

Reiki: Ancient Healing Art-Modern Nursing Intervention

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Reiki is an ancient hands-on healing art that is used today as a modern healing intervention. In modern nomenclature, Reiki is classified as an alternative, complementary, or integrative method or therapy. And along with other such therapies, it is capturing the attention of the public because of the number of people who are using alternative methods that are outside of what is considered mainstream medicine. This nomenclature is bothersome for a healing art that is thousands of years old and predates medicine, nursing, and all such healing professions. Reiki is receiving recognition, because along with all the ‘alternative’ methods, the present allopathic healthcare system is failing and the public to whom it serves is seeking and demanding other avenues for holistic, caring, person-centered health care. In this changing healthcare arena Reiki and other ancient healing arts are finally gaining the attention that is rightly deserved. In this article the history of Reiki, research in Reiki, Reiki case studies, the use of Reiki as a nursing intervention, and the implications for the use of Reiki in advanced practice nursing are presented.

History of Reiki

Reiki is a Japanese word that translates as ‘God Light Energy.’ Rei is directly translated as God or light. It is used to describe the whole of creation-every cell, blade of grass, stone, tree, animal, human, every planet and star. It goes further to describe the mind of God. An accurate interpretation of the word Rei could be ‘All That Is,’ both in thought and form.

Ki is the name given to the vital energy that is used to animate and give life to this creation. Just as a model car requires batteries to make it move, so the complex creation of the universe requires a form of energy to animate it. This energy, also known as chi or prana, can be viewed as an ocean that surrounds the physical universe. It provides us with the vitality we require to maintain our health, balance, and well being on all levels-physical, emotional, mental, and spiritual (Ellis, 1999, p. 14).

Reiki is an ancient healing art that is thousands of years old and was rediscovered in the mid-1800 to early 1900's by Dr. Mikao Usui. Dr. Usui was a Japanese monk and educator who sought the origins of the healing art from the Tibetan sutras, ancient records of cosmology, and philosophy. The laying on of hands method of Reiki is akin to healing used by Buddha and Jesus (Barnett & Chambers, 1996; Hebner, 2000; Rand, 1991; Stein, 1995). Dr. Usui passed the Reiki Master initiation to Dr. Chijuro Hayashi and Dr. Hayashi taught Mrs. Hawayo Takata who brought Reiki to the United States in 1938. From there Reiki has spread rapidly. Reiki is taught in separate Level I-Level III classes or in a single session that encompasses Level I-Level III classes and cost varies among Reiki Master teachers. Ellis (1999) eloquently states:

Reiki is a system of healing that has been developed to bring us directly into contact with the creative intelligence and the vital energy of the universe. This is achieved through a series of transmissions from a Reiki teacher, designed to re-connect us to this universal ki. It is then practiced by developing our awareness of our own energetic self and bringing ki into ourselves to revitalize our body and free it from emotional issues, belief systems, and physical disorders that no longer serve us. As our ability increases and our awareness grows we can allow this energy to flow through us for the benefit of others. Reiki is a way of bringing us home, of re-connecting with the essence of who we are. Reiki is a way to remove the veil that prevents us from experiencing the union with the divine. So Reiki is a doorway that can re-connect us to the very place we came from. Reiki is a doorway home (p. 15).

Barnett & Chambers (1996, p. 2) say; "Reiki, hands-on healing art, a powerful adjunct to conventional therapeutic modalities, fuels the body's homeostatic mechanisms and thereby assists in the restoration of balance on the physical, mental, and emotional levels. Because this life-force energy supports optimal development and fulfillment, Reiki promotes the highest healing good for all living things." Reiki practitioners channel life energy after they have received Reiki attunements and this channeled energy is never

