PATIENTS' AND PRACTITIONERS' EXPERIENCES, PERCEPTIONS AND BELIEFS PERTAINING TO THE USE OF REIKI IN DEALING WITH CHRONIC ILLNESS

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ABSTRACT

Objectives

This qualitative study explored the experiences of patients suffering from cancer and other chronic conditions and those of their practitioners during a Reiki treatment. Specific research objectives were to: 1) better understand how participants describe healing, 2) document consecutive therapeutic encounters (i.e. Reiki sessions) as experienced by patients and practitioners over time and, 3) identify meaningful benefits and other relevant outcomes from both perspectives.

Materials and Methods

A convenience sample of four patient-practitioner pairs consented to participate in the study. Data was collected over 12 months via interviews with both the patients and Reiki practitioners. Hour long interviews were conducted before and after their participation in the study. Ten minute telephone interviews were done no longer then 48 hours after each Reiki session to capture participants' experiences with that particular session. All interviews were audio taped and transcribed. A phenomenological approach was used for the data analysis.

Findings

This qualitative study attempted to longitudinally explore the experiences and practices of Reiki from both the patients' and the practitioners' perspectives. Illness specific symptom relief as well as mental and emotional effects such as decreased anxiety and a better ability to handle stressful situation were experienced by the patients. Spiritual awakening and connection was attributed to the Reiki sessions and the relationship established with their practitioner. Energy directed releases during the Reiki sessions were quite common. Some practitioners experienced different sensory experiences that they attributed to the Reiki energy. The experiences ranged from feeling the energy, temperature changes to seeing different objects during the Reiki treatment. Many of the experiences described by the participants support what has been written in the literature. However, certain concepts such as the evolving concept of healing as well as the altered perception of illness are newer concepts which are beginning to surface

Conclusion

Patients' and practitioners' experiences helped to gain insight in to the therapeutic relationship and their evolving definitions of healing. Several outcomes were noted on the physical, mental and emotional levels of all participants. This information will help lay the groundwork for future research on Complementary therapies including Reiki.

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DEDICATION

This study is dedicated to my grandfather Jack Breithaupt whose fight with cancer took him away from this planet much too early. Your creativity, intelligence and love for life were something I always admired. Thank you Grandad for teaching me to think openly and for your love and support.

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LIST OF ABBREVIATIONS

CAM - Complementary and Alternative Medicine

TT – Therapeutic Touch

HT- Healing Touch

RCT- Randomized Control Trials

WHO- World Health Organization

TCM- Traditional Chinese Medicine

Chapter 1
Introduction

1.1 Background: Complementary and Alternative Medicine

Complementary and alternative medicine (CAM) is growing in popularity all over the world (1). CAM can be defined as "a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional western medicine"(2). The most frequently prescribed drug for depression in Germany is St. John's wort (3) and in the United Kingdom, the market for homeopathic remedies, herbal remedies and aromatherapy oils increased by 41% between 1992 and 1996 (4). The estimated total amount of out of pocket money Canadians spent on CAM therapies in 1997 was $3.8 billion dollars (5). CAM is an important Canadian health care issue due to its increased popularity (4) and policy makers, health care researchers and health practitioners have become increasingly concerned about the lack of regulations, monitoring systems and evidence-based research in the area.

The American National Centre for Complementary and Alternative Medicine (NCCAM) has classified the different kinds of CAM therapies into five different categories (3). They include: Alternative medical systems; Mind-Body interventions; Biologically Based therapies; Manipulative and Body-Based methods; and Energy Therapies. The focus of this study is within Energy Therapies. Energy therapies use energy fields and, according to NCCAM, can be divided into two types, biofield therapies and bioelectromagnetic-based therapies (3). The former affect energy fields that penetrate and surround the human body, such as Reiki, Qi Gong and Therapeutic Touch (3).

1.2 Reiki

Reiki is one of the CAM therapies that is increasing in popularity. For instance patients undergoing surgery at regional hospitals in Portsmouth, New Hampshire now have an option to undergo a fifteen minute Reiki treatment before their surgery (6). Reiki is a biofield energetic therapy that has been defined as: "A healing system based on universal life force energy. Reiki teaches that a life energy is present in all living things, and that a shortage or blockage of this energy results in physical and mental imbalance

and illness. Balance can be restored by tapping into the universal source of life force energy."(1)

Due to the increased popularity of Reiki more research is being conducted on the therapy. In their paper that explored research issues for clinical studies in CAM research, Singh and Berman stated that, "Use of a priori knowledge is a better choice than trying to reconstruct post hoc assumptions generally." (5 pg. 5). Essentially, they concluded that exploratory work must be conducted in order to determine what kind of benefits patients are witnessing. Only then, measurement questions can be raised and appropriate tools searched. Singh and Berman also noted that, "One needs to know what the current state of the science (i.e. accumulated knowledge) is within a treatment or diagnosis area before proceeding to study these relationships further." (5pg. 4). It is important to look at what has been studied before continuing research in a certain area.

The existing research on Reiki does not include enough specific research on the modality. For instance, one area that has not been explored is the patients and practitioners concurrent experiences. The experiences of the patients and practitioners have been explored separately, but never together over time.

1.3 Study Purpose

The purpose of this study was to better understand the Reiki modality and more specifically treatments from both the practitioner and patient perspectives. Moreover to document some of the outcomes that occur as a result of Reiki treatments. The objectives of the study were:

- To better understand how people (patients and practitioners) describe healing.
- To document therapeutic encounters (i.e. Reiki sessions) as experienced by patients and practitioners over time.
- To identify meaningful benefits and other relevant outcomes (patient, practitioner or environmental) that are derived from Reiki sessions for both patients and practitioners.

1.4 History of Reiki

Reiki, when broken down and translated from Japanese is, rei-universal, ki- life force energy (1). Reiki is a non-invasive form of touch energy therapy that works with the human energy field (4,6). It involves the laying of hands on the patient, or right

above the patient, to stimulate energy flow, which can increase vitality, resistance to disease and overall well-being of the patient (1).

The history of Reiki is widely debated. The roots of Reiki can be found in the ancient Tibetan sutras and were brought to the modern world in the 1800s through a rich oral history (4, 6, 7) that until recently was not found in written form. Reiki was not rediscovered until 1922 when a Buddhist Monk named Mikao Usui took a 21-day retreat on Mount Kurama where he became attuned to the Reiki energy (8). It is debated whether Usui was Christian and it is also questioned where he had studied and where his journeys had taken him (7, 8). It is known that he trained sixteen teachers from Japan throughout the rest of his lifetime and passed away in 1926 (8).

One of the teachers that he trained was named Dr. Churijo Hayashi, a physician from Japan (4, 7). Dr. Hayashi was the Reiki Master who initiated and trained Madame Hawayo Takata (4, 7) while she was in Japan seeking help for her ill health (8). Madame Takata was a Japanese-American woman from Hawaii and returned there after becoming initiated as a Reiki Master (4, 9). It is at this point where the history becomes widely debated. Western Reiki, as taught by Takata, became somewhat different from the original Japanese version of Reiki (8). This is partially due to the fact that Takata's teachings in Hawaii were at the time of World War Two when Japanese culture was not well accepted in the Western world. Reiki was not well known and many of its practices went on secretly (7). Before she died in 1980, Takata had initiated 22 Masters (7). These 22 Reiki Masters created the Reiki Alliance following Takata's death (9). Reiki continues to be mostly an oral tradition but has also started to create written records. Its popularity is shown in the number and variety of Reiki practitioners that can be found around the world (10). These different forms of Reiki vary in the hand positions, number of hand positions, and the sequence of hand positions. Other variations include a combination of Reiki with other healing modalities, such as aromatherapy, music, crystals, and massage (10). In 2000, it was reported that at least seven major national and international Reiki organizations existed (10). It is Western Usui Reiki that is being examined in this study because it is one of the more popular forms of Reiki found in the community. A more specific description follows in the literature review section 2.4 starting on page 6.

Chapter 2

Literature Review

2.1 Introduction

This literature review searched the CAM research and Reiki research areas. Search engines including PubMed were used to find articles. The terms that were used for the searches were: Reiki, CAM, Touch Therapies, Healing, Therapeutic Relationship, Energy therapies, Patient and Practitioner. Approximately 40 articles were retrieved using this method. Other articles were recommended from other researchers or were found on the internet as a webpage reference.

