

# Reiki Therapy: The Benefits to a Nurse/Reiki Practitioner

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This study evaluates how nurses who gave Reiki therapy perceived the benefit of this therapy on their clients and on themselves concurrently as providers of the therapy. As an adjunct, the study's purpose was to enhance the understanding and credibility of nurse/Reiki practitioners. **KEY WORDS:** *chakras, laying on of hands, Reiki, universal life energy, Usui Holist Nurs Pract* 2003;17(4):209-217

In an extensive review of the literature, fewer than 10 studies were found in the last 12 years regarding Reiki therapy.<sup>1-6</sup> Reiki therapy is used as a complementary healing method to enhance an overall sense of well being, reduce pain, decrease stress, and foster relaxation.<sup>7</sup>

## HISTORICAL BACKGROUND INTO THE PHENOMENON OF REIKI

Reiki is composed of 2 Japanese words: "Rei," which means the Higher Power or God's Wisdom, and "Ki," meaning life-force energy. In essence, Reiki means spiritually guided life-force energy.<sup>8</sup> Reiki therapy is a natural healing through laying on of hands<sup>9</sup> that purports to transfer universal energy through the practitioners to the receivers of the therapy. Eastern and Western versions of Reiki history conflict. Tibetan Buddhist monks initially practiced Reiki 2500 years ago, according to the Western version. The art was subsequently lost until the later 1800s when Dr Mikao Usui, a Japanese monk educator, rediscovered it.<sup>9</sup>

Dr Usui taught at a Christian seminary in Kyoto, Japan, in the late 1800s. He left this position to find the answer asked by his students of how to actually heal the sick (besides praying for healing). Accounts vary as to where he traveled and for how long, until he found the answers in ancient, revered doctrines of life (the sutras) of the Tibetan Buddhists. The sutras

contained the keys to healing, which claimed to activate and direct a universal life energy and would enable one to channel this energy.<sup>10</sup>

Although Dr Usui felt he had found the intellectual answers, he still did not have the means of activating this energy. After he returned to Japan, Dr Usui subsequently went on a 21-day fast and meditation retreat on Mount Kuriyama, a sacred mountain near Kyoto. He collected 21 stones to serve as his calendar, and at each day's end, he discarded 1 stone. Just before dawn on the 21st day, Dr Usui had a metaphysical experience, and is purported to have received information about each of the Reiki symbols and how each was used to activate the healing energy.<sup>11</sup>

Dr Usui practiced Reiki and healed many people, including himself. Prior to his death, he passed the keys of Reiki (the term Dr Usui coined to describe the activation and channeling of the healing life energy) to Dr Churgiro Hayashi, a Japanese physician. Dr Hayashi integrated Reiki therapy into standard medical treatments at his clinic in Tokyo. He later initiated Madame Hawayo Takata into Reiki.

Madame Takata, of Japanese descent, was born in Hawaii in 1900. She was widowed, with 2 small children, and in poor health by the time she was 31 years of age. In 1935 she was told she needed an operation to save her life, and traveled to Japan for the surgery. She spoke to the physician before the operation about her reservations of having this surgery, and questioned him if another method could heal her. He informed her of Dr. Hayashi's Tokyo clinic where she subsequently went and was gradually healed of her malady.<sup>11</sup> As a result, Madame Takata requested that Dr Hayashi teach her Reiki, and she was initiated into First and Second Degree Reiki.

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In 1938, Dr Hayashi visited Madame Takata in Hawaii (where she had begun her own practice), and initiated her as a Reiki Master. Thus she became the first woman and non-Japanese citizen to obtain this level of Reiki. Also at that time, Dr Hayashi named Madame Takata his successor, with the responsibility of preserving the Reiki traditions.<sup>11</sup> Madame Takata taught Usui Reiki on a limited basis initially both on the mainland and in Hawaii; but before her death in 1980, she had traveled extensively teaching Reiki (through oral healing tradition) and had trained and initiated 22 Reiki Masters.<sup>10</sup> She is credited with bringing Reiki to the Western world.