depleted, leaving both practitioner and participant with increased energy and feelings of well being after a Reiki treatment. Reiki returns the healing to the source, the participant. In addition to using Reiki to treat others, it is a powerful process for self-healing and distant healing. Anyone can learn Reiki; it is simply passed on from the teacher to the student. Reiki heals through the connection of the participant with the practitioner in the flow of the life force from a universal energy field to a human energy field; surrounding the body in an energy field called the aura. The life force flows within the physical body through the charkas, meridians and nadis. The life force nourishes the organs and cells of the body and when the flow is interrupted or blocked, there is diminished function in the physical body. The life force is responsive to thoughts and feelings. Reiki heals by flowing through the affected parts of the energy field and charging it with positive energy, raising the vibratory levels of the energy field and negative thoughts and feelings are dissipated. Reiki clears and balances the energy pathways allowing the life force to flow in a healthy and natural way. Reiki has been used to heal virtually every known illness. It is beneficial and works to improve the effectiveness of all other types of therapy. A treatment benefits both practitioner and participant. Reiki is guided by a universal intelligence (God). A typical Reiki treatment lasts from 30-90minutes and is performed while the participant is fully clothed either in a sitting or lying position. The cost of a Reiki treatment usually mirrors the cost of a full body massage. Intuition and higher knowing is used in Reiki to treat the participant and to be lead to deeper knowing about the presenting condition.

Theory and Research

Martha Rogers, Margaret Newman, R. Parse, and Jean Watson have presented holistic nursing theories. The practice of Reiki easily fits into the paradigm of holistic nursing theory. Roger's theory defines human beings as unitary wholes and as energetic beings within universal energy fields. Roger's theory espouses the interconnection of humans to the larger universe through energy fields. Margaret Newman's theory of expanding consciousness speaks to the unity of life, human energy fields, and the pattern and organization that is evolutionary in human beings and nature. Parse also developed her own language with the concepts of coexistence, cocreation, and pattern and organization. Coexistence is the assumption that human beings exist with others and the environment and Cocreation is the creative process with self, others, and the universe. Human beings interact with the environment through energy exchange in a recognizable pattern and organization. Watson's theory is a theory of human caring that assumes nursing is a human science and that caring is the moral idea of nursing. Nurses engage clients as caring occasions in the human energy field in a lived moment when both are touched and changed (Barnum, 1998; Chinn & Kramer, 1995; Watson, 1988).

In 1992 the National Institute of Health (NIH) created the Office of Alternative Medicine (OAM) to evaluate alternative therapies. In 1998 the OAM became the freestanding center, National Center for Complementary and Alternative Medicine (NCCAM). This transition occurred because the federal government recognized that citizens of the United States (US) were using complementary and alternative methods. It is estimated that 40 percent of US adults use some form of complementary and alternative therapies and between 1991 and 1997 the total number of visits to complementary and alternative practitioners increased nearly 50 percent, from 425

million visits to 629 million visits, exceeding the total number of visits to primary care physicians in the US. Estimates of out-of-pocket expenditures for complementary and alternative care ranges from 27-34 billion dollars (Dossey, Keegan, Guzzetta, 2000). According to Sparber (2001) 53 state and territorial boards of nursing in the United States are concerned about the use of complementary and alternative nursing interventions but the present status of addressing the regulation issue of complementary and alternative practices within nursing are as follows: Results of the survey showed that N=25 state boards of nursing or 47% permit practice, N=7 or 13% are under discussion, and N=21 or 40% have no formal position. Sparber (2001) goes beyond the data and charges nursing:

The nursing profession cannot afford to fall behind in an increasingly popular area of health care that is so reflective of the basic values of nursing care. Currently, there is national recognition of nurses' leadership, and their ability to act as gatekeepers for consumers. It is essential that nurses use this front line position to enhance the safe and effective use of complementary therapies (p. 8).

Quantum physics has discovered what ancient people have always known, our bodies are interacting fields of energy. This concept is new to the Western world, but the concepts are deeply rooted in the Eastern cultures, such as India, China, Japan, and Egypt. Within these cultures it is accepted that the body is made up of dynamic energy systems, invisible energy fields that interact within the individual, between individuals, and within the environment.

The chakra-nadi originated in India and acupuncture meridian models originated in China are ancient models that describe the flow of universal energy within the body. The charkas are energy vortices that transmute universal energy throughout the human body for proper functioning of the mind and body. There are major chakras in the body,

aligned along the spine from the head to the tailbone. Energetic threads or nadis connect the charkas to each other and the rest of the physical body. The chakra system corresponds to the endocrine glands and the six nerve plexuses that maintain chemical homeostasis, balances the body's physical energy, and stabilizes mental and emotional functioning. Meridians are conduit systems through which the chi or life force flows throughout the body to the nerves, blood vessels, and organs.

