Reiki (pronounced raykey) is a Japanese word meaning universal (Rei) life force energy (Ki). Universal life force energy is inherent in all life forms and is recognized in many different cultures and religions. For example, in Chinese medicine, this universal life force energy is called chi. Hawaiians refer to it as mana, Asians call it prana, and Christians name it light (Honervogt, 1998). According to Reiki tenets, universal life force energy is connected to the body's innate power of healing and promotes physical, mental, emotional, and spiritual self-healing.

A Reiki practitioner facilitates healing energy; he or she does not provide energy. Unlike other touch and energy practices (e.g., massage therapy, therapeutic touch), Reiki does not manipulate, stretch, or knead the body, nor does it claim to direct energy. Universal life force energy is facilitated through the practitioner's hands and naturally goes to the places in the recipient's body in which it is needed. Whether lying down, sitting, or standing, Reiki recipients remain clothed as a practitioner gently places his or her hands on the recipient's body in a series of positions, with the intention of facilitating self-healing and comfort (Barnett & Chambers, 1996; Rowland, 1998).

Like other alternative and complementary therapies, Reiki has become increasingly popular. Not only has there been a rise in the number of persons seeking the services of Reiki practitioners, there has been an increase in the number of trained certified Reiki practitioners. Curricula in medical and nursing schools have...
began to incorporate coursework in alternative and complementary therapies including Reiki.

A survey by Kelner and Wellman (1997) indicated that Reiki is used more widely by persons who are better educated, with higher levels of education, and who are able to pay out-of-pocket expenses, and for emotional problems, low energy, and concerns with health maintenance. Professional and popular literature and Internet Web sites continue to cite Reiki practitioners' anecdotal accounts and testimonials of clients who benefit from Reiki with pain management, anxiety and fear, depression, sleep promotion, and enhanced well-being in hospice and general hospital settings, as well as in outpatient settings. However, educational and socioeconomic information usually are not included in these accounts.

For example, the first author was a psychiatric consultation liaison nurse who routinely used Reiki with clients in a large urban teaching hospital when she encountered Mr. R. Mr. R. was a 58-year-old, precardiac-transplant patient, who was experiencing frequent, long episodes of tachycardia. He had no psychiatric history and was highly anxious about his hospitalization. Nursing staff referred Mr. R. to the first author to help him better cope with hospitalization and to learn relaxation. Mr. R. had difficulty talking for any length of time due to his compromised cardiac functioning, and according to his wife, he was stoic and rather reclusive. Mr. R. was receptive to receiving Reiki and was relieved that he did not need to participate verbally if he did not wish to.

Although he had been taught relaxation techniques (e.g., deep breathing, progressive relaxation, guided imagery), he did not find them to be helpful. However, on one occasion during a Reiki session, Mr. R. went into a normal sinus rhythm and remained symptom free for several hours after the session. Mr. R. also had had difficulty sleeping, but he often dosed during the Reiki, and his pulse would fall. About Reiki, Mr. R. said, "I feel more relaxed during and after the Reiki than any other time." Although Mr. R. did not undergo heart transplantation and subsequently died, while he was hospitalized, Reiki provided a respite. It was a time free from questions, procedures, and hospital routines.

Reiki is not for every patient. The first author has offered Reiki to patients who have refused, preferring other interventions, such as hypnotherapy or brief psychotherapy, and at times, patients have refused all interventions except those related to allopathic medical care. There were occasions when Reiki was offered and given to patients, but the patients denied the effectiveness and requested to resume one-to-one psychotherapy.

It must be noted that when there is a shift from one type of intervention to another, the first author discusses the change in detail with the person so the first author's role as a therapist is explicit, contractual, and thoroughly documented. In addition, the first author prefers not to shift back and forth from one type of therapy to another (e.g., psychotherapy to Reiki to psychotherapy).

In general, patients are decisive in their preferences. For example, Mr. K. had been a patient in the hospital awaiting a second lung transplant. He was familiar with complementary therapies and informed the first author that he wanted to spend his time with her honing his relaxation skills in guided imagery, progressive relaxation, and hypnotherapy. Mr. K. believed that these complementary therapies would bolster his immune system during his wait for a transplant. Mr. K. wanted a more active role than Reiki seemed to offer him. At the time Mr. K. was in the hospital, the first author was not a Reiki master. In hindsight, Mr. K. could have been introduced to Reiki I or self-Reiki (described later in this article).