According to the Eastern version of the history of Reiki,<sup>12</sup> Dr Usui founded the Usui Healing Method Society with its seat in Tokyo. Dr Usui was the first president of this society and there have been 6 subsequent presidents (none were recorded to be Dr. Hayashi or Madame Takata). The Usui system of Reiki is now practiced today worldwide,<sup>9</sup> and there are many versions of Reiki practiced today.<sup>13</sup>

## DEFINITION OF CONCEPTS AND LITERATURE REVIEW

Reiki therapy is an energy healing method based on ancient Buddhist scriptures. It is performed by Reiki practitioners (taught by Reiki Masters) who channel universal life energy to their clientele (and to themselves). The theoretic basis of Reiki is that disease or imbalance will occur if there is a blockage at an energy center.<sup>7</sup> The Reiki practitioners are conduits for healing energy that enters the top of the practitioner's head and leaves through his or her hands.<sup>14</sup> The Reiki practitioner's hands are in essence the conduit of the universal energy that goes naturally to any area of the recipient's body where it is needed. The practitioner places his or her hands in a series of positions on the clothed recipient's body to facilitate the self-healing of the recipient.

These specific hand positions are learned as part of the Reiki student's training process. Reiki practitioners also receive attunements (sacred, spiritual, and confidential rituals) from a Reiki Master in which mantras and symbols are used to activate the student's ability to channel universal life energy. The attunements empower the Reiki practitioner's ability to act as a conduit in the healing process. Once attuned, the practitioner only needs to place his or her hands on his or her body or on someone else's body to

connect with the healing life force. Universal energy automatically and abundantly flows through the Reiki practitioner to the client body and never depletes the Reiki therapist in the process.<sup>15</sup>

There are 3 levels (or degrees) of Reiki. In the First Degree level, the beginner Reiki practitioner learns the history of Reiki, instructions on the basic Reiki hand positions, and receives attunements that activate practice for this level. Second Degree Reiki involves attunements unique to this level, including distant Reiki therapy (or absentee healing). The Third Degree (or Master level) involves several stages and prepares the practitioner to teach Reiki. The Master training process lasts approximately 1 year, and during this time the practitioner works as an apprentice with a Reiki Master learning to transmit the energy; and subsequently teach Reiki to others.<sup>16</sup>

There are 5 spiritual principles of Reiki laid down by Dr Usui that he took from the Meiji Emperor of Japan's (1868–1912) guidelines for living a fulfilled life. These 5 spiritual principles are as follows: (1) Just for today do not worry (When we worry, we have lost faith. Have faith that when we ask, we will be answered.); (2) Just for today do not anger (People who anger us most reflect aspects of ourselves we would rather not see.); (3) Honor your parents, teachers, and elders (Show respect to those who gave us life and acknowledge those who teach us.); (4) Earn your living honestly (This reinforces taking responsibility for ourselves.); and (5) Show gratitude to everything—to the source of creation. (This reinforces our feeling of being blessed with abundance.)<sup>11</sup>

Although traditional Reiki does not include information on the human energy field, modern Reiki practitioners also study the human aura and the chakras within it. Chakra is a Sanskrit word for wheel, according to ancient religious text from India. Yogis and Buddhists believe that one's well-being depends on a healthy balance in the body's subtle energy fields. The body's etheric energy field consists of a network of energy lines called *meridians* in Chinese acupuncture. The points at which these lines intersect are spinning energy centers called *chakras*. The chakras distribute universal energy along the network of energy lines throughout the whole body.<sup>17</sup>

Using Kirlian photography equipment, we now have the ability to see the energy field that flows through, surrounds, and extends from the human body. In 1981, Motoyama's study of energy found that meridians seem to have a direction of flow that can be detected, and that they seem to exist in the dermal

layer of connective tissue.<sup>18</sup> The chakras, which are located in the invisible auric body, vibrate at a higher frequency than the dense lower frequency physical body.<sup>11</sup> "Imbalances in the higher frequency flow down to the physical, thus creating disease."<sup>11</sup>