The universal energy flows through the subtle layers surrounding the dense physical body and enters into the physical body via the chakra, nadi, and meridian systems and outward to the cells, tissues and organs. The energy fields are interpenetrating systems and specific energy patterns can be expressed as imbalance or disease in the human energy field. Reiki can be used to intervene. Barnett & Chambers (1996) reiterate:

The Reiki practitioner conducts vital energy from the universal energy field into the human energy field, where the energy is transmuted into a form that is usable at the cellular level. The vital energy recharges, realigns, and rebalances the subtle bodies, bringing harmony and wholeness to all the recipient's systems (p. 22). The Reiki process highlights the truth about healing: that the power and the responsibility for healing lie within the individual. The Reiki practitioner brings intention and commitment to the process, acting as compassionate conduit for the universal life force, but the practitioner does not do the healing for the client. The healing happens as a result of the relationship between the receiver's energy field and the universal energy field, mediated through the cellular consciousness of the receiver. Reiki empowers the receiver to do the healing that needs to be done on all levels of being (p. 25).

Bullock (1997) concludes with anecdotal comments from her work using Reiki with hospice patients:

Reiki has been associated with dramatic results for many patients. The importance of the patient's intent during Reiki treatments cannot be overemphasized. Some general trends seen with Reiki include: Periods of stabilization in which there is time to enjoy the last days of one's life; a peaceful

and calm passing if death is imminent; and relief from pain, anxiety, dyspnea and edema. Reiki is a valuable complement in supporting patients in their end-of-life journey, enhancing the quality of their remaining days (p.33).

Olson (1997) performed a pilot study involving 20 volunteers experiencing pain. Using the visual analogue scale (VAS) and a Likert scale, pain was measured immediately before and after the Reiki treatment. Both instruments showed a highly significant reduction in pain following the Reiki treatment.

Alandydy & Alandydy (1999) report anecdotal findings from using Reiki as a 15-minute treatment to calm and center patients before and after surgery. 872 patients chose the Reiki treatment at the Portsmouth Regional Hospital in New England. The assistant director of surgical services is a Reiki Master and he proposed Reiki treatments for surgical patients and the chief executive officer approved the proposal. Reiki practice guidelines and staff competencies were developed. Studies are underway to document the noted decrease in use of pain medicine, shorter length of stay, and increased patient satisfaction for patients using Reiki.

Two studies have drawn inconclusive results with Reiki treatments. Wirth et al (1996) examined wound healing and five complementary therapies, including Reiki. The overall results were inconclusive in establishing the efficacy for accelerating the rate of re-epithelialization of full thickness dermal wounds. Thorton (1996) studied the effects of Reiki on anxiety, sense of personal power, and sense of well being in female nursing students (n=22) who received a Reiki treatment from a trained Reiki practitioner. The control group (n=20) received a mimicked Reiki treatment. The hypotheses predicting the post treatment Reiki subjects would report significantly lower anxiety, significantly greater sense of personal power, and significantly greater sense of well-being were not

supported. Although following treatments, anxiety was significantly lower for both the experimental and control group.

Nield-Anderson & Ameling (2000) and Brennan (2001) report that Reiki has been used by individuals who are white, high functioning, well educated and financially capable and who seek out private, independent Reiki practitioners. Consistent reports of reduction of pain, stress reduction, and healing on a physical, psychological, emotional and spiritual levels, reduction of nausea and emotional distress in hospice patients, and improved communication between recipients and caregivers.

Obviously more research is needed to validate Reiki practice in the scientific community but for the patients who seek out Reiki practice, anecdotal evidence seems to be enough to convince them to return time and again. Reiki along with other healing arts is gaining credibility in the eyes of the healthcare consumer because in many cases technology has replaced the simple act of touch: The touch and the caring concern that is missing from our present healthcare system. These elements of touch and caring concern are so sorely missed that healthcare consumers are willing to pay out-of-pocket for these amenities and through the expenditure of the healthcare consumer at the tune of \$37 billion dollars the rest of the world including the scientific community, the medical community, and the federal government cannot help but stand up and take notice.

Reiki Case Studies

The following two Reiki case studies are resent examples of the effectiveness of Reiki therapy.