Use of Reiki specifically with psychiatric patients in psychiatric hospitals is not as evident in the literature as other complementary therapies such as music, art, or relaxation. The extent to which former hospitalized psychiatric patients seek Reiki treatments in other settings is not known. Reiki practitioners have documented patients with depression and anxiety benefiting from Reiki (Brunt, 2000; Honervogt, 1998; Stein, 1995).

However, except for one research study described briefly below in the Efficacy and Supporting Research section, reports do not indicate the criteria or instruments used to arrive at a diagnosis or determine the exact benefits. Tradition, as well as standards of practice and threats of physical harm and litigation, seem to sustain the general "do not touch" principle of therapeutic relationships in psy-
Reiki is an ancient "laying on of hands" healing technique dating back several thousand years to Tibet. Nevertheless, most nurses of various specialties accept the notions that touch can have healing powers and that relationships involve a "chemistry," or an exchange of energy.

**BACKGROUND: AN ANCIENT, HANDS-ON THERAPY**

Reiki is an ancient "laying on of hands" healing technique dating back several thousand years to Tibet. Mikao Usui, a Japanese Christian minister and doctor of theology in Kyoto, Japan, rediscovered Reiki and synthesized the hands-on healing practices used by Buddha and Christ. Chijiro Hyashi, a disciple of Usui's and a Reiki grand master, in turn passed on his knowledge to Hayawa Takata, a Japanese woman from Hawaii, who also became a grand master. Takata introduced Reiki to the United States and had initiated 22 Reiki masters before her death in 1983.

Reiki has since gained steady acceptance as a complementary and alternative healing practice (Rowland, 1998). The passing of Reiki teachings from master to student preserves the integrity of the original form and maps a master-student lineage. For example, the first author trained under two masters. See the Figure for her lineage.

Many national and international Reiki organizations currently exist, and many forms of Reiki that deviate from the traditional Usui method are practiced. Methods tend to differ in specified hand positions, the number of hand positions, or the sequence of hand positions. Practitioners also may use Reiki in combination with other treatments and complementary therapies (e.g., aromatherapy, music, herbal medicine, massage, hypnotherapy, acupuncture, naturopathy, therapeutic touch, prayer, crystals, psychotherapy) (Barnett & Chambers, 1996; Honervogt, 1998; Nield-Anderson & Ameling, 2000).

Reiki is not a religion or cult. It is considered a natural spiritual discipline with intrinsic elements of respect, harmony, and compassion. Reiki is used by professionals and nonprofessionals alike, from all walks of life. For example, it is common for RNs trained in Reiki who work on a medical oncology unit in a large, urban teaching hospital, in which both authors have practiced, to offer Reiki to patients experienc-
ing a sleepless night, to those who are having bone marrow transplants, or following radiation treatments to augment pain management protocols, promote relaxation, and decrease anxiety and fear. As one nurse stated, “I have enough to do. If Reiki didn’t help, I wouldn’t bother.”

Efficacy and Supporting Research

Reiki is a therapy that has not been well researched. Although there are some studies in the biomedical literature, most were conducted with small, nonpatient samples of well volunteers. For example, Thornton (1996a, 1996b) examined the effects of Reiki on anxiety, sense of personal power, and wellbeing in nursing students and found no significant differences between control and experimental groups. Wetzel (1989) found significant positive changes in hemoglobin and hematocrit in a group receiving Reiki training. Brewitt, Vittetoe, and Harkwell (1997) examined electrodermal conductance at more than 40 acupuncture points, finding significant positive changes in only three points after Reiki.

Other groups of researchers studied the effects of Reiki on postoperative dental pain (Wirth, Brenlan, Levine, & Rodriguez, 1993), blood glucose and urea nitrogen (Wirth, Chang, Eidelman, & Paxton, 1996), and wound healing (Wirth, Richardson, & Eidelman, 1996). The results of these studies, although suggestive of positive effects, were inconclusive and could not be attributed directly to Reiki because Reiki was combined with other treatment conditions (Nield-Anderson & Ameling, 2000).