It is interesting to note that the colors of the chakras (and their relation to the energy fields) correspond in sequence to the colors of the electromagnetic spectrum, with photons (individual particles of bundles of energy) of violet, ultraviolet, and other forms of higher frequency radiation packing more energy than red and infrared photons.<sup>19</sup> These consecutive chakra colors also sequentially relate to the colors of the rainbow, such as seen by Dr Usui during his metaphysical experience on Mount Kuriyama.

In relationship to spirituality and energy, a Biblical rendition of Jesus' healing<sup>20</sup> relates the story of a woman who had been afflicted with a hemorrhage for a dozen years. She had been to many doctors, exhausted her savings, and only grew worse with this condition. She had heard about Jesus, and thought if she could only touch his clothing, she would get well. She came up behind him in crowd and touched his cloak, and "Immediately her flow of blood dried up and the feeling that she was cured of her affliction ran through her whole body. Jesus was conscious at once that healing power had gone out from him. . . ."<sup>20</sup>

## LITERATURE REVIEW

In the review of the literature concerning Reiki therapy, less than 10 studies were found in the last 12 years. A quasi-experimental Reiki study was performed in the spring of 1988 (based on Delores Krieger's Therapeutic Touch protocol for hemoglobin studies) to examine the effects of human energy transfer in Reiki therapy by exploring the effects of First Degree Reiki on human in vivo hemoglobin and hematocrit.<sup>10</sup> Although the techniques differ somewhat, both therapeutic touch and Reiki therapy "aim to mobilize the body's natural ability to heal itself through the balancing of body energy."<sup>10</sup> Wetzel's study demonstrated a significant increase (at the  $p > .01$  level) of both hemoglobin and hematocrit in the experimental group (First-Degree Reiki group) as compared with that in the control group. Given these findings, they concurred with Krieger.

An unpublished master's study thesis was done by Thornton in 1991 to assess the effects of Reiki therapy versus a mimic Reiki treatment on female nursing

students.<sup>21</sup> This study concluded that the hypothesis that posttreatment Reiki subjects would report an increasingly greater sense of well-being and personal power, and significantly lower anxiety than would control subjects was not supported. State and Trait anxiety were significantly lower for both groups.

Olson and Hanson<sup>4</sup> collected research data to determine if Reiki therapy was of benefit in the management of pain in general, and in cancer patients. The research question for the study was "Do individuals experiencing moderate pain obtain a significant reduction in their visual analogue scale and Likert (6-point) rating scale pain score following a Reiki treatment?"<sup>4</sup> The results of this study showed that 85% of the participants experienced pain reduction following the Reiki treatment.

Bucholtz<sup>3</sup> conducted a randomized, single blind, crossover study to evaluate the effects of a series of Reiki treatments compared to casual touch treatments in patients with rheumatoid arthritis. The study consisted of 6 subjects who also served as their own controls. The results showed consistent decreases in pain comparing measurements before and after the Reiki treatments and with the treatments over time; however, the results did not reach significance.

In a clinical evaluation, Alandydy and Alandydy<sup>22</sup> described the use of Reiki therapy offered as an adjunct to patients' preoperative regimen in order to restore the energy balance of the patients' body and enhance the body's natural ability to heal itself. At a New Hampshire hospital in 1998, at least 872 patients chose a 15-minute Reiki treatment to "settle and center themselves before and after surgery."<sup>22</sup> The Reiki treatments helped the patients reduce their stress levels preoperatively and induced a calming effect that helped decrease the amount of pain medication required postoperatively.

