

Johrei

Background/Definition

The *Gale Encyclopedia of Mental Health* (2012) defines Johrei (pronounced Jo-ray) as a form of energy therapy in which a practitioner's channeling of spiritual energy raises the spiritual vibrations of patients, healing them of accumulated toxins in their physical bodies. Johrei can also be practiced as part of daily family routines for good health and well-being, with each individual taking turns as practitioner and recipient (Clarke, 2000).

Laidlaw and Naito, et al. (2006) describe Johrei as a Japanese non-touch, laying-on-of-hands healing method in which subtle energies are channeled from one person to another. Taft and Nieto, et al. (2003) add that the process of "channeling divine light" to a patient induces "spiritual purification." 'Joh' is often translated to mean 'purify' and 'Rei' as 'soul,' 'spirit' or 'ghost' (Hall, Luu, et al., 2007). Clarke (2000) identifies Johrei as a type of subtle energy medicine under the complementary medicine rubric.

Johrei healing has its foundations in the Church of World Messianity (or Sekai Kyusei Kyo, and also known as the Johrei Fellowship), a religious group founded in the early to mid 20th century in Japan by Mokichi Okada. Prior to founding the religion, Okada experienced what he called divine transmissions, coming to understand himself as a channel for the "Light of God." He subsequently developed techniques through which he and others could transmit spiritual energy, or Light of God, to others with the purpose of catalyzing spiritual cleansing.

Okada viewed the church's mission as accelerating the realization of paradise on earth, which would be brought about by the "giving of Johrei," as well as commitment to shizen noho, a type of natural, holistic agriculture. With this aim in mind, as part of the church worship activities and at other times during the week, those trained in the giving of Johrei gather to purify recipients and each other (Encyclopedia of Religious Phenomena, 2007).

After World War II, some church members immigrated to the United States and in 1953 incorporated the first foreign Johrei church which was located Honolulu, Hawaii. This was succeeded by another center the following year in Los Angeles, California (Encyclopedia of American Religions, 2003).

Two decades later, several leaders of the Church of World Messianity felt the teachings of Mokichi Okada were not being followed appropriately and broke from the church to later form their own organization (in 1971) called the Society of Johrei. With centers and followers in Korea and Brazil, they also opened a U.S. office in the 1980s where they publicized Okada's teachings by distributing edited volumes of his works (Melton's Encyclopedia of American Religions, 2009).

Part of the history of Johrei includes case reports (maintained at the National Archives in Washington, D.C.) that document Johrei treatment and recovery of individuals exposed to ionizing radiation from the atomic bomb in Hiroshima and Nagasaki (Hall, Luu, et al., 2007).

Theory

Practitioners of Johrei healing attempt to improve the health of others through a process of "spiritual purification" brought about by channeling and directing a universal healing energy (Taft, Moore, Yount, 2005). The process utilizes the body's innate capacity to heal itself physically and mentally, which is catalyzed by the energy channeling directed by a separate individual.

One's state of health or illness is a reflection of one's spiritual condition, thus Johrei therapy aims to achieve overall well-being by removing spiritual negativity, or the accumulation of impurities (Brooks, Schwartz, et al., 2006). Another aim of a Johrei healing session is to give enhanced spiritual awareness to the receiving individual, and therefore an improved ability to cope on a psychological level with an illness (Bennett, Laidlaw, et al., 2006). In addition, Johrei healing is thought to remove bad karma (Encyclopedia of Religious Phenomena, 2007).

Hall, Luu, et al. (2007) identify three principles that form a foundation and framework for Johrei philosophy and the healing practice within it. First, a form of divine energy exists and can be utilized to heal. Second, cultivating an appreciation for beauty and art brings about fulfillment in one's life. And third, natural farming is essential for the holistic growth of our physical body and divine energy.

The second and third principles pertain more to the lived experience of Johrei adherents, although in one Johrei healing study the experimenters also taught participants the importance of beauty and art, natural farming practices and proper food consumption within the Johrei tradition (Laidlaw, Bennett, et al., 2005). In another study, participants were trained to administer Johrei (including self-administering the healing) with part of this training process including the teaching and integration of Johrei philosophy, including a recognition and

integration of harmony and balance, aesthetics and appreciation of the natural environment (Bennett, Laidlaw, et al., 2006).