There are several studies in progress that have been mentioned in the literature. The University of Michigan’s Complementary and Alternative Medicine Research Center (CAMRC) recently received $5.7 million jointly from the National Center for Complementary and Alternative Medicine and the National Heart, Lung, and Blood Institute for a series of studies. One of these will be a randomized, blinded, and placebo-controlled study of the effects of Reiki on diabetic patients (Muscat, 1999). Finally, a recent methodological study examined the effectiveness of placebo Reiki in an attempt to develop standardized procedures to be used in a future Reiki efficacy study (Mansour, Beuche, Lein, & Leis, & Nurse, 1999). Blinded observers were not able to detect the differences between Reiki and placebo Reiki treatments (Mansour et al., 1999). This was viewed as a positive finding because the placebo successfully mimicked the Reiki treatment.

There are a few clinical articles that are largely case oriented and anecdotal. Bullock (1997) reported a clinical case study of the positive effects of Reiki on a man in hospice care. Hehner (2000) surveyed 100 Reiki practitioners to examine the use of Reiki during pregnancy, childbirth, and the postpartum period. Practitioners reported a wide range of uses for Reiki in their practice with childbearing women, including relief of common discomforts of pregnancy (e.g., backache) and for calming and comforting the woman and promoting relaxation during labor. Study practitioners uniformly reported a belief that Reiki is safe for use during pregnancy, although there are no studies in the literature examining the efficacy of such practices. In addition, a recent article discussed the potential benefits of Reiki as a complementary therapy for women diagnosed with breast cancer (Ameling & Potter, 2000), and Shalagan (1999) discussed the clinical uses of Reiki in acute care, nursing home, and hospice settings, with a wide variety of medical conditions.

Training and Practice

Each person has universal life force energy and potential healing powers. During Reiki training, a person’s ability to channel universal life force energy and heal is amplified. There are three degrees or levels of Reiki, each resulting in certification for that degree. A practitioner need not progress beyond the first degree because each degree is complete and involves different aspects of the practice and teaching of Reiki. Practitioners progress from one degree to the next depending on their own experiences, needs, and growth. The following sections describe the traditional Usui method.

First Degree

The first degree (Reiki I) typically is taught in a weekend to a group. The number of group members varies. During the course of the weekend, participants explore what Reiki is; learn about its history, how it works, the benefits, and the hand positions for use on oneself and others; and experience hands-on practice sessions. In general, Reiki treatments include 13 to 16 hand positions, maintaining each position for 3 to 5 minutes (Barnett & Chambers, 1996; Burack, 1995).
Hand positions customarily correspond to the body's endocrine and lymphatic systems and major organs, focusing on seven main chakras. Chakras are energy epicenters or vortexes. Each chakra is associated with certain organs and regions of the body. Readers are referred to the reference list at the end of this article, specifically Leadbeater (1927/1977) and Motoyama (1981), for more detailed discussion on the relationship between chakras and emotional, physical, and mental healing. A Reiki healing begins at the top of the head and usually proceeds downward.

Four attunements or initiations, fundamental to first degree training, are administered by the Reiki master. Attunements are spiritual, sacred, and confidential rituals involving symbols and mantras performed by a master to amplify universal life force energy. The attunements activate the chakras and heighten a practitioner's abilities to self-heal and to serve in the healing process. Attuned practitioners typically experience intensified sensations of heat, tingling, cold, burning, or pulsation in their hands while giving Reiki to themselves or others (Horan, 1997; Shuffrey, 1998).

**Second Degree**

In the second degree of Reiki (Reiki II), practitioners learn absent or distant healing. During this instruction, practitioners learn to use universal life force energy in nonphysical dimensions (Honervogt, 1998; Horan, 1997) and to send Reiki to someone who is literally absent (Rowland, 1998). Two attunements are administered. The unique attunements for this degree deepen the practitioners' own healing and increase their energy vibrations. This degree is concerned with transformations on mental and emotional levels and profound spiritual growth. The practice of Reiki II has been described as similar to prayer in that it involves a ritual, symbolic gestures, words of blessing, and spiritual surrender to the life force guiding our lives (Rowland, 1998).

**Third Degree**

The third degree is the master degree (Reiki III). At this level of training, practitioners are committed to teach Reiki as well as heal with Reiki (Rowland, 1998). Traditionally, instruction in this degree is by invitation from a Reiki master. However, over the years this has changed, and currently, any committed Reiki II practitioner can seek this level and request training from a master of his or her choice. The attunement process at this level is used to initiate masters. This, the most intense attunement process, provides the life force vibration for personal growth on all levels.

**Self-Reiki**

Reiki practitioners' accounts of their experiences following self-Reiki are similar to recipients' reported experiences. A variety of responses are described that include:
- Feelings of warm sensations.
- Experience of a blissful state of well-being.
- Heightened perceptions of colors or sounds.
- Diminished physical pain.
- Calmed emotional states.
- Experience of profound states of relaxation and warmth.

- Diminished mental distress.
- Expanded sense of self and universe.
- Deepening of insights.
- Enhanced sense of empowerment and self-confidence for confronting and managing hardships and burdens.
- Increased sense of peace and safety.

It is recommended that practitioners perform self-Reiki regularly to balance and center themselves, and to continue to gain confidence in and mastery of their abilities.

**REIKI: A UNIQUE HEALING PRACTICE**

Five Reiki Principles
Just for today, I will count my many blessings.
Just for today, I will let go of worry.
Just for today, I will let go of anger.
Just for today, I will do my work honestly.
Just for today, I will be kind to my neighbor and every living creature.

Reiki is a unique form of healing therapy. Basic to Reiki teachings is the principle of synchronicity. Healing is synchronous during a Reiki session in that both the practitioner and recipient are mutually healed as universal life force energy, facilitated through the practitioner's hands, flows to where it is most needed physically, emotionally, spiritually, and
mentally for both the practitioner and recipient. Practitioner and recipient have different needs and, therefore, use universal life force energy differently.

The healing of self and other is viewed as reciprocal and integral to the practice of Reiki and occurs whether or not a person believes in the practice or is cognizant of the process (Burack, 1995; Nied-Andereson & Ameling, 2000). For example, on one occasion, the first author gave a Reiki treatment to the second author. This Reiki session was the first one the second author had received and occurred prior to her own journey to become a master. It took place at the end of the day, and both authors were fatigued. Several areas were concentrated on during the session—the second author’s right ankle area, which had sustained an earlier injury, the left mandibular area, and the throat.

The second author’s immediate experience following the treatment was a sense of deep relaxation, well-being, and warmth, not uncommon responses. However, more remarkable was that during the weekend following the treatment the second author noticed that a dermatological condition on her left calf and ankle area had disappeared and has not reappeared, although the session occurred more than 2 years ago. In addition, an abscess in her left gum area, which she was not aware of during the session, developed and quickly subsided during the weekend. The first author, who was fatigued and stressed at the beginning of the session, experienced a deep sense of calmness, relaxation, rejuvenation, and general well-being. These are common responses for the first author during and following a Reiki session, along with a deep sense of reverence and of connection to the recipient and herself.

Unlike many other healing methods, self-healing is the core and an empowering aspect of the practice of Reiki. Self-Reiki is considered as sacred an experience as providing Reiki to another. It is only when a person is responsible for his or her own healing process that he or she can authentically support and contribute to another’s healing journey (Honervogt, 1998).

As described above, during Reiki I, a practitioner is taught hand positions not only for the healing of others but also for self-healing. Performing self-healing is recommended daily for the first 21 days to balance and center one’s own mental, physical, emotional, and spiritual systems (Barnett & Chambers, 1996). It is a cleansing period. Regular self-Reiki sessions increase practitioners’ self-awareness of their own needs, changes, and nuances in energy shifts.

Not all practitioners experience dramatic changes at first. However, for new practitioners who practice the hand positions for 21 days and persist in self-treatments, their tensions, fears, boredom, or self-consciousness usually subside to be replaced with a sense of inner strength, renewal, and wisdom (Burack, 1995). Following a Reiki I class, one participant, whom the first author had known professionally for several years, said, “Reiki changed my life. I have tried everything, but nothing really ever taught me how to take care of myself.”