Dressen and Singg<sup>5</sup> conducted a study to determine the effects of Reiki on chronically ill patients in regard to pain, anxiety, and depression. Each of the 120 chronically ill pain subjects, (with various illnesses and with pain for at least 1 year), were assigned to 1 of 4 equally numbered groups: Reiki, false Reiki, progressive muscle relaxation, and a control group. Each of the 3 treatment groups mentioned above received 30-minute treatments twice weekly for 5 weeks. Patient assessment was done before and after the treatments using a series of anxiety and pain scales. Comparing scores before and after treatment, "Reiki proved significantly superior ( $p < .0001-.04$ ) to the other treatments on 10 out of the 12 variables."<sup>5</sup>

In 1998, a phenomenological study was conducted of the life experiences of 5 people who experienced Reiki therapy.<sup>6</sup> Findings conveyed that the participants, who received 12 to 52 Reiki sessions, improved on spiritual, psychological, and physical levels. Further, the study's findings were consistent with anecdotal literature that Reiki had a cumulative effect and caused no harm or discomfort.

In another study, Mansour et al<sup>6</sup> performed a placebo/Reiki 4-round crossover experimental design study. The purpose of this study was to test the standardization procedures developed by this research team for placebo Reiki before conducting their planned full-scale randomized and placebo-controlled efficacy study of breast cancer survivors in treatment. By round 4, none of the breast cancer survivors, nor the 4 observers, noted any distinguishable differences in the Reiki practitioners versus the placebo Reiki practitioners, or could correctly identify the placebo practitioners. On the basis of these findings, the researchers concluded that it was possible to conduct placebo-controlled studies in Reiki research.<sup>6</sup> This finding is a breakthrough for further Reiki research because it is thought by some that it is not possible to do placebo Reiki in comparison studies.<sup>15</sup>

Thornton, in critiquing her own previously mentioned thesis study,<sup>2</sup> in a later publication suggested, "the phenomenon of Reiki and other forms of energy healing may be better understood through qualitative investigation."<sup>21</sup> Because of the nature of Reiki therapy, a qualitative phenomenological study was the most plausible design in exploring the research question: What are the benefits received by nurse/Reiki practitioner during a Reiki/client therapy session?

## METHODS

### Design

Because this was a phenomenological study and dealt with the lived experiences of the nurse/Reiki practitioner through the collection of narrative interviewing data, the criteria for a qualitative study was met.

### Procedure

Permission to conduct this study was given by the Spalding University (in Louisville, Ky) Research Ethics Committee on January 8, 2001. All the subjects signed an informed consent form, which included

information about the Reiki Interview Instrument, before the interview.

The researchers developed the interview instrument (Table 1), which contains both open-ended questions and those with affirmative/negative responses. The composed questions sought the answers to the specific research question, and other related questions were included in the instrument to pursue the researchers' intent of adding knowledge to the qualitative aspects of Reiki research in correlation with nursing. An initial pilot study conducted with a Reiki Master teacher (with a master's degree in education) indicated a need to add a few questions to revise the original interview questionnaire before the interviews were conducted with the research participants. Most of the research interviews lasted approximately 45 minutes.

One of the researchers was the sole collector of the data. The research panel also included the other researcher, an associate professor of nursing with expertise in qualitative research, and conference, when needed, with a holistic nurse practitioner and Reiki Master from Nashville, Tenn.

### Setting and sample

Eight female Caucasian nurse/Reiki Masters were selected by availability and by the snowball effect. The Reiki Masters were selected to provide sample consistency by equalizing study participants with respect to their level of attunements. Seven of the 8 interviews took place in the same south-central state (Kentucky), with 4 of the participants' interviews taking place in the largest city (a midsize metropolitan area) of that state. All of the interviews occurred within a 100-mile radius of that city. One interview was on the outskirts of a small rural town, approximately 50 miles northwest of that metropolitan city described above, in an adjoining state. All of the interviews occurred in the workplace of the research participants: 4 interviews occurred in the participants' home-based office, 2 interviews occurred in the participants' individual holistic workplace office away from home, and 2 interviews occurred in hospital settings.