Canter and Brown (2006) note that anyone can learn to practice Johrei healing and that ultimately it is seen as a mutually beneficial process, where both the giver and receiver experience healing benefits.

Procedure

In a typical Johrei session, the “giver” will visualize a universal healing light originating from an imaginary source. Then the giver raises his or her hand and transmits, or channels, this energy to the recipient (Bennett, Laidlaw, et al., 2006). It is believed that this healing light or energy moves from and out of the palm (which is usually less than a foot away from the receiver) and into the recipient; the healer also has the sensation of experiencing this light. This is done in silence but can also be performed with prayers and chanting. Often, the individual channeling the divine energy wears a symbol called an ohikari around the neck (Encyclopedia of Religious Phenomena, 2007).

The healing process is non-touch, and the receiver simply sits quietly while the practitioner directs the palm of one hand towards the head and torso of the receiver. Roles giving and receiving can be interchanged as long as both have training in Johrei healing. Some argue that benefits occur for both participants, whether one participates as the practitioner or the recipient (Laidlaw, Naito, et al., 2006).

Review

There are a very limited number of studies which test the efficacy of Johrei healing; those that have been done can be preliminarily divided into 1) studies which examine Johrei healing using humans or other animals as test subjects and 2) studies investigating the effect of Johrei healing on various types of cell cultures.

Within the first group, the effect of Johrei healing has been investigated for both its physiological and psychological outcomes in areas such as: coping with cancer (Bennett, Laidlaw, et al., 2006), substance abuse recovery (Brooks, Schwartz, et al., 2006), sleep-promotion (Buzzetti, Hinojosa-Kurtzberg, et al., 2013), eczema (Canter, Brown, et al, 2006), functional chest pain (Gasiorowska, Navarro-Rodriguez, et al., 2009), mood (Laidlaw, Naito, et al, 2003), stress (Laidlaw, Naito, et al, 2006; Laidlaw, Bennett, et al., 2005; Naito, Laidlaw, et al., 2003), and measures of overall well-being (Reece, Schwartz, et al., 2005). One study also

examined potential changes in biological markers of stress found in the body (Naito, Laidlaw, et al., 2003).

Of the eleven studies in this review that used human subjects most reported positive findings to various degrees, although most authors also acknowledged the exploratory, pilot nature of the research and called for future studies with tighter and more comprehensive experimental protocols.

For example, Bennett, Laidlaw, et al. (2006), in their study involving Johrei as a possible psychological intervention for women with returning metastatic breast cancer, reported improved coping outcomes amongst participants. Recognized limitations of this study included a very small sample size as well as a highly selective sample. Also, the process of learning and using a non-pharmaceutical intervention was identified as a possible factor in enhancing coping and general quality of life amongst participants. This speaks to the difficulty of isolating the specific effects Johrei treatment and measuring outcomes amongst a human sample.

Another issue noted in some studies was the difficulty in recruitment and retention. In their study investigating Johrei and biological markers of stress, Naito, Laidlaw, et al. (2003) noted a participation drop-off in students from one exam period to another either in diary completion (which was supposed to help monitor whether students were practicing interventions as instructed) or reporting for the research tests, or both.

Canter, Brown, et al. (2006) also experienced retention difficulties as only 4 of the 17 families which consented to participate completed the 12 month trial. The authors highlight the difficulty in maintaining retention for lengthy interventions that rely partly on the self-motivation and self-training of the subjects. They also add that such weak retention rates could also compromise the randomization process. Because of this, a feasible (and more standardized) research protocol would involve recruiting established practitioners to perform healing as opposed to training inexperienced subjects. This may help make prospective involvement more attractive to potential participants.

Another limitation for Johrei research, also specifically raised by Canter, Brown, et al. (2006), involves the recruitment process itself. The authors expressed how difficult it was to recruit British families to participate in Johrei training and healing because of the embedded skepticism that often surrounds such a topic in that culture. They remark that in any Johrei study, if recruitment efforts require long periods of time and a lot of digging to find willing participants, the resulting sample is often a highly selected group, biased favorably to the process from the outset. Expectation and placebo response could play a large role in

confounding data which is supposed to represent the specific efficacy of Johrei healing. Such a sample would make the generalizability of any results questionable at best.

Other studies also identified the need to control for nonspecific treatment factors such as belief. For example, Gasiorowska, Navarro-Rodriguez, et al. (2009) recognize that their study did not control for the possible influence of therapist-patient relationship, therapist technique or patient expectations. Future sham-controlled trials and evaluative measures of expectation are offered as areas of future methodological improvement.

Reece, Schwartz, et al. (2005) examined outcomes for givers as well as receivers and reported “robust” effects on Johrei healing for overall well-being, however they also caution that given that the subject sample included givers and receivers and no controls, generalizing the findings remains difficult. They suggest using subjects blind to the healing in future studies and also sham treatment controls.

One study in this review did control for expectation. Laidlaw, Naito, et al. (2006) reported reduced negative mood and increased positive mood states in response to a laboratory stressor when participants experienced the Johrei condition as compared to the control condition; in both cases they were unaware when they were or were not receiving healing. The authors also note that these participants (medical students) were not emotionally predisposed to Johrei healing in any favorable way.

Apart from studies using human subjects, the range of Johrei healing tests on cell cultures include: cancer cells (Abe, Ichinomiya, et al., 2012; Taft, Moore, Yount, 2005), radiation healing (Hall, Luu, et al, 2007), brain cells (Radin, Taft, Yount, 2004), brain tumor cells (Taft, Nieto, et al., 2003). One study also measured the potential influence of Johrei on the crystallization of sucrose crystals (Teixeira, Rocha, Neto, 2010).

Two studies reported overall results suggesting a measurable Johrei healing effect (Abe, Ichinomiya, et al., 2012; Teixeira, Rocha, Neto, 2010) and three did not find an effect (Hall, Luu, et al, 2007; Taft, Moore, Yount, 2005; Taft, Nieto, et al., 2003). Radin, Taft and Yount (2004) reported mixed results, identifying no overall difference in cell growth between control and treatment cells, although a significant space-conditioning effect was observed (intentional healing effects progressively increased during the experimental period of three days). The authors indicate this may suggest that repeated healing “doses” and the intentional “conditioning” of healing space could have a measurable effect on brain cell growth while an initial single “dose” may be relatively insufficient to effect cell growth to a significant degree.

Hall, Luu, et al. (2007) suggest that one limitation to these cell-focused studies may be the possibility that modeling Johrei healing in such a way removes signaling mechanisms inherent to the intact human body system. Taft, Nieto, et al. (2003) also highlight the difference in healing an intact living system like the human body, remarking that this interconnected biological network is often profoundly affected on an immunological level by behavioral and mental patterns, and overall psychological state. They suggest focusing on future experimental healing models which use human or animal subjects and can better test the immune response of an integrated living system.

In summary, the literature on Johrei healing reveals more about the current limitations and difficulties in subtle energy research methodology than establishes definitive efficacy of the healing. Both methods of Johrei healing research, using cell cultures or using test subjects, present a number of methodological difficulties. While cell testing can provide stricter experimental conditions, it may be important, even necessary to test Johrei on living systems to account for the function of an intricately connected immune network and subsequent immune response. At this point, such a perspective remains speculation.

Experimental protocol using humans or animals also presents a number of obstacles to collecting sound experimental data. These include but are not limited to: recruitment and retention of participants, small sample sizes, limited intervention and follow up periods, highly selected samples, confounding environmental variables, and the role of expectation/belief. Sham healing control groups, biological measures, and various levels of blind protocols offer areas of methodological improvement for future research using test subjects.

As mentioned, most studies to date have been pilot studies ultimately exploring experimental feasibility, possible efficacy, and potential avenues for future research. Many authors whose research was examined in this review emphasized that the data suggests a healing effect, and subsequently call for continued study to isolate whether Johrei healing using subtle energy is or isn't a causal factor in the immune response.

References

Abe, K., Ichinomiya, R., Kanai, T., & Yamamoto, K. (2012). Effect of a Japanese Energy Healing Method Known as Johrei on Viability and Proliferation of Cultured Cancer Cells In Vitro. *The Journal of Alternative and Complementary Medicine*, 18(3), 221-228.

- Bennett, B. M., Laidlaw, T. M., Dwivedi, P., Naito, A., & Gruzelier, J. H. (2006). A qualitative study of the experience of self-hypnosis or Johrei in metastatic breast cancer using interpretative phenomenological analysis. *Contemporary Hypnosis*, 23(3), 127-140.
- Brooks, A. J., Schwartz, G. E., Reece, K., & Nangle, G. (2006). The effect of johrei healing on substance abuse recovery: a pilot study. *Journal of Alternative & Complementary Medicine*, 12(7), 625-631.
- Buzzetti, R. A., Hinojosa-Kurtzberg, M., Shea, T. J., Ibuki, Y., Sirakis, G., & Parthasarathy, S. (2013). Effect of Johrei Therapy on Sleep in a Murine Model. *EXPLORE: The Journal of Science and Healing*, 9(2), 100-105.
- Canter, P. H., Brown, L. B., Greaves, C., & Ernst, E. (2006). Johrei family healing: a pilot study. *Evidence-Based Complementary and Alternative Medicine*, 3(4), 533- 540.
- Clarke, Peter B., ed. Japanese new religions: in global perspective. *Psychology Press*, 2000.
- "Eastern II: Buddhism, Shinto, Japanese New Religions. *Melton's Encyclopedia of American Religions*. Detroit: 2009.
- Gasiorowska, A., Navarro-Rodriguez, T., Dickman, R., Wendel, C., Moty, B., Powers, J.,... & Fass, R. (2009). Clinical trial: the effect of Johrei on symptoms of patients with functional chest pain. *Alimentary Pharmacology & Therapeutics*, 29(1), 126- 134.
- Hall, Z., Luu, T., Moore, D., & Yount, G. (2007). Radiation response of cultured human cells is unaffected by Johrei. *Evidence-based Complementary and Alternative Medicine*, 4(2), 191-194.
- Laidlaw, T. M., Naito, A., Dwivedi, P., Enzor, N. A., Brincat, C. E., & Gruzelier, J. H. (2003). Mood changes after self-hypnosis and Johrei prior to exams. *Contemporary Hypnosis*, 20(1), 25-39.
- Laidlaw, T. M., Naito, A., Dwivedi, P., Hansi, N. K., Henderson, D. C., & Gruzelier, J. H. (2006). The Influence of 10min of the Johrei healing method on laboratory stress. *Complementary Therapies in Medicine*, 14(2), 127-132.
- Laidlaw, T., Bennett, B. M., Dwivedi, P., Naito, A., & Gruzelier, J. (2005). Quality of life and mood changes in metastatic breast cancer after training in self-hypnosis or Johrei: a short report. *Contemporary Hypnosis*, 22(2), 84-93.
- Melton, J. Gordon. "Johrei." *Encyclopedia of Religious Phenomena*. 2007.

Naito, A., Laidlaw, T. M., Henderson, D. C., Farahani, L., Dwivedi, P., & Gruzelier, J. H. (2003). The impact of self-hypnosis and Johrei on lymphocyte subpopulations at exam time: a controlled study. *Brain Research Bulletin*, 62(3), 241-253.

Radin, D., Taft, R., & Yount, G. (2004). Effects of healing intention on cultured cells and truly random events. *The Journal of Alternative & Complementary Medicine*, 10(1), 103-112.

Reece, K., Schwartz, G. E., Brooks, A. J., & Nangle, G. (2005). Positive well-being changes associated with giving and receiving Johrei healing. *Journal of Alternative & Complementary Medicine*, 11(3), 455-457.

"Shintoism." *Encyclopedia of American Religions*. Detroit: 2003.

"Stress Management/Reduction." *The Gale Encyclopedia of Mental Health*. Detroit: 2012.

Taft, R., Moore, D., & Yount, G. (2005). Time-lapse analysis of potential cellular responsiveness to Johrei, a Japanese healing technique. *BMC Complementary and Alternative Medicine*, 5(1), 2.

Taft, R., Nieto, L., Pennucci, A., Moore, D., & Yount, G. (2003). Cultured human brain tumor cells do not respond to Johrei treatment. *Subtle Energies & Energy Medicine Journal Archives*, 14(3).

Teixeira, P. C. N., Rocha, H., & Neto, J. A. C. (2010). Johrei, a Japanese Healing Technique, Enhances the Growth of Sucrose Crystals. *EXPLORE: The Journal of Science and Healing*, 6(5), 313-323.