allows universal energy to be received and exchanged" (Anderson, et al., 2008). The Reiki master or practitioner channels this energy which helps activate and enhance the natural healing abilities of a patient. The power being channeled through the practitioner may also be transferred to a plant or an animal as well.

The universal energy provides equilibrium between the body and the mind acting as a whole system healing method (VanderVaart, et al., 2009). According to the NCCAM (2012), there is no evidence that this kind of energy exists; the research on Reiki has primarily focused not on proving the existence of this force but on the effects it has on specific symptoms and on the well-being of the patient.

Illness refers to a blockage in the patient's energy field, which is then rebalanced by this greater healing force which consequently improves the health of the patient's physical body (VanderVaart, et al., 2009). Practitioners are trained to be open to the universal availability of this energy so no conscious effort is needed for the practitioner to activate Reiki's healing powers; which he or she merely channels (Gleisner, 2002). The healing therefore is not attributed to the practitioner or Reiki master. Overall, the basic statement from healers is that Reiki facilitates the self-healing process of the patient (Lee, et al., 2008).

No previous physiologic/anatomic knowledge is necessary; a previous knowledge of a massage technique or any manipulation technique is also not required to be able to practice Reiki on others or on oneself. Its simplicity contributes to its wide use as part of any holistic therapy although it can also be used as a singular therapy as well (Gleisner, 2002).

## Procedure

Until recently Reiki was only taught orally, without any textbook for the practitioner's personal guidance or review (Gleisner, 2002). Likewise, an overall standard for training or practice has not been established (Gonzalez & Lardry, 2011), leaving room for major variations in the original method and making it difficult for researchers to generalize any conclusions based on one of the Reiki forms being currently practiced. In fact, the NCCAM (2012) posits that there is no licensing, professional standard or any formal regulation on this practice that establishes the homogeneity of the practice of Reiki worldwide. The lack of extensively shared credentialing standards could undermine the clarity and generalizability of research data.

There are several organizations that have established various teaching protocols for three basic levels of training headed by a Master who has achieved all the training requirements: The American Reiki Masters Association (ARMA), The Reiki Alliance (based on the Usui System of Natural Healing), and The Center of Reiki Training (Gleisner, 2002). The Reiki Alliance is the largest organization of Reiki practitioners and is run by Takata's granddaughter (Anderson & Wolk-Weiss, 2008).

The original Usui Reiki System involves "(a) 12 hand positions (to start with), (b) hand positions to cover the main 7 Chakras of the head and trunk, and (c) use of a relative head-to-toe approach" (Vitale, 2007). According to Gleisner, there is only one main method to apply Reiki on the patient's body through a prescribed set of hand positions that touch different parts of the patient's body (2002). It is noteworthy to clarify that not all Reiki schools allow that the client's body is touched by the practitioner's hand (Gleisner, 2002). Distant healing is another style of Reiki procedure (Vitale, 2007). The client, either way, is fully clothed and may be standing, sitting or reclined in a horizontal position.

The hands of the practitioner remain at least five minutes in each prescribed position, and may also be adjusted by the practitioner's inner feeling of the flow of energy at the specific position. The practitioner begins a session sitting at the head of a bed or massage table and, starting with the prescribed positions for the head, gently moves down the body (from head to toe), returning afterwards to the site of tension, pain or distress that the patient complained of in the first place.

In a typical Reiki session a practitioner may apply 10 to 20 different hand positions, and more advanced practitioners tend to alter the order or the positions based on the patient's needs and their intuitive feeling of energy flow in the patient's body (Anderson & Wolk-Weiss, 2008). A Reiki session usually lasts between one hour and one hour and a half.

Traditionally, there have been three levels or degrees in the Usui System of Natural Healing that a practitioner completes during training to become a Reiki Master. No prerequisites are needed to start, just a desire to learn and a commitment to use Reiki in a regular form (Gleisner, 2002). In fact, everyone has the capacity to access Reiki energy, but as Anderson & Wolk-Weiss (2008) note, a history of emotional, physical or mental difficulties may prevent a connection with it.

In fact, "each level [of Reiki] includes a series of attunements or initiations intended to open and enhance the channels of Reiki energy within the practitioner" (Anderson & Wolk-Weiss, 2008). An interesting and tangible comparison between a new practitioner and a Reiki Master may be seen in the number of changes of Extra-Low Frequency (ELF) Magnetic Fields (VanderVaart, et

al., 2009). These data are still preliminary, but point towards a potential field of study examining the effects of Reiki in the lives of practitioners and as an active part of healing others. A Reiki Master not only reaches a specific level of training in Reiki energy healing but is also intensively committed to educate others in this area, being the vehicle through which a new practitioner is initiated in the use and channeling of the Reiki energy (Anderson & Wolk-Weiss, 2008).

## Review

Limited systematic reviews exist in the field of Reiki efficacy research. Several researchers have stated that the present evidence in this field lacks concrete support to prove its efficacy (Chu, 2004; Burden, Herron-Marx, & Clifford, 2005; Vitale, 2007; Lee, et al., 2008; VanderVaart, et al., 2009; Gonzalez & Lardry, 2011). The existing evidence is not only inconclusive but also a product of the limited research that's been done in this area (NCCAM, 2012). Due to the inadequacy of studies to date, Gonzalez & Lardry (2011) claim that it should not be considered a therapy in itself.

Apart from the few systematic reviews found in this field, there is a lack of high-quality research (VanderVaart, et al., 2009; NCCAM, 2012). Some of the methodological issues found in these studies concern appropriate reporting. Inadequate clarification in sections such as methods (randomization, concealment and blinding), results (i.e. recruitment dates) and the discussion section (certain items not clearly reported) demonstrate the poor quality of the studies examined in one systematic review (VanderVaart, et al., 2009).

Other methodological issues include inadequate realization of randomized control trial studies, failure to mention the practitioner's level of experience, and insufficient rationale for establishing certain treatment duration (Lee, et al., 2008; VanderVaart, et al., 2009).

The generalizability of Reiki research also remains difficult because of the variability of teaching methods found in different Reiki organizations; this makes constructing a protocol for Reiki hand positions varied from one study to another (Vitale, 2007). This inconsistency makes it difficult to make comparisons between studies and arrive to feasible conclusions. Proper randomization, control, blinding, and concealment are the basic features necessary to help determine whether healing assertions indicate more than a placebo response (VanderVaart, et al., 2009).

A placebo Reiki healing would involve mimicking the hand positions of a normal therapy session performed by a non-Reiki practitioner (Vitale, 2007). The placebo procedure should remain identical to the practitioner's procedure in every other aspect. However, it is difficult to know if this kind of placebo involves no energy channeling whatsoever (Vitale, 2007). The current evidence suggests that the effectiveness of the actual Reiki treatment has not been confirmed over the placebo effect (VanderVaart, et al., 2009), undermining the proper distinction between those two potential causal factors.

Certain biological correlates have been found when Reiki is being applied to a patient, however, due to methodological flaws; the validity of these discoveries is limited. After Reiki sessions, significant changes have been measured in patient heart rate, hemoglobin and hematocrit levels as well as in diastolic blood pressure (Wetzel, 1989; Vitale, 2007; Mackay, Hansen, & McFarlane, 2004). Nonetheless, the energetic influence on these biological processes may also

be partly explained by the body's reaction to the practitioner's constant touch of the patient's body during the session (at least in the Usui System), which is a gentle and appropriate contact between both of them (Gleisner, 2002).

Although the empirical results on the causal effects of Reiki remain inconclusive, some research data offer insight on where to possibly conduct further studies. Positive outcomes have been demonstrated in the reduction of stress symptoms such as blood pressure, STAI questionnaire results (Wardell & Engebretson, 2001) as well as wound healing (Vitale, 2007). The effectiveness in treating pain conditions is inconclusive (Lee, et al., 2008), but certain studies, for example with cancer patients or dental extraction procedures, have yielded positive results (Vitale, 2007).

Several suggestions from studies already published may guide further research in the field. Firstly, some authors suggest recruiting practitioners with a higher level of training or experience to potentially enhance Reiki's effectiveness and to provide a clearer contrast with the control and placebo groups (Chu, 2004; Lee, et al., 2008; VanderVaart, et al., 2009). Secondly, as a wide variety of Reiki forms exist, it is necessary to include a clear description of the Reiki healing technique being used in a certain study so that other researchers attempting to replicate the study can do so appropriately (Lee, et al., 2008). Finally, some researchers point out that due to the specific features of biofield therapies such as Reiki, the use of randomized control trials or traditional scientific analyses may not be appropriate by themselves to study this particular field, and point to a mixed method approach as an alternative (Vitale, 2007; VanderVaart, et al., 2009).

### Studies

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