### Instruments/data collection tool

The research instrument (Table 1) is discussed under the "Procedure" section.

### Data collection and trustworthiness

See the "Procedure" section for details of data collection. All the interviews were tape-recorded on a

**Table 1. Guidelines to interview\***

1. How did you get interested in Reiki therapy?  
One of the participants had had a traumatic injury, and in relating her recovery journey, she said: "And from that chronic pain ... I went through physical therapy, occupational therapy; all kinds of stuff trying to get me back to work. Nothing seemed to help ... (approximately 9 months after her injury, she saw a nurse/Reiki practitioner at a Chronic Pain Center). The only thing that seemed to really help my pain was the Reiki ... After 4 sessions I was pain free ..."
2. How do you see Reiki therapy benefiting patients?  
A participant who used Reiki to decrease pain in the hospital setting stated that the patient's response was that she had "hands like an angel. And they all said it was a wonderful experience for them."
3. What are the benefits you have received from doing Reiki (for example, what healing in your life are you aware of that you received from giving Reiki therapy)?  
"I have always been a calm personality, but now I feel I have much better skills in handling stress, handling anxiety, and releasing those."
4. How do you feel before a Reiki client therapy session?  
"... With Reiki, once you call on it, you know, to start doing the work, the treatment, it calms you as the person is being calmed ..."
5. How do you feel after a Reiki/client therapy session?  
One participant felt a sense of accomplishment. Another felt like she had made herself available to another person, and offered: "... I believe that I am like a screwdriver that opens the door and lets the light in."
6. Can you feel the energy flow through yourself to the client during a Reiki/client therapy session?  
"... I usually get, when I have my hands on a place where the person has or may be having a problem, I will feel heat or tingling, or coolness sometimes, if I am running my hands over their body... Usually that indicates blocked energy...."
7. If so, can you sense the area of the body where the energy flow is being transmitted to the client during a Reiki therapy session?  
"The person's body tells you where you need to be, all you have to do is listen to it. Ask permission to be there, then listen to what it tells you."
8. Can you sense when the client is blocking the energy flow that is attempting to be transferred to the client?  
One participant stated: "Yes, I can feel when people resist it... but it won't violate someone's free will; so it will go where it is needed."
9. What do you do when blocking of the client's energy flow is felt?  
One participant said: "I go towards my Reiki symbols where I am at a Master level. I draw more deeply into my Reiki and that seems to overcome what I need to overcome."
10. Do you sense energy flow being transmitted to yourself during the Reiki/client therapy session? If so, can you sense the location where this energy flow is transmitted to yourself?  
"My sense of it is flowing through me to the client and my benefit comes from being the conduit ... The perception I have is that it dissipates through me to the client."
11. If the client is more receptive to the energy flow, does this make a difference in the Reiki/client therapy session?  
One of the participants offered that if the client is skeptical of the therapy "they themselves can block it (the energy) off definitely."
12. If you aren't doing your own healing work, do you notice that your energy flow is decreased during a Reiki/client therapy session?  
An affirmative response: "As you're working on yourself, you're becoming a clearer channel for the energy to come through. And the more you work on yourself, the higher the vibration is, the more energy you can channel toward the person." A negative response: "No, it doesn't change it (the energy). The energy comes through just as strongly ... you are a vessel to bring energy through...."
13. Can a Reiki practitioner see a client's aura, and/or chakras?  
"... there are some Reiki practitioners who have the gift of seeing, there are some who have the gift of hearing, there are some who have the gift (of) being able to feel the energy field. It is not necessary to see auras or to see the colors.... Eventually that can be developed...."
14. If so, can this ability to see a client's aura and/or chakras affect the therapy session?  
One participant stated that the practitioner "would be more tuned into diagnosing blockages or imbalances in the energy by visualizing the aura and the flow." She added: "You could assess that by feeling. But, I think it is as anything else, (when) you have a visual image as well as the sensory, that it is going to be an enhanced diagnostic or assessment ability."
15. Do you think there is an advantage/disadvantage for the Reiki practitioner to be a nurse?  
"People will come to me because I am a nurse and feel they will get a solid answer about their body; (she then added) but I don't think it affects the Reiki."
16. How does your satisfaction of giving Reiki therapy to a client compare to your satisfaction of giving nursing care to a patient in your previous or present nursing work?  
"Either way I felt like I was a caring nurse; but having the Reiki has made me a more intuitive nurse...."
17. Is there any area that was left out that you would like to discuss in relation to a Reiki therapy session?  
"... I would really like to make a difference with nurses. I have a particular interest in nurses taking care of themselves, and healing the healer...."

The purpose of this study is to evaluate how Nurse/Reiki Masters perceive the benefit of Reiki therapy on their clients and on themselves concurrently during a Reiki/client therapy session. These responses are extrapolations from the research participants of this study.

separate new blank tape for each participant and transcribed. The researchers used different perspectives to interpret the data sets, regarding spiritual, biological (physical), and electromagnetic (auric) energy. The interviewing researcher used both observation in the face-to-face interviewing process and the interviews themselves for data collection. Credibility is enhanced by observation in a naturalistic setting of each of the participants in her Reiki workplace environment.

### Qualitative data management and organization

The researchers identified and held in suspension any preconceived opinions and beliefs they had of Reiki therapy. The researchers followed the Giorgi's Method of data analysis.<sup>23</sup> This method includes the following procedure:

- (1) Read through the entire interviews to obtain a sense of the whole;
- (2) Reread the interviews to discover the essences of the nurse/Reiki Masters' lived experiences under study and look each time for a change in the meaning of these lived experiences;
- (3) Abstract these meaning units into themes;
- (4) Examine the meaning units for clarification, redundancies, or elaboration;
- (5) Relate meaning units to each other—and to a sense of the whole;
- (6) Reflect on the meaning units and extrapolate from each interview the essence of the experience;
- (7) When relevant, transform each meaning unit into the language of science; and
- (8) For all participants, formulate a consistent description of the meaning structures of the lived experience of the nurse/Reiki Master therapy session. In coding meaning units, the researchers collaborated to reach a consensus where questions or discrepancies arose.

To ensure trustworthiness of the data analysis, the interviewing researcher returned to the research participant, when necessary, to discuss the meaning extrapolations. To ensure appropriateness, the researcher inserted, at intervals, direct quotes from the research participants in the study to emphasize how the study findings fit the data and how the data were grounded in the lived experiences of the study participants.

In analyzing the data, the researchers used inductive reasoning and synthesis with the researcher having read, or listened to, the data (tapes and interviews) many times. Each interview question was written as a heading on a separate page in a codebook. The color-coding was done by using post-it notes of

various colors, and each color of post-it note corresponded to a specific aspect of the answer to that particular research question. Each participant's answer(s) to each research question was then coded using this method.

To exemplify the coding process with a yes/no type question, a positive response was given the color green for that particular research question. This procedure was done for all of the 17 interview questions of each participant. Some open-ended questions had up to 7 different aspects to the answer to 1 question by 1 participant. Consequently, there would be 7 different colors of post-its adjacent to that specific question on that participant's interview tool to correspond with each of these color-coded response variations in the codebook (with 1 tally mark for each corresponding answer in the codebook). The researcher then compared the number of tallied vertical marks adjacent to each color-coded aspect for each answer of each interview question in the codebook. Any discrepancies in these numbers were sought out, found, and resolved for quality assurance purposes. In most instances with the open-ended questions, there were many different answers to each research question by each participant.

## RESULTS

To convey the responses to the research questionnaire, please refer to Table 1.

### DATA INTERPRETATION

The transcribed data were coded, aspect by aspect, then categorized to develop themes, with an emphasis on answering the specific research question: What are the concurrent benefits received by the nurse/Reiki practitioner during a Reiki/client therapy session?

### THEMES

Seven themes emerged from the data with subcategories under these themes. The value in parentheses (#%) is the percentage of participants that had the same, or essentially the same, type answer(s).

#### Theme one

Benefits received by nurse/Reiki practitioners during a Reiki client therapy session. The subcategories are as follows:

1. Felt more peaceful, calm and relaxed (75%)
2. Felt good (50%)
3. Felt more grounded and centered (more focused) (37.5%)
4. New philosophy of living and working in lives (37.5%)
5. Spiritual addition to lives (37.5%)
6. Received most, or all, of what client is getting (37.5%)
7. Handled stress and anxiety better (25%)
8. Felt gratitude in sharing Reiki (25%)

### Theme two

Benefits received by the Reiki client during a nurse/Reiki practitioner therapy session. The subcategories are as follows:

1. Helped the healing process (75%)
2. Brought relaxation and calmness to client (50%)
3. Helped pain reduction (50%)

### Theme three

Increased sensory perception by the nurse/Reiki practitioner. The subcategories are as follows:

1. Can sense when client blocking energy flow (50%)
2. Can sense area of body where energy flow is being transmitted to the client (62.5%)
3. Can sense flow of energy being transmitted to self during Reiki client therapy session (62.5%)
4. When client more receptive to energy flow, makes a difference in client Reiki therapy session (62.5%)
5. Can feel flow of energy through self to client during Reiki/client therapy session (50% = sometimes) and (37.5% = yes)
6. Energy is decreased to self if not doing own healing work (50% = yes) and (25% = no)

### Theme four

Auras and chakras. The subcategories are as follows:

1. It depends on the nurse/Reiki practitioner if auras and chakras can be seen (75%)
  - a. Auras and chakras can be seen (25%)
2. The nurse/Reiki study participant senses the above through their hands (50%)
3. The ability to see auras or chakras can eventually be developed (37.5%)
4. The ability to see auras or chakras affect the Reiki therapy session: (62.5% = no) and (25% = yes)
5. It is not necessary to see auras or chakras (37.5%)

### Theme five

Increased satisfaction (75%) of being a nurse/Reiki practitioner compared to previous or present nursing work. The subcategories are placed as a collective rather than a percentile because they describe the varied reasons for the increased satisfaction:

1. Increased time spent with patient
2. Can offer client sacred, beneficial, effective, and noninvasive treatment
3. Less stress during the day (in regard to working hours)
4. Increased intuition and insight
5. Less burnout (self-care benefit)

### Theme six

The advantages of being a nurse (87.5%) in conjunction with being a Reiki practitioner. This was an affirmative/negative type question and so the subcategories are placed as a collective to the affirmative response rather than a percentile. The various responses are as follows:

1. Knowledge of anatomy and physiology
2. Intention of where to send energy is stronger with knowing symptomatology
3. Another sensory assessment tool for the nurse/Reiki practitioner
4. Caring mind-set of nursing profession
5. Increase of credibility being in nursing profession

### Theme seven

Disadvantages to being a nurse/Reiki practitioner. The subcategory is

1. Credibility issue of Reiki with nursing and medical professions (37.5%)

## MEANING/INTERPRETATION OF THE FINDINGS AS THEY RELATE TO PREVIOUS RESEARCH

This research looks at benefits received by the nurse/Reiki practitioner during a Reiki client therapy session and cannot be compared to other studies of the same nature because no other study was found in the literature addressing the same issue. Half of the present study participants noted that the benefits received by the client during a nurse/Reiki practitioner therapy session reduced pain. This finding was also noted in the literature review in a study by Olson and

Hanson.<sup>4</sup> Also, the clinical evaluation by Alandydy and Alandydy<sup>22</sup> related the use of Reiki therapy offered as an adjunct to patients' preoperative regimen: it helped reduce stress levels preoperatively and induced a calming effect that helped decrease the amount of pain medication used postoperatively. Clinical evaluation reinforced what one of the present study participants related to the interviewing researcher: "I have had Reiki done on my daughter prior to a cervical neck injury (surgery). . . ; and she is a very hyper-type person. And after they finished the Reiki treatment, not only was there less pain preoperative, but she was also much calmer. Postoperatively, she used less pain medication."

The present study described the most prevalent benefit to the client during a nurse/Reiki therapy session was that it helped the healing process (finding under the second theme). Another important finding included an increased time spent with the client (fifth theme). Donley<sup>24</sup> summarized it nicely by saying that an impetus for clients to seek healing and support from alternative health therapists (and therefore an increase in the use of alternative medicine) may be due to the increased pace of contemporary medicine, and the lack of a meaningful relationship with the doctor or the nurse.

### MEANINGFUL/INTERPRETATION OF THE FINDINGS AS THEY RELATE TO THEORY DEVELOPMENT

The nursing theorist that best describes a model of the energy field is Martha E. Rogers in her Unitarian Human Beings model. She asserted that "Man is a unified phenomenon subject to natural laws and characterized by a complex electrodynamic field."<sup>25</sup> In 1970, Rogers described her fundamental attributes of man in a set of 5 basic assumptions: (1) wholeness (man is a unified whole, more than and different from the sum of his parts); (2) openness (man and environment are exchanging energy and matter continually with one another); (3) unidirectionality (the life process evolves unidirectionally and irreversibly along the space-time continuum); (4) life's pattern and organization (orderliness of nature); and (5) man as a sentient, thinking being (abstraction in thought, expression, and feeling).<sup>25</sup> The evolution of Rogers' principles of Homeodynamics were derived from this conceptual model of nursing and postulated a way of perceiving unitary man and interaction with his environment.

The 4 original Homeodynamic principles are (1) principle of reciprocity: "... a function of the mutual interaction between the human field and the environmental field."; (2) principle of synchrony: "... a function of the state of the human field at a specific point in space-time interacting with the environmental field at the same specific point in time."; (3) principle of helicy: "... a function of continuous innovative change growing out of the mutual interaction on man and environment along a spiraling longitudinal axis bound in space-time."; and (4) the principle of resonancy: "... postulates that change in pattern and organization of the human field and the environmental field is propagated by waves. The life process in man is ... rhythmical vibrations oscillating at various frequencies. ... A multiplicity of waves characterizes the universe. ... The colorful auras of radiation waves surrounding radiating bodies are generally beyond the visible range of the human eye."<sup>25</sup> The Homeodynamic principles have been revised 4 times (1980, 1983, 1986 and 1992) since their inception in 1970.

Rogers' explanation of human beings is through principles that characterize the universe. Through her Unitary Human Beings Model, she provides the abstract philosophical framework for the unitary human-environmental field phenomenon. This model best describes the present study of The Benefits Received by the Nurse/Reiki Practitioner During a Reiki Client Therapy Session. In this study, the concept of the effects of the universal life force energy are explored with the study participants on themselves, as well as on their clients concurrently, during the Reiki therapy treatment. Although not part of traditional Reiki, in modern Reiki instruction chakras and auras are additionally explored, which are also related to Rogers' principles.

### MEANING/INTERPRETATION OF FINDINGS AS THEY RELATE TO PRACTICE

Even though Reiki has been practiced for centuries, it is not well known to the nursing or medical professions and may be viewed with skepticism for this reason alone. Both the nursing and medical professions need diverse treatment plans for the varied ailments and diverse patient population that is served on a daily basis. Also, alternative and conventional patient care can work synergistically for the improvement of the health of the patient (client). Reiki adds another dimension to patient (client) therapy, and



a spiritual component to treatment as well. Reiki is also beneficial to the provider of the therapy concurrently while giving a Reiki treatment.

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