Also unique to Reiki are its simplicity, applicability, safety, and versatility (Barnett & Chambers, 1996). Reiki does not require months or years of training. No technology, invasive and intrusive diagnostic procedures, or lengthy evaluations are involved. The practice does not compete in any way with traditional medical treatments, nor is it intended to replace or interfere with medical protocols.

Practitioners do not acquire recipients’ symptoms and ailments, and practitioners are not depleted during sessions because universal life force energy flows automatically in abundance. Rarely are there any negative aftereffects. There have been reports that symptoms have heightened (e.g., pain, stiffness, headache) for a brief period but subside with no further distress and a quickened healing process.

SELECTED RESOURCES

Roots and Branches: A Reiki Place
(248) 569-3044
gagern@reikiplace.com

The International Center for Reiki Training
2142 Hilltop Street, Unit 28
Southfield, MI 48034
(800) 332-8112
http://www.reiki.org

The Reiki Alliance
PO Box 41, Cataldo, ID 83810-1041
(208) 483-3535
ReikiAlliance@compuserve.com
http://www.reikiseattle.com/tra.htm

The RN Reiki Connection
http://hometown.aol.com/KarunaRN

The Reiki Healing Connection
633 Isaac Frye Highway
Wilton, NH 03086
(603) 654-2787
http://www.mv.com/ipusers/reikienergy/

The Reiki Network
http://www.reikinetwork.com/
Healing is synchronous during a Reiki session in that both the practitioner and recipient are mutually healed as universal life force energy, facilitated through the practitioner's hands, flows to where it is most needed physically, emotionally, spiritually, and mentally for both the practitioner and recipient.


Reiki practitioners have accompanied surgical patients to operating rooms and been present during anesthesia induction and complicated surgeries. In the authors' and others' experience, Reiki has been used to soothe, comfort, and restore patients in environments with high technological equipment (e.g., surgical, pediatric, and neurological intensive care units), women who are pregnant or who recently gave birth, children with fractured bones, friends and family members who are experiencing stress, as well as family pets (Barnett & Chambers, 1996; Burack, 1995; Hebner, 2000).

CONCLUSION

Like with other alternative and complementary therapies, research investigating the effects of Reiki on persons with psychiatric and medical disorders is necessary. Historically, the nursing profession has advocated patients' rights and patients' self-care management (Wells-Federman, 1996). Similarly, alternative and complementary therapies emphasize self-healing and health promotion.

With the increasing popularity of these therapies, challenges for all nursing specialties are to continue to develop assessment skills to better facilitate recipients' mental, spiritual, emotional, and physical development (Wells-Federman, 1996); investi-

gate which healing methods are more effective for specific psychiatric and medical illnesses in a given phase of illness trajectory; and examine whether or not certain therapies are more appropriate for particular health care settings. Particularly relevant for the practice of Reiki are questions such as:

- Which hand positions are most appropriate for which disorders?
- How long do certain hand positions need to be held for maximum benefits?
- How many treatments are needed and for what length of time for specific disorders?

Questions such as how much, how often, for how long, and under what conditions are asked when investigating the efficacy of any pharmacological agent.

The delivery of health care services is an extremely stressful business today. In addition to mastery of an ever-increasing knowledge base for clinical practice, nurses are forced to cope with the political and financial stressors of the times. Reiki can provide an opportunity to relax, renew, and restore. All that is required is the gentle placement of hands on oneself or another.

REFERENCES


KEY POINTS

1. Reiki is an ancient healing art involving the gentle laying on of hands. It can be practiced anytime and anywhere.

2. Reiki can be used as a complementary treatment to medical protocols.

3. Hand positions customarily correspond to the body's endocrine and lymphatic systems and major organs, focusing on seven main chakras.

4. More research investigating the effects of Reiki on persons with psychiatric and medical disorders is necessary.


Dr. Nield-Anderson is Associate Professor, Florida International University, School of Nursing, North Miami, Florida, and Ms. Ameling is Professor, Yale University, School of Nursing, New Haven, Connecticut. Both authors are Usui Reiki masters and clinical nurse specialists in advanced psychiatric-mental health nursing.

Address correspondence to Leslie Nield-Anderson, PhD, APRN, Associate Professor, Florida International University, School of Nursing, 3000 NE 151 Street, North Miami, FL 33181; e-mail: Nield@fiu.edu.