AH is a 60 year-old white male. He is a healthy and active person. Recently he fractured his left ankle and had surgical repair of the ankle. I met AH and his ankle was

not healing well and his orthopedist suggested another surgery for electrical bone-stimulation therapy. After three Reiki sessions (60 minute sessions while sitting) he visited his orthopedist and following x-rays of the ankle AH needed no further follow-up or surgery. She was anxious to know what had brought about such a dramatic change in such a short period and AH told her about the Reiki treatments. The orthopedist knew about Reiki and recommended continuing the therapy and discharged AH from her care.

The second case study is with my mother FR who is a 65 year-old white female who was recently diagnosed with Parkinson's disease. She was skeptical of Reiki although she has always been a believer in hands-on healing methods performed in her church. As she became more immobile and stiff, she asked me to perform a Reiki treatment to see if it would help. As I worked on FR her body felt like a stone. After one treatment she was able to move easier and was less stiff. I work on her one time per week (60 minute session while lying on a massage table) and Reiki has made a dramatic change in her condition. The most startling and surprising change has occurred in my relationship with her, deepening and healing lifetime challenges that existed between us. I am truly grateful to be a part of my mother's healing and the healing of our relationship. FR also continues to take her medication, sinemet, for the Parkinson's disease.

Reiki as Holistic Nursing Intervention

Reiki is used as a holistic nursing intervention. Holistic nursing seeks to enhance the healing of the whole person from birth to death using the framework of holism. Holism embodies the view that an individual is an integrated whole, independent of and greater than the sum of the parts. The nursing theories of Rogers, Newman, Parse, and Watson, along with Natural systems theory provides the understanding of the

interconnectedness of natural structures in the universe, while the bio-psycho-social-spiritual model serves as a guide to practice. The American Holistic Nursing Association Standards of Holistic Nursing Practice define the ways to accomplish this goal, describing the scope of holistic nursing practice and the level of care expected from a holistic nurse (Dossey, Keegan, & Guzzetta, 2000). Holistic nursing embraces two views of holism: holism represents the individual as a unitary whole and holism identifies the individual as the interrelationship of the bio-psycho-social-spiritual dimension of the person, with the whole being greater than the sum of the parts. Holistic nurses facilitate the healing process as a therapeutic partnership with the patient-individuals, families, and communities. The integration of the practice of self-care is a requirement of holistic nursing practice; leading to self-responsibility, self-awareness, and the understanding of relationships that facilitate the healing process. The AHNA has established guidelines that guide holistic nursing practice. The AHNA standards consist of 5 core values: holistic philosophy and education; holistic ethics, theories, and research; holistic nurse self-care; holistic communication, therapeutic environment, and cultural diversity; and holistic caring process.

Holistic nurses use intention, presence, centering, and right relationships to guide their practice. Centering is the conscious act of calming the mind and body to get in touch with the divine spirit. Centering is an initial stage of listening to self, which is essential to hearing others. The act of intention in any situation determines the outcome. Asking for the highest good in a situation is the act of intention, asking for the best outcome in a situation allows for the removal of willful, controlling thoughts and actions that block the best outcome. Holistic nurses with a centered and intentional presence

serve as a channel for the best outcome for the patient. Both the holistic nurse and the patient are changed in each healing encounter; brought together for mutual learning and healing. Right relationships are nurtured through deep love and respect for self, others, all life, the earth, and the universe: valuing the connection of all things. Complementary modalities such as Reiki are advocated and utilized by holistic nurses. These modalities have foundations in ancient traditions and contribute to interconnectedness and wholeness.

Reiki and Implications for Advanced Practice Nursing

To elevate Reiki to an advanced holistic nursing practice, advance practice nursing can continue to research the practice of Reiki and further legitimize the practice in the scientific community; educate the public about Reiki practice and help to facilitate and institute Reiki practice in hospitals, clinics, and hospices; build Reiki practice, whether private or public, and consult with people and institutions who want to incorporate Reiki into their lives and businesses, and lead nursing to dialogue about Reiki and other holistic healing arts through committee processes and political forums. In this way advance practice nurses fulfill the role of expert clinician, researcher, educator, consultant, and change agent or leader. Patients trust nurses and advance practice nurses can help patients navigate inside the myriad of modalities and healthcare options that are available today. Holistic advance practice nurses can also model self-care and discuss with patients self-care practices, modeling a way of being in the world that fosters wholeness and interconnection to all things.

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