2.2 Definition of Traditional Medicine and CAM

The World Health Organization (11) defines traditional medicine as "the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness."(11). The WHO defines CAM very similarly "The terms "complementary medicine" or "alternative medicine" are used inter-changeably with traditional medicine in some countries. They refer to a broad set of health care practices that are not part of that country's own tradition and are not integrated into the dominant health care system."(11). CAM therapies are said to have four primary themes: holism, empowerment, access and legitimacy (12). The themes have been identified because of the intuitive approach taken with CAM therapies as opposed to the deductive approach used in conventional medicine (12).

Many different types of CAM therapies exist. Complementary therapies range from nutritional supplements, prayer, homeopathy, acupuncture, and chelation therapy to massage therapy, music therapy, and Traditional Chinese Medicine (TCM). As mentioned in the introduction, the NCCAM has divided CAM therapies into five different categories (3), one of them being the category of Energy Therapies which includes Therapeutic Touch and Reiki.

2.3 Definition of Touch Therapies

Touch therapies can be divided into three sub categories or healing modalities, Therapeutic Touch, Healing Touch and Reiki. Therapeutic Touch is defined as "…a healing practice based on the conscious use of hands to direct or modulate, for therapeutic purposes, selected nonphysical energies that activate the physical body"(13 pg. 22). Healing Touch has been defined as "…a philosophy, a way of caring, a sacred healing art, and an energy based therapeutic approach to healing. It uses a variety of energy techniques to treat the human energy system to assist the client to self heal" (13 pg. 22). Reiki, the third touch therapy modality is what is being explored in this study.

As mentioned in the introduction, one major difference between Therapeutic Touch/Healing Touch and Reiki, is that Reiki does not use the practitioners own energy to do the healing and the practitioner does not guide the energy (14). TT and HT use the practitioners' own personal energy and they therefore guide where the energy goes. In Reiki the energy goes where the patient's spirit, or energy believes it should be directed. Reiki practitioners also receive initiations or attunements in order to tap into the Reiki energy. Therapeutic Touch has no such attunements. The book "The Spirit of Reiki" by Lubeck, Petter and Rand, three world renowned Reiki researchers and practitioners, have defined Reiki based on the following four aspects:

1. "The ability to perform Reiki comes from receiving an attunement, rather than developing the ability over time through the use of meditation or other exercises.
2. All Reiki techniques are part of a lineage, meaning the technique has been passed from teacher to student through an attunement process, starting with the one who first channeled the technique.
3. Reiki does not require that one guides the energy with the mind, as it is guided by the higher power that knows what vibration or combination of vibrations to have and how to act.
4. Reiki can do no harm."(8 pg.22 and 23).

According to them, "If a healing technique has these four qualities, it can be considered to be a Reiki technique." (8 pg. 23).

This definition of Reiki differs a fair amount from the definition of non-contact Therapeutic Touch as defined by the Nurse Healers-Professional Associates in 1994, found in Giasson and Bouchard's paper on Effect of Therapeutic Touch:

"The Nurse:

1. centers and places herself or himself in a frame of mind intended to therapeutically assist the ill person;
2. moves hands slowly above the person's body surface (5cm to 15cm) and assesses the imbalances and asymmetries; hand movements occur from head to toe;
3. uses calm and rhythmic hand movements to sweep over the human energy field;
4. uses the hands as a focal point for modulating energy in regions of the body assessed to be imbalanced or asymmetrical; and
5. repeats the sequence of Steps 2 to 5 until hands sense balance and symmetry in the human energy field. The duration of Therapeutic Touch treatment is determined by the fifth step, which is the final evaluation." (15 pg. 387).

The practitioner's role differs between TT and Reiki in that the TT practitioner directs the energy whereas the Reiki practitioner acts as a conduit for the energy to flow through and it is directed by the receiving person's energy or spirit, so there is no conscious or directed healing. The healing in Reiki is done in a spiritual and holistic manner (14). It is important to acknowledge the similarities and differences of Reiki and TT for this study because they are somewhat similar therapies and some TT research is relevant. Although the two therapies are both energy touch therapies, they do have some differences. For this study it was felt to be important to review some of the TT literature mainly for the research design issues, as described later. Since research on patients' and practitioners' experiences with TT already exists, some of the research design issues have been addressed, and therefore informed some of the research design in this study.

2.4 Reiki Training

Usui Reiki practitioners are trained in three degrees. The first degree can be taught over a weekend in which the person is instructed in the history of Reiki, and how to treat himself or herself and others through a series of hand positions. They are guided through a series of four sacred attunements or initiations (4, 6, 16).

The second degree Reiki can also be taught over a short time span such as a weekend. Here, students are taught how to cleanse a room using Reiki and how to send Reiki from a distance using a series of symbols (4, 6, 17).

The third degree is the Masters level. This level takes much longer to learn, spanning more than a year. The student becomes an apprentice to a Reiki Master (4, 6, 17). The apprentice learns to embody the Reiki energy through self-reflection, giving

Reiki, spiritual growth and teaching Reiki (16). Once a person becomes a Reiki Master he or she is able to initiate other people into Reiki (4, 6, 17).

2.5 Effects of Reiki

The following section is broken down into the different outcomes that are described in the Reiki and touch therapy literature. They include the physiological, mental and emotional outcomes. When Reiki literature was found to be less convincing due to small numbers, research from Therapeutic Touch was reviewed.

2.5.1 Physiological Effects and Symptom relief

Wetzel used a case-control approach to look at the physiological effects of Reiki (7). She compared pre Reiki and post Reiki levels of hemoglobin and hematocrit levels of 48 people to that of a control group of 10 healthy medical professionals (7). Reiki was found to have a significant effect; over 90% of the cases demonstrated some change in hemoglobin or hematocrit levels (7).

In a phase 1 study, Olson et al. measured 20 participants' pain levels following one Reiki session (18). Seventeen participants reported a reduction in pain following the sessions using a visual analogue scale (VAS) scale ($p= 0.0001$) and 18 reported a reduction in pain using the Likert scale ($p=0.0002$) (18).

Olson et al. continued their research in the area of pain management in cancer patients using Reiki (19). In the more recent article, they compared quality of life, pain levels and analgesic use in twenty-four cancer patients. The participants were divided in to two groups. Both groups continued with previously prescribed opioid use. One group received Reiki while the other group rested for the same amount of time (19). The group that received Reiki had significant improved pain and quality of life but no overall reduction in the opioid use (19).

Witte and Dundes conducted a study on 100 undergraduate students exploring the relationship between relaxation and Reiki (20). Students were placed in to one of four treatment groups; Reiki, sham Reiki, music, or meditation for twenty minutes. Sham Reiki is a form of placebo Reiki, i.e. the practitioner uses hand positions similar to Reiki but the practitioner is not trained in Reiki and therefore cannot channel the energy. Mental and physical relaxation, blood pressure and heart rate were measured before and after the treatment. Talking was not permitted during any of the sessions in an attempt to

standardize the treatments. Four standard head positions were used for the Reiki and sham Reiki and each position was held for five minutes. Significant results were found documenting for a drop in physical stress with Reiki as well as a decrease in systolic blood pressure (20). Interestingly, diastolic blood pressure and pulse were found to increase in the participants who received Reiki (20).

Miles examined the effects of Reiki for HIV/AIDS related pain and anxiety (21). Pre and post pain and anxiety levels were tested before and after a twenty minute self-administered or practitioner administered Reiki treatment for people suffering from HIV/AIDS. Self-administered Reiki is taught in the first degree training. Decrease in pain and anxiety was found to be significant for those who received self-administered or practitioner administered Reiki compared to those who did not. Interestingly, no differences were found when comparing self-administered or practitioner administered Reiki (21).

Wirth et al explored the effect of non-contact Therapeutic Touch with or without Reiki, as well as of two other CAM modalities: LeShan and Intercessory Prayer on the healing rate of cuts (22). This study was a randomized double blind cross over design with fifteen participants. Significant results were found for the treated group versus the control group. No significant difference was found between the different combinations of therapies (22).

In another project, Wirth et al explored the effect of TT, Reiki, LeShan and Qigong therapy in combination on haematological levels (23). This study was also a randomized double blind within subject cross over design. Fourteen participants were randomly assigned to different groups: treatment or control groups. Blood samples were taken pre-treatment/control and at 30 minute and 60 minute time intervals during the treatment/control. Significant results were reported for urea nitrogen levels at time two (60 minute) and blood glucose at time 1 (30 minute) and time 2 (60 minute) for the treatment group compared to the control arm (23).

Research literature on Reiki varied in quality and subject. The lack of many studies made it more difficult to review the existing literature. Also, gaps in the literature made it a challenge to link the different areas with one another. The literature showed that Reiki improves pain, reduces opiod use and helps improve overall quality of life.

Many studies were done with small samples and only examined patients with acute conditions or healthy people. Very little work has been done with patients affected by chronic conditions. Overall the existing Reiki research was helpful but the need for much more research became very apparent upon doing the review. For these reasons, a decision to use other energy therapy literature was made. Although the therapies reviewed may be different, many of the research methods were helpful.

The literature in Therapeutic Touch (TT) research encompasses many studies, both quantitative and qualitative, and demonstrates varying degrees of effectiveness. Some of the TT research was on different conditions, including chronic conditions. They include many of the conditions mentioned in Long, Huntley and Ernst's study, such as anxiety, headaches, stress reduction, sleep, pain, and wound healing (62,63). This research was helpful because the conditions that were studied were similar to those encountered in the current study.

2.5.2 Mental and Emotional Effects

MacDermott conducted her Masters thesis on the impacts of Reiki and aroma therapy massage on behavioural and psychological change in women survivors of childhood sexual abuse (25). She used both qualitative and quantitative measures and analysis. Sixty-four participants chose the therapy that they received. Each participant completed standardized questionnaires and participated in interviews at four points in time before and after each treatment. The quantitative measures indicated that survivors experienced less post traumatic stress symptomology, less intrusive thoughts, and decreased anxiety, vulnerability and isolation after nine weeks of treatments, either Reiki or Aroma-Therapy. No significant difference was shown between those receiving Reiki or Aroma-Therapy. The qualitative results indicated that both treatments led to less guilt and trust difficulties, decreased headaches and back pain, improvements in sleeping and eating, and more self care (25).

2.6 Healing

Healing is a challenging experience to describe. Warber et al conducted a qualitative study examining healing as described by biofield energy therapists, including Reiki practitioners (26). They interviewed 19 therapists from different modalities. Healing was viewed to be facilitated by a special relationship between two people, the

healer (practitioner), and the healee (the patient). The relationship was described by the practitioners as having several different dimensions. The practitioners were adamant that they were not the only participants in the healing process; they felt that the patient was just as important for healing to occur because the patient had to be in a state of openness. The participants also mentioned that compatibility was very important in the relationship. Closeness was developed when the patient and practitioner were compatible. Collaboration was another theme that the researchers described. Healing was described as a two person process which involved spiritual and energetic collaboration between the healer and healee. Practitioners commented on the importance of communication and how it lays the groundwork for a healing encounter as well as provides a platform for feedback to be shared. Trust was another theme that practitioners mentioned, it was achieved via professional credentials of the healer, honesty, honouring the client and creating a safe space for the patient to come to. Practitioners mentioned ethics as an important factor in a successful healer-client relationship(26).

McDonough-Means et al (27) examined what fosters and mediates a healing presence. Healing presence implies certain characteristics of the practitioner that leads to therapeutic, beneficial and/or positive spiritual change. They described three dimensions of presence. The physical presence is the physical proximity of the healer to the healee, the psychological presence which is the mind to mind contact, and the therapeutic presence which is a spirit to spirit connection. They also mentioned that presence cannot be learned, and that healers are born with presence (27).

A list of nine attributes and belief systems of people who have a healing presence were identified: therapeutic relationship, empathy, compassion, charisma, spirituality, transpersonal communication, healee psychology and biology, optimism, and expectancies and beliefs (27). In terms of the healee's psychology and biology, the researchers discussed a concept called 'absorption', which is a disposition or openness for having representational resources leading to a heightened sense of involvement and is impervious to distracting events. Higher absorbers will perceive charisma and empathy in a healer better than low absorbers (27).

Other themes that emerged from the therapeutic relationship literature reflect the characteristics of a healing relationship. Miller (28) identified several aspects:

healing intention, information transfer and motivation which are similar to the communication and accessibility themes found in this study. Also, the healing relationship was identified in terms of the emotional attributes, such as mindfulness, trust and emotional engagement (28). Five components of quality were also described: commitment, growth, cohesion, adaptability and caring-in-relation. These qualities reflect some of the bonding, respect and appreciation as discussed by the participants (28). Psychotherapy research has also demonstrated similar characteristics in research. For instance attachment, bonding and social support are keys to supportive psychotherapy (29). Tang and Anderson explored the power relations in patient-practitioner interactions (30). Similar to the relationship that is established between the Reiki practitioner and the patient, their research showed the effect of an equal partnership relationship in a therapeutic encounter. In creating an equal relationship, the patients felt more comfortable in their healing journeys (30).

2.7 Patients' Experiences with Reiki

A few studies have examined patients' experience with Reiki. For instance, Bullock followed a cancer patient and documented his experience with Reiki treatments (17). She found that the patient's intent was an important aspect of his experience. This is based on the supposition that thoughts follow energy and that energy follows intent (17). In other words, if the patient wanted the Reiki to work in a certain area in a particular way, then it would most likely work.

A phenomenological study done by Mansour et al. examined five women's experiences with Reiki treatments. They followed the women through their treatments for five months doing in depth interviews (16). The women included both the researcher and a practitioner. The Reiki treatments were reported as improving physical, spiritual and psychological issues (16).

In Engebretson and Wardell's qualitative study twenty-three patients' experiences with Reiki were documented. A few quantitative measures such as Spielberger's State-Trait Anxiety Inventory, biofeedback measures, intermittent blood pressure monitoring and IgA and cortisol salivary samples were used. They found several different themes within patient data, which helped to describe patients' experiences with Reiki. These

themes were split into three different categories: State of Awareness, Sensate Experience and Symbolic Experience (31).

In the category State of Awareness, four themes were identified. Liminal State of Awareness referred to what the participants described as altered awareness. Orientation to Time was the second theme; participants mentioned time was either moving very slowly, quickly or they described no concept of time. Orientation to Place and Environment was described as being hyperaware of the environment or an altered awareness of the environment. The fourth theme was Orientation to Self, where distortions to ones body were experienced (31).

The second category, Sensate Experience, included five themes. Temperature Sensations were described as warm or warm on the inside and cold on the outside. The second theme was Sound, where some participants described hearing different things. Proprioception was the third theme; participants described different senses of spatial position and movement. Participants described their experiences with energy, the fourth theme, by using words such as throbbing and pulsing. Finally, Discordant Touch was explained by the participants. They described feeling the practitioner's hands where they physically were not (31).

The third category was Symbolic Experience which included three themes. Internal Feelings were described by participants as peaceful, calm and relaxed. The second theme was Cognitive Experience where participants experienced feelings of detachment and clarity. External Experience of Relationship to the Reiki Master where Participants described feeling both safe and vulnerable with respect to the Reiki Master (31).

In an unpublished pilot study conducted to inform this project, similar themes were found from the patient's perspective (32). The study had two participants, one patient and one practitioner. Themes such as orientation to time and temperature sensations were described by both of them. This pilot study also looked at the practitioner's experiences during the Reiki sessions. The biggest finding in the study was that the patient and practitioner had very similar experiences. It was as if they had become a healing entity, both working together to reach the goal of a healthy healed person (32).

People living with HIV/AIDS are at a greater risk of psychiatric distress, disruptions in social support networks, and substance abuse (33). They often require healing that goes beyond the complicated medical regimens. In a case history that explored an AIDS patient's experience with Reiki the patient found that Reiki self-treatment helped him relax and maintain his sobriety as well as work through depression (33). Although the improvements that were reported by the patient were remarkable, they were most likely due to the sophisticated combination of medication as well as other psychiatric interventions. However, both the psychotherapist and physician of the patient mentioned that one factor that contributed significantly to the patient's improvement was his belief in his self-treatments of Reiki.(33).

2.8 Practitioners' Experiences with Reiki

Research has also been conducted on Reiki practitioners' experiences. Whelan and Wishnia did a phenomenological study with eight nurse/Reiki practitioners' in order to describe their experiences with Reiki (34). Seven themes emerged from the interviews. The first theme was the benefits received by nurse/Reiki practitioners during a Reiki client therapy session including feelings of peace, calm, relaxation and grounding (34). The second theme was the benefits received by the Reiki client during a nurse/Reiki practitioner therapy session. These benefits included helping in the healing process, bringing relaxation and calm to the client and helping to reduce pain (34). Increased sensory perception by the nurse/Reiki practitioner was the third theme and referred to an ability to sense when the client is blocking the energy as well as the ability to sense the area of the body where the energy is being transmitted to the client (34). The fourth theme was auras and chakras in which participants described sensing their patients' surrounding energy and chakras. Increased satisfaction of being a nurse/Reiki practitioner compared to nursing work was seen as an asset and was linked to time spent with the patient (34). Participants indicated that some of the advantages of being a nurse while being a Reiki practitioner was linked to the previous theme of work satisfaction (34). Finally, the seventh theme was the disadvantages of being a nurse/Reiki practitioner which related directly to the issue of the credibility of Reiki within the nursing and medical community (34).

A study done by Chang explored practitioners' perspective on touch therapy relating to ki (35). Although neither Reiki nor TT were used, a more basic touch therapy relating to ki was used in this study. Practitioners described ki to be similar to chi or qi and viewed it as energy, strength or vitality (35).

2.9 Patient and Practitioner Experiences – insights from TT research

Wirth conducted a study that assessed the impact of healer and patient expectations on mental and physical health parameters after a spiritual healing session (36). Forty-eight participants who received spiritual healing treatments were separated into two groups. The high expectancy group was those participants who believed or expected that their condition would be greatly improved within three weeks. The low expectancy group was those participants who believed that their conditions would improve slowly and would take more than three weeks. Also, if the practitioner believed that the patient's condition could be cured or greatly improved within three weeks, then the patient was put in the high expectancy group. If the practitioner felt that the condition would take more than three weeks to improve then the patient was put in the low expectancy group. A pre and post treatment questionnaire was used to gather the data on physical and mental changes. Statistically significant differences were found between pre and post levels on fourteen different variables. Significant results were also found between high and low expectancy for the patient and their healers as well as a significant relationship between high expectancy in patients and healer and the effectiveness of spiritual healing. High healer and patient expectancies were found to be very important predictors and facilitators of the healing process. It was also hypothesized that the degree of bonding and communication between the healer and patient were an important factor in the treatment.

Two other studies in particular are worth mentioning in relation to the current study. In a pilot qualitative project, Quinn and Strelkauskas looked at both the practitioners and patients when giving or receiving TT. They found what may be the emergence of an index of a practitioner-recipient resonance. This index could be used to determine if a practitioner is able to enter into what they have called a "healing state of consciousness" and that this could possibly be correlated with different outcomes of TT (37). Finally, they said that TT interaction was unitary, meaning that anything that

occurred during the session was meaningful to both parties involved (37). They suggested that future research be done in this area to find out more about the interaction that occurs between patient and practitioner.

Another relevant qualitative study looked at nurses' and patients' experiences with Therapeutic Touch. Three themes emerged from the data analysis (38). The first theme was *Opening Intent*, which was broken down into three categories. The first category is *Quieting* where the mind, body and emotions are stilled so that the patient and practitioner feel in harmony with the universal life energy. The second category is *Affirming* where the patient and practitioner recognize the wholeness and unity of the universal life energy (38). The final category is *Intending* which is described as the desire to get the universal life energy moving.

The second theme was *Opening Sensitivity*, which is broken down into two different categories. The first category is *Attuning* where the patient and practitioner are "Listening to the quality of the flow of the universal life energy" (38 pg. 182). The second category is *Planning* where internal and external cues about the flow of the universal life energy are used to make a treatment plan by the practitioner.

The third theme was *Opening Communication* which comprised three categories. The first category is *Unblocking*. This is where the practitioner clears out the impediments and balances the flow of the universal life energy. The second category is *Engaging* which is defined as "Directing and receiving the flow of the universal life energy" (38 pg. 182). The final category is Enlivening where there is pulling and balancing of the flow of the universal life energy.

These two studies are important because they have explored similar research questions as this study. Their findings helped to guide the design of this study. Also, the themes from these studies helped inform the interpretation of the data from this current study.

2.10 Research Issues

Mansour et al suggested that Reiki literature displayed a lack of theoretical understanding (39). CAM research can pose some research challenges. The following is a discussion of some of those challenges.

2.10.1 Placebo

Research methods used in conventional medicine are sometimes difficult to apply because of the characteristics of some complementary therapies, such as Reiki (7). Critics such as Dr. Barry Beyerstein have written many papers on this very subject. These skeptics say that if the results are not statistically significant and/or obtained via randomization, then the study does not give valid results and therefore the therapy must be a hoax. One reason they suggest CAM studies have positive results is due to the placebo effect. The placebo effect is when a patient sees a notable improvement and assumes it is due to the treatment, when in fact it is due to the mental state of the patient. The patient believes that the treatment is working and his/her health condition improves due to his/her thoughts rather than the treatment. Dr. Beyerstein said, "The major reason for doubtful remedies' being credited with subjective, and occasionally objective, improvements is the ubiquitous placebo effect." (40 pg. 234). When researching any kind of medical therapy, whether it is conventional or complementary, the placebo effect is a challenge to overcome (41).

A group of researchers developed a placebo Reiki so participants could therefore not tell whether they were receiving the placebo Reiki or the Reiki treatment (39). They examined the effectiveness of placebo Reiki standardization procedures in order to conduct a Reiki efficacy study. A four-round, cross over experimental design had twenty blind participants go through a combination of two interventions. These interventions were Reiki treatment and Reiki treatment, placebo treatment and placebo treatment, placebo treatment and Reiki treatment, or Reiki treatment and placebo treatment. The participants were asked to evaluate each session with a self-administered questionnaire. The study demonstrated that the standardized procedures that were developed by the researchers were successful because the participants were unable to differentiate between the Reiki treatment and the placebo treatment (39).

The placebo effect has been discussed in the literature extensively. In terms of CAM research, recent literature has suggested that those effects that are labeled as placebo in conventional medicine are part of the therapy in CAM (41). For instance, placebo or non-specific effects such as therapeutic encounter is key to many CAM therapies, but in conventional medicine it is viewed as components of the placebo effect

(42). Therefore, the placebo effect may not have a place in CAM research as something that needs to be controlled for; rather it is one of the outcomes of CAM therapies.

2.10.2 Randomized Control Trials

Singh and Berman wrote a paper on how to design clinical trials for complementary therapy research. They made some suggestions regarding randomized control trials in CAM research. Firstly, they discuss randomization in CAM research. "…randomization should not always be chosen as the mechanism for achieving group equivalence in multigroup designs" (5 pg. 3). This is due to a required large sample size for clinical trails, a problem in both conventional and complementary medical research. They go on to say that "The assumption that random assignment is a better methodological practice for a research question should be substantiated by the previous research in the area and ability to execute it properly" (5 pg. 5).

Since then, several researchers have explored the challenges and also methodological solutions that would still allow a valid evaluation of CAM. Nahin and Straus, among many other researchers, published a paper on overcoming research problems in CAM research including difficulties with RCTs (44). The major problem that they cite for RCTs is that double blinding, an important component of RCTs, cannot be controlled for in CAM therapies. They explain that blinding the practitioner is very difficult. This is because an experienced practitioner knows which is the correct therapy and which is a sham or placebo therapy. The practitioner may convey this knowledge, consciously or subconsciously, to the patient (44) and is therefore not considered an effective double blinding.

2.10.3 Multimodal Therapies

Another problem that Nahin and Straus cite for RCTs difficulties in CAM research is that the therapies are multimodal and that RCTs only examine one part of the therapy (44). For instance, in acupuncture, the practitioner may use herbs to help the patient with the ailment. They also have the needles, which stimulate both a physical and energetic reaction. In randomized control trials the focus is only on the efficacy of a therapy rather than examining several different aspects of a therapy, which would reflect the multidimensional nature of CAM therapies. Nahin and Straus say that when doing a study of complementary therapies on a specific disease, "…the investigators [should]

consider the system as a whole, instead of a single core modality." (44 pg. 162) Randomized control trials are possible in CAM research, only the trials need to be adapted to the subject or therapy that is being studied (45).

Reiki is also a multimodal therapy in that the relationship and interaction between the practitioner and patient are part of the therapy. When removing elements that allow the patient and practitioner to bond because of standardization, the therapy is therefore altered. In this current study, the therapy was not standardized so that the therapy was practiced in its most natural way.

2.10.4 Western versus Eastern Philosophies

Reiki practitioners often associate the difficulty in evaluating Reiki to the underlying philosophical differences between Western and Eastern health care delivery models (10). The approach taken with Reiki is a holistic approach in which the individual is viewed within the context of his or her environment whereas Western biomedical practices focus more on parts of the patient and do not associate the symptoms with the social or historical context (10). Reiki practitioners also seemed less likely to show interest in scientific research on their healing modality (46). Kelner's study conducted interviews with twenty-two representatives from three different CAM therapies: chiropractic, homeopathy, and Reiki. Kelner explored their perspectives on research of the respective modalities. The data suggested that the reason for the lack of research interest among those who practiced Reiki was a lack of formal organizations within the Reiki community (46).

Researchers have also associated the difficulties in the evaluation of CAM therapies with the differing paradigms of allopathic medicine and CAM therapies (47). Implicit in this belief is that the different paradigms lie at opposite ends of a mutually exclusive continuum (47). At one end of the continuum lies the allopathic paradigm which takes a verifying theory, positivistic paradigm or deductive approach (47). The other end of the continuum is CAM therapy which takes a generating theory, inductivistic paradigm or inductive approach (47). Allopathic medicine adopts a deductive approach to initiating knowledge and theory. This requires the capability to test a cause and effect relationship and to disprove false results. The inductive paradigm adopted by CAM therapies observes and explains a phenomenon from different perspectives (47).

Inductive approaches generate theory about a healing modality rather than examining and controlling that which disproves the therapy (47).

2.11 Reiki Outcomes

People seek complementary therapies for different reasons. Due to the costs associated with complementary therapies, many low-income people are unable to access the therapies. Thus, users of CAM therapies tend to be in the middle or upper income areas (10). Bullock et al conducted a study examining the characteristics of people seeking complementary therapies. People who accessed CAM therapies at their clinic were predominately white middle aged females who were well educated and employed (48).

Long, Huntley and Ernst did a study in which they sent out questionnaires to many of the different CAM therapy clinics in Britain to ask which conditions their therapies were better suited for. The Reiki practitioners indicated that their results were best for anxiety and stress, headaches and migraines, insomnia, cardiovascular problems (including high blood pressure and circulatory problems), depression, phobias and nervous habits, lack of confidence, and trauma (both physical and emotional) (24).

Nield-Anderson and Ameling found that twenty-seven percent of those surveyed sought Reiki for emotional problems, seven percent for low energy and ten percent for concerns relating to health maintenance (10).

An ongoing study in the United Kingdom has released some statistics that have been generated through a study on people who received Reiki between the period of January 1997 through to December 2002 (49). The study examined 198 people seeking Reiki to evaluate the effectiveness of Reiki as perceived by the Reiki receivers (49). They found that women are almost twice as likely to receive treatments then men and the recipients of Reiki are most likely to be between the ages of 18 and 60 (50). Most people who receive a treatment have never previously received Reiki. The most common reason for seeking Reiki was to alleviate pain and the patients were more likely to have been suffering from the condition for some time before seeking a treatment. They found that men tended to wait longer than women before receiving Reiki. Reiki seemed to induce a marked state of relaxation and two-thirds of the participants fell asleep during the treatment. A small number of patients felt their condition became worse following the

first treatment. The number of sessions the participants had varied widely, however the number of sessions decreased with age. In terms of healing goals, women were more likely to achieve their healing goals compared to men. Finally, a small number of patients noted the occurrence of unexpected healing, (i.e. healing that occurred on levels that they were not expecting), at some point during their Reiki treatment (50).

2.12 Integration of Reiki in Health Care Practices

Integrative medicine has been viewed in two different ways in the literature. One definition is the combination of CAM therapies with conventional practices. Another definition is "Integrative medicine represents a higher-order system of care that emphasizes wellness and healing of the entire person (bio-psycho-socio-spiritual dimensions) as primary goals, drawing on both conventional and CAM approaches in the context of a supportive and effective physician-patient relationship." (51, pg. 113). These two definitions differ in that the former relies on a merge of the two health care paradigms, whereas the latter creates a different approach (51). Despite these differing definitions, researchers have regarded integrative medicine both ways. The following are examples of reports of Reiki being used, or the potential for Reiki use in the health care system.

An integrative palliative care program was formed in 1996 in a hospice in San Diego (52). Several different CAM therapies were integrated in the hospice through volunteer practitioners. No official evaluation has been conducted, but positive clinical outcomes for patients and families such as relief of pain, vomiting and nausea and anxiety have been experienced (52).

Reiki has been reported as a starting point for integrative medicine (53). It is a healing modality that can be taught to patients and family members which gives the patients control and power over their own healing (53). It has been used in rehabilitation settings to promote active daily living skills (54).

Chapter 3
Methodology

3.1 Qualitative Research Methodology

Because of the nature of the study objectives qualitative research methods were used in this study. According to Strauss and Corbin "…qualitative methods can be used to obtain the intricate details about phenomena such as feelings, thought processes, and emotions that are difficult to extract or learn about through more conventional research methods." (55). They also suggest that qualitative methodologies should be used when researching an area in which little is known (55).

According to Bogdan and Bilken qualitative research is characterized by five key features (56). The first feature is a naturalistic setting. The research is conducted in a particular setting because of the importance of context. Qualitative research is based on an assumption that a phenomenon can be best understood in its natural setting. The second feature is the type of data that is collected, which is descriptive data. Data is collected in the form of interviews, fieldnotes, videotapes, photographs, memos, office records, and personal documents. Qualitative researchers do not reduce the data to numerical symbols, instead data is analysed as closely to its natural form as possible. The third feature is a concern with the research process as opposed to outcomes. For example, qualitative research asks how certain ideas are understood, how people understand meaning and how certain terms are applied. Inductive approach is the fourth feature of qualitative research. Data is not sought to prove or disprove a hypothesis. Conversely, abstractions are constructed from the "bottom up". Finally, qualitative research focuses on the participant's perspectives and the meaning they ascribe. Capturing participant perspectives accurately is extremely important in qualitative research.

3.2 Study Design

Qualitative research methodology was used in this study. Creswell states that qualitative methodology should be used because of the nature of the research question (57). Qualitative methodology is well suited for topics that need to be explored and when "…variables cannot be easily identified, theories are not available… and theories need to

be developed." (57). Since very little research was found in the literature on patients' and practitioners' experiences with Reiki treatments, the need for describing how people seek Reiki treatments, and what happens in the therapeutic encounter was seen as a necessary step.

Reiki sessions were not controlled by the researcher in any way. Practitioners did their regular sessions with their participating patients. This was done to keep the therapy as natural as possible. Initially, patients were recruited through practitioners in attempt to ensure that the data gathered would reflect the type of Reiki treatment one would find on one's own as opposed to Reiki treatments set up in an experimental way. By conducting the research in its naturalistic setting, the outcomes are related directly to what is done during Reiki sessions. This methodological decision did not work as well as hoped and is discussed below in the participant section and the study limitations. Data was collected over a 12 month time span. The longitudinal nature of the data collection was done in order to capture the outcomes that required time to evolve.

3.3 Phenomenology

Many different qualitative approaches exist. In this study, a phenomenological approach was used because of the exploratory nature of the study. Phenomenology describes the meaning of a lived experience or experiences about a phenomenon (57, 58). The purpose of the study was to describe patients' and practitioners' experiences with Reiki. Phenomenology ascertains and describes people's experiences with a certain phenomenon. In the case of this study the phenomenon was Reiki. This approach is deeply rooted in philosophy and is commonly used in nursing and health science research (57). Phenomenology can be traced back to the German mathematician Edmund Husserl (1859-1938) (57). Husserl wrote extensively on phenomenological philosophy (57).

The aim of phenomenology is to ascertain what an experience means for those people who have experienced the phenomenon and are able to describe it in detail (59). Knowledge about peoples' experiences is understood by allowing the basic meaning of phenomena to come out through descriptions. These experiences are understood via retrospective descriptions of their lived experiences (58). According to Parse, investigating a particular phenomenon occurs over three major processes. These processes are intuiting, analyzing and describing. The first process is to understand and

know the phenomenon. This occurs through contemplation to the surface meaning of the phenomenon as described by the participants. Each description is read repeatedly to understand the uniqueness of the phenomenon. In this study the phenomenological approach led to data from the participants which described their experiences with Reiki, the phenomenon being studied. In the analysis portion, the different elements of the phenomenon are examined as well as distinguishing characteristics of the phenomenon. Finally the connections to other phenomenon become unraveled. The analysis is done to understand the entire portion of the lived experience. Finally, a description is done. In this process a connection between the phenomenon and everything else that is affiliated with it is confirmed (58). The essence of their experiences came out of the data analysis.

3.4 Role of the Researcher

The role of the researcher in qualitative research cannot be ignored. The researcher acts as the filter of all the data. Strauss and Corbin commented on the immersion in the data that the researcher undergoes throughout the study, "by the end of the inquiry, the researcher is shaped by the data, just as the data are shaped by the researcher" (55, pg 42). It is therefore extremely important that the reader understand where the researcher is coming from in order to better comprehend the analysis and conclusions made by the researcher.

As a white twenty-something woman, with a spiritual belief system, a client of several CAM therapies and trained as a First Degree Reiki practitioner, I am in a position of a supporter of Complementary and Alternative therapies. My belief system acknowledges the existence of energy, spirits and a higher power. I am also trained in the art of science in that I have been taught how to investigate in a scientific manner and to be critical of scientific studies and theories. From these two perspectives, I am striving to describe what it is like to experience a Reiki treatment and to investigate whether any similarities or differences exist between the perceptions of the practitioner and the patient.

From previous research and previous experience in giving and receiving Reiki I had some preconceived notions as to what I would see in the data. I also have done a small pilot study using one participant as the patient and myself as the practitioner (32). That study has informed this current study and has also given me an idea of what to

expect in the data. The pilot study was briefly reviewed in the literature review. For more insight, refer to Appendix A.

3.5 Participants

Two sets of participants were recruited for this study: patients and practitioners.

- The initial eligibility criteria for the patients was as follows: to live within 50 kilometers of the city of Saskatoon; be either male of female (an attempt was made to establish a gender balance); be at least 18 years of age; speak, read and write English; suffer from a chronic condition (an attempt to recruit cancer patients was made); with no or little previous experience with Reiki (no more than 2 Reiki sessions). This final criterion allowed me to collect patients data throughout their Reiki treatment.
- The initial eligibility criteria for the Reiki practitioners were as follows: to live within 50 kilometers of the city of Saskatoon; be either male or female; be at least 18 years of age; speak, read and write English; have at least second-degree Usui Reiki training; have at least two years of experience practicing Reiki on others; see at least 3 different patients per week; work in either a private or clinical situation; and treat patients with chronic conditions.

Both sets of eligibility criteria were relaxed due to a lack of success in recruiting patients. For the patients, the criterion that described the number of Reiki sessions was removed because people who were interested in participating in the study had already received more than two Reiki sessions with their current Reiki practitioner. The criteria for the practitioners were relaxed to allow practitioners who practiced part-time to still be eligible. However, this did not increase the number of interested practitioners.

The sampling methods were also modified part way through the data collection process. Initially, practitioners were recruited through a snowball sampling technique. I approached two practitioners with whom I was familiar and asked them to suggest the names of other practitioners. After contacting those people, they were also asked for additional names. Eventually the suggested names were practitioners whom I had already contacted. In the end, I had contacted over a dozen different practitioners. The reasons that practitioners declined participation were varied, but generally fell in to two different groups. The first groups were practitioners who were simply not interested in

participating in the study. The second reason for declined participation was a clientele that did not fit my criteria.

Patients were initially recruited through interested practitioners. Due to a lack of willing practitioners, recruitment was attempted through interested patients. Posters were put up at different health food stores, Reiki centres, the Hope Cancer Centre and other CAM therapy clinics. The poster was also distributed through the Healing Co-op and through Reiki classes taught by one of the Reiki Masters. Some interest was shown via the posters.

Compensation was also added on as an incentive to increase participation. Half of the cost of the Reiki session was covered by the study up to $200. The compensation was not advertised on the poster but was mentioned when the participant expressed interest in the study. The compensation was not advertised in an attempt to recruit those who were genuinely interested in receiving Reiki, not because it was an inexpensive means to get a Reiki treatment.

A maximum of two patients per practitioner was decided upon to allow for greater diversity in the data as well as an attempt to not overwhelm the practitioner. In total four patients and three practitioners were recruited. Data was collected over a twelve month time period.

3.6 Data Collection

Data were collected through interviews. Each participant participated in two in-depth interviews and several smaller interviews following each Reiki session. The two in person, face to face in-depth interviews occurred after the initial agreement to participate and then after approximately 10 Reiki sessions. The purpose of the first interview was to introduce the participant to the study and to gather some initial data on their views, attitudes and expectations of Reiki. The final interview gave the opportunity to explore what the participants' overall Reiki experience was like and to ask any final questions.

The smaller interviews occurred within 48 hours of each Reiki session. They were done over the phone for approximately 10-15 minutes. These interviews were used to collect data on the specific Reiki sessions, such as length of the session, observations, experiences, feelings, and perception of change.

All interviews were semi-structured using an interview guide. The final interview was less structured and used more open-ended questions to help capture the final perspective on the Reiki treatments in the participants own words.

All interviews were audio taped with the participants' consent, although due to some technical problems, approximately four interviews did not show up on the audio tapes. Those interviews were not recorded because the tape machine stopped functioning. The four unrecorded interviews all occurred on the same day within a few hours of one another and the problem with the tape recorder was not noticed until after all interviews were done. Notes were made for all interviews to supplement the transcripts, therefore for the interviews that did not show up on the audio tapes, data was taken from the notes. All interviews were transcribed and participants were given the option to review and modify their transcripts.

In the previously done pilot study, participants kept a journal instead of being interviewed (32). This process worked well with the small number of participants. In this current study, it was felt that a journal might not be feasible with a greater number of participants. Another reason for using interviews instead of journal writing was to allow the researcher the opportunity to constantly review the data that was being collected.

Participants also completed a Standard Demographic Questionnaire, (see Appendix G). The questionnaire was created from another demographic questionnaire used in previous Reiki research and included information on age, gender, income, religion, marital status, education, ethnicity, and their medical condition. This information allowed for a comparison of the current participants to characteristics of CAM users as identified in the literature.

All interviews, notes and other reflections were kept by the researcher. They were reviewed throughout the data collection process to help identify probes or important areas that required more investigation. This paper trail would be beneficial in any studies attempting to reproduce this type of research.

3.7 Data Analysis

Following the phenomenological approach to data analysis all transcripts and notes were read several times (57). Patients' and practitioners' experiences were then written out in a detailed narrative format. Presentation of the participants' experiences

helped support the themes that emerged from their stories. Each session was carefully described using the verbatim transcripts from the interviews and supported from the researcher's notes. Certain identifying information was modified in an attempt to keep the participants' identification confidential.

Upon the description of the patients' and practitioners' experiences the data was grouped according to the original study objectives (57). The study objectives were then transformed into categories based on how the participants described their experiences with the phenomenon (57). For example, one of the study objectives was to describe the therapeutic relationship as experienced by both the patient and practitioner. Participants described several aspects of the therapeutic relationship and theme were therefore based on these different aspects of the relationship (57). The themes that were mentioned most frequently in the data were described in the discussion section.

Throughout the analysis a journal was kept for observations, ideas, reflections or questions. These thoughts were jotted down into the journal and read several times. When a theme or idea was not clear, it was also written down in the journal and reflected upon over time. Through this iterative process, the findings emerged from the data.

3.8 Ethics

Ethical approval was obtained from the University of Saskatchewan's Ethics Committee using the Tri-Councils statement on Ethical Research involving Humans. An ethics application was submitted to the ethics committee along with a study proposal, consent forms and transcript release forms as well as a draft of the interview questions that were going to be used in the data collection. The ethics application was returned with some concerns surrounding the confidentiality of the participants. Revisions to the application were made to help ensure the confidentiality of all participants. The ethics approval had to be renewed annually along with an update on the study. This included the changes that had to be done in participant recruitment.

Consent letters were given to and signed by all participants. Transcript review was an option given to all participants. All participant information has remained confidential and participants have remained anonymous, unless otherwise requested by the participant, as outlined by Tri-Council procedures. Transcripts and other confidential

information have been stored in a locked cabinet in the Department of Community Health and Epidemiology at the University of Saskatchewan.

3.9 Verification

In qualitative research, data needs to be verified in order to meet scientific standards (55). Verification is conducted through trustworthiness and credibility of the data (57). Verification methods were used to help check the trustworthiness and authenticity of the data. The first method was a prolonged engagement and repeated observation of the participants. Participants were followed over time and interviewed repeatedly after each Reiki session. This method not only allowed the categories to saturate, but also allowed the data to be verified through continuous data collection. Creswell states that by observing the participants over time, trust is built between the participant and the researcher and therefore the data is more trustworthy (57). Transcript review, which was an option for each participant was the second method of verification. Participants were provided an opportunity to review and make changes to the transcripts of their interviews. All three practitioners and one patient reviewed their transcripts. Also, a Reiki master who was a part of the thesis committee, reviewed the findings and said the results would be very useful in the Reiki community, especially in developing a governing body for Reiki in Canada. Also, the supervisor and the other committee members provided feedback throughout the entire research process. Their opinions were incorporated into the data and discussions helped identify some of the themes that were emerging. All participating Reiki Masters were aware that a Reiki Master would be reviewing the findings. Another method of verification was the clarification of researcher bias as discussed in the phenomenology section 3.3 on page 22 and the Role of the Researcher, section 3.4 on page 23. By stating the position of the researcher, the reader understands any biases or assumptions that impact the study (57).

The credibility of the data was also important because it helps solidify the research that was conducted. Credibility reflects the quality of trustworthiness and believability By developing credibility the study's results or findings carry more weight in the research world and would be useable in future research. Credibility was acquired via the use of consensual validation in which the opinions of the participants as well as

other researchers were incorporated in the data. Constructive criticism throughout the research process helped to ensure the credibility of the data and analysis (57).

Chapter 4
Findings

4.1 Introduction

Each participant's experiences are described in this section. The stories are written using the verbatim transcripts and include many quotes to help support the narrative stories. They follow each participant through the Reiki sessions as well as a description of their expectations, previous experiences with Reiki and Reiki training for the practitioners. Following each story is a presentation of the themes that emerged from the experiences of the participants. All names have been changed to protect the identity of the participants.

4.2 Description of Participants

Four pairs of patients and practitioners were recruited for the study. Three practitioners and four patients participated in the study, one practitioner followed two different patients. Data were collected over a 12-month time period through several telephone and one-on-one interviews. Most of the interviews were audiotaped and transcribed. Some interviews were not recorded due to tape recorder malfunction.

4.2.1 Patients

The patients' ages ranged from the 16-20 age group to the 71-80 age group, with a mean age of 48.5. Three participants were female and one was male. See Table 1 for other demographic information of the patients. Three of the patients were in the middle-upper income range and the fourth belonged to a religious community therefore was unable to estimate his or her income range. Two of the patients had cancer, one with cancer of the bowel, the other with colon cancer. One patient suffered from posttraumatic stress disorder and the other participant had Aspergers disease.

Table 1: Patient Demographics

Patient	Age	Sex	Condition	# of Sessions	Ave. Length of session	Marital Status	Living situation	Education	Employment	Family Income	Religion	Ethnic/ Cultural group
1	41-50	F	PTSD	11	1 hour 30 minutes	Single	Religious community	University Degree	Working full time	unknown	Roman Catholic	Canadian (other multiple origins)
2	16-20	M	Aspergers	4	1 hour 15 minutes	Single	With Parents	Some high school	unemployed	>$81,000	Protestant	Canadian (other multiple origins)
3	51-60	F	Cancer	4	1 hour 15 minutes	Married/ living with partner	With partner/ spouse	Post graduate training	unable to work because of illness	$61,000-$81,000	United	British and Eastern European
4	71-80	F	Cancer	10	1 hour 30 minutes	Married/ living with partner	With partner/ spouse	High school diploma	Retired	unknown	Protestant	Other European (German, Swiss)

4.2.2 Practitioners

All three practitioners were trained in the Usui Reiki system. Two of the practitioners were Reiki Masters and the other practitioner had her second level training. All of the practitioners worked from their homes and had been practicing on average 7.6 years. The practitioners were all between the ages of 41-60. The Reiki sessions ran for at least one hour. Two of the three practitioners would engage their patients in conversation after the sessions and would purposely book time so that they could talk with their patients. One practitioner used aromatherapy oils during the sessions and would sometimes do reflexology on the patients as well. Two of the practitioners would play soft, relaxing music during the sessions to help increase the levels of relaxation of their patients.

4.3 Pair #1

4.3.1 Patient #1

Jude, Post Traumatic Stress Disorder

Jude is a middle-aged nurse who was diagnosed with Post Traumatic Stress Disorder (PTSD) and osteoporosis in the fall of 2002. After receiving intense treatment for her PTSD, she returned to the Prairies to resume her life. Part of her recovery involved continued therapy with a psychotherapist. Her therapist suggested she go for Reiki treatments to help in her healing process. The Reiki practitioner who was suggested was someone with whom Jude was somewhat familiar and therefore she made an appointment for a treatment. Jude's involvement in the study began after several months of Reiki. She was still able to remember her initial treatments. In the beginning she was scared and was not sure she wanted to go through with it. It was very important to her that she trusted the practitioner; otherwise she probably would not have followed through with the Reiki sessions. Initially Jude felt that the Reiki treatments led her body to become very sensitive to the surrounding environment in an enhancement of a startle response. This startle response would occur very often, cause her to jump in reaction to a noise and was very disturbing to her everyday life.

> "*The constrictive kind of symptoms had actually begun to release when I was undergoing the initial treatment. What I found was when the constrictive kind of symptoms started to release that, well for one thing the startled response got really terrible ... terrible. It may sound like a little thing, startled, but it wasn't. I just couldn't seem to do anything without*

> *getting it triggered and I don't just mean a start, any jar in my body it would physically hurt".*

Jude was also having problems sleeping. She was on anti-anxiety drugs that triggered problems sleeping in addition to the PTSD. She was put on sleeping pills to help her sleep better. During the Reiki sessions, Jude had problems relaxing fully as she would begin to startle; oftentimes she startled the moment before her Reiki practitioner spoke to her. Before her first session, Jude was feeling very apprehensive and afterwards was exhausted. Jude expected Reiki to help her relax and had noticed that it helped her sleep as well as diminished her startle reflex.

> *"That's one of the greatest helps that I've had is the Reiki. It has certainly begun to diminish [the startle response]. It's still easily enough triggered and on occasion it's really shocking to my body and it really just expresses a shock but it's not like it was at all before."*

Healing for Jude was a process; she viewed it as an integration between intellectually knowing about healing and experiencing the healing in her body. She realized that it would take time, but she enjoyed the health she had just because it felt good to feel better.

> *"Well, healing is a process. I know that. So part of healing will be increased patience for anything ... and healing ... well it will lead me into greater integration, I mean, like I even said earlier on something about kind of intellectually knowing and somehow not experiencing and I know there is a process of integration between intellectual knowing and the experiential healing of reality for me."*

Jude also did yoga to help her in her healing journey.

Jude's first session while participating in the study lasted for an hour and a half. Jude's Reiki practitioner used aromatherapy oils and relaxation music in all her sessions. Jude was feeling low energy before the session and left feeling tired. Usually after each session, Jude and her Reiki practitioner would have tea and discuss the session. On this particular day, the practitioner did not have time because of another client who was scheduled immediately following Jude's session. She therefore went home and drank some water and felt her energy level go up as the day went on. Her high energy level lasted for two days. During the session, Jude did begin to relax but then her startle response started to act up again. *"…I was tired even going into it and I usually find myself beginning to relax and like one of the problems or whatever I have is like when I get into a relaxation state I just am more vulnerable to whatever noise or whatever might startle me kind of thing."* The startle response was not as brisk as before, but still

prevented her from achieving a deeper state of relaxation. She also experienced a different type of movement, a balance or releasing movement during her relaxation. This movement was different than the startle response in that the startle was precipitated by a noise, and the balancing or release was not. Jude reported that the trauma she suffered no longer felt like a disconnected part of her, she felt that an integration of the trauma was occurring within her body. *"... it's not like it's two unconnected lives."* She also mentioned that she no longer felt as overwhelmed or panicky and was able to reach a deeper state of relaxation than previous sessions. She was sleeping well and her dreams were no longer only filled with nightmares.

Jude's next session was a week later and was an hour and a half in length. Before the session, she was feeling tired and low energy because she felt she was not good at setting boundaries. She was over extended and was not taking enough personal time. The session was relaxing and provided her with a good opportunity to feel more centered, less internally shaky and stronger. These benefits would usually last between one to three days following the treatment. The day before the Reiki session she had an experience with a young child who was very scared. The feelings of fear the young child was experiencing built up in Jude's body and triggered a strong emotional response. She shared the story with her practitioner and mentioned that talking about it made her feel better. *"I did find it kind of emotionally draining at the time and I know when I was speaking with [Elizabeth], like I actually found myself getting tearful about it."* Jude was still sleeping well and had decreased the amount of sleeping pills she was taking.

The next session occurred two weeks after the second one. The Reiki portion of the time spent at the practitioner's house was an hour but Jude and her practitioner had tea for another hour afterwards. *"Well actually, when I say the Reiki session was two hours, in a way that's more the truth because as soon as I walk in the house and the quiet and the smell of the oils and that ... it's just immediately relaxing."* Jude reported feeling scattered, time pressured and tense before the Reiki. After the session she felt really relaxed and less scattered. She still had the time pressure but no longer felt pressured.

> *"That did feel like energy released or moving in my body at that time…It was as if I felt I guess a warmth or ... warmth or movement, I do not know how to describe that kind of ... from my toes up through my leg and into the shoulder on the opposite side."*

Jude experienced a lot more releasing during this particular session and felt more centered because of the releases. The changes she experienced lasted at least two days. She slept well that night and was still taking fewer sleeping pills. Jude mentioned that her work was very stressful because she encountered people in pain and there was also a lot of time pressure associated with her job. One terminally ill patient that she cared for had been hospitalized again. This was stressful for Jude. She also mentioned that she encountered a lot of women who had their own histories of abuse and they would discuss it with her. This would leave Jude feeling stressed, emotionally exhausted, scattered and fragmented. The Reiki session helped her deal with all of those feelings and she felt restored afterwards.

Jude's next session was approximately one week later. She was at the practitioner's house for two hours. Beforehand she was looking forward to the session because she knew she would leave feeling better. Jude was feeling discouraged because she had a lot of startle responses that morning and did not feel like a normal person. She began to second-guess how people interpreted her jumpiness. Jude believed that the increase in her startle response was partly triggered by a negative experience she had the previous night when an angry person was shouting at her. This upset her and left her feeling very fragile. After the session she felt more centered. Jude was not able to completely relax on her back during the session, but still felt that the session was comforting, calming and peaceful. *"When [Elizabeth] was doing the portion where I'm lying on my back, I found myself flipping into relaxation but I don't really relax very completely lying on my back. I just don't. But it's very comforting, it's calming, peaceful."* She reported a lot of releasing going on during the session and experienced more of a startle response when she was lying on her back as opposed to lying prone. When in the prone position, she felt she was better able to relax. Jude mentioned that she felt stronger about who she was and where she was in her healing, and felt protected. *"Well, when I left the session, I felt stronger about who I am and where I am at in my healing. I somehow felt protected."* Those feelings remained with her for the next few days and she was able to tap in to the feeling of protection during that time and it helped her with general anxiety. Despite feeling less anxious, she was still feeling very sensitive to noise and her startle response had not diminished. She was continuing to sleep well

and was still taking fewer sleeping pills. She mentioned that work and her living situation were both becoming more stressful.

The next session was a few weeks later and lasted for an hour and fifteen minutes, including tea and talking. Due to the amount of time between Reiki sessions, Jude was very aware of the tension between her shoulders and in her lower back. This back pain was not new, and was something she had experienced before. After the session she was quite relaxed and found the Reiki really helped relieve her back pain. During the session, her practitioner started her on her stomach because she was able to relax faster in that position.

> *"Well we started with me lying on my stomach so that [Elizabeth] had started with my back because I had told her before I relax much better when I am lying on my stomach. That actually did seem to work like I get into the relaxation more quickly that way."*

There were quite a few releases when the practitioner was doing Reiki on her back. Jude was still sleeping well and taking fewer sleeping pills. She had reported that her startle response has decreased in recent weeks. *"When I'm just kind of going through an ordinary day there's been a diminishment in the startle in recent weeks ... response over time."* Jude also mentioned how much her relationship with her practitioner had helped her in her healing journey. *"Just in the person who [Elizabeth] is, this is maybe a bit aside from the Reiki, but in the person of who she is she just really helps give me courage and hope."* The hope and courage emerged from the practitioner's internal freedom and was very reassuring about how the body knew how to work with what it was given. This helped Jude know that healing would come and it was not a quick process. Jude felt more reassured that she was on the right healing path.

Over a month went by before Jude's next Reiki session. This session lasted over two hours including tea and talking after the Reiki treatment. Jude was really feeling like she needed a treatment because her startle was getting worse. Afterwards, she felt relaxed, refreshed and centered. Throughout the session, she experienced a lot of involuntary movements from side to side. She felt that she was drawing closer to her trauma.

> *"One difference that both of us had noted was the kind of involuntary movement that seemed to have developed a lot more sideways, back and forth kind of motion to them. My own impression of it is that at some level*

I am actually drawn closer to the events that happened in the abuse than previously."

Her therapist had her write a letter to one of her perpetrators, which also helped Jude. She mentioned that her startle response was more in proportion and not as easily startled after the session. Jude felt physically and psychologically stronger and was better able to handle stress, despite an increase in her workload.

The next session lasted for an hour. Jude was not able to stay afterwards because she was in a hurry. Before the session she felt normal and afterwards she was quite relaxed. She was able to get quite relaxed during the session without too many startles. Jude felt that Reiki had helped her to better relax and develop a deeper inner sense of self, a stronger sense. The week before the session, a long time client of Jude's passed away. Throughout this process she was able to hang on to her sense of self and not get lost in the client's family's pain. *"So it's kind of hard to say really, because I wouldn't have described it as a relaxing time for me but I was able to hang on to my sense of self, like not kind of get lost in her pain or the pain of her family."* In the past she would have been exhausted and depressed, but this time she was not. Physically Jude reported she also contracted the flu. Despite the emotional and physical stress, Jude was still sleeping well and did not need to take any more sleeping pills.

Jude's last two sessions within the study were both one-hour in length. She stayed after the sessions to have tea and talk with her practitioner. She was feeling fairly well before both sessions, and left feeling relaxed, centered, peaceful and energized. She was able to relax during the sessions because she felt spiritually safe and was able to trust the world. After the second session the husband's body of one of her client's was found which left Jude feeling fairly stressed and exhausted. Overall, she felt that Reiki had helped her to be stronger in all ways.

4.3.2 Practitioner #1

Elizabeth, practitioner with Jude

Elizabeth acted as a Reiki practitioner for two different patients in this study. Her first involvement with Reiki was in 1997 for her own health. Upon receiving Reiki treatments, Elizabeth noticed that her health improved. She felt that she was able to achieve improved mental, emotional and spiritual balance in her life after receiving Reiki treatments. Elizabeth was already interested in alternative forms of healing, as she was

trained in homeopathy and had begun treating people. She earned her first two levels of Reiki and started treating people as full time work. She set up her business at home but also treats people in the hospital. Initially she went to peoples' homes to give them treatment but found it too taxing on her body.

The typical treatment with Elizabeth involves relaxation music and on occasion she will use different aromatherapy oils or suggests homeopathic treatments. When a new person comes to see her, Elizabeth will describe the Reiki hand positions and what people should expect to feel. *"I have a very high emotional tolerance, you don't have to be afraid to just allow your body to do what it needs to do. Like it's all OK and you are safe. I am just there."* She always begins or ends with water or tea because she feels that the body needs help to clear out the toxins released during the Reiki treatment. Elizabeth firmly believes that the patient is the healer, not her and that the body is very intelligent and knows what to do with the Reiki energy.

The first patient Elizabeth chose for this study was Jude. Elizabeth chose Jude for the study because Jude mentioned she would like to participate. Jude wanted to help people by sharing how Reiki has helped her.

Elizabeth remembered how scared Jude was during their first treatment. *"The first time she came I remember how afraid she looked. She looked so fearful and her eyes were full of fear and I just welcomed her with a lot of tenderness because I didn't know what was going on."* Before the Reiki session, the two of them talked and Jude shared her story. Elizabeth was very sensitive and careful during their first treatment. The first session lasted over three hours. Elizabeth ensured that Jude was safe and would tell her about every movement she would do during the session and ask Jude's permission for each hand position. This was to allow Jude total control of the treatment. *"I told her that she was in total control. My table is also at an angle so that she can also see if the door is closed ... she can see the door. She was always in full view of what was going on and whoever would come into the room."* They set up a session of five treatments in a row because Elizabeth believed it would help Jude get a strong initial dose of Reiki. During the first session, Elizabeth sensed changes in Jude despite her jitteriness and felt that the energy was being drawn and was flowing well. *"…the first time I ever did a treatment, she could feel that when I was holding her feet, like it just the energy just rushed up and*

she could just feel that something was happening at all those levels." Jude's mental and emotional levels were being affected and more memories of the trauma were surfacing and she did a lot of crying, but Elizabeth felt this was more of a release and less due to sadness. At the end they talked and Elizabeth felt that Jude was processing a lot of emotions at that time. Elizabeth was able to sense the Reiki energy during the treatments but tried to allow it to flow through her to the patient's body.

> *"For me, I just feel like the energy is being drawn, like I just feel like the ... people call it the pool of energy or she's drawn the Reiki. So I just allow that to go right through because it's way beyond me this energy. I'm just an instrument that just allows this to happen, plus people have their own source of energy which it taps into."*

Elizabeth thought that Reiki would give Jude a better sense of who she was and to help her live life more fully. A strong trust existed between both women. This was demonstrated early in their treatment series during renovations to Elizabeth's home. Jude felt safe while people were running around the house and throughout the loud construction noises.

> *"So she felt safe being here "oh", I said, "I was going to tell you that I'll make sure that you are safe". And she says, "well you told me that". I said, "I did?" Well she said, "you didn't tell me that with your words. I knew it was safe." "*

Their strong trust and therapeutic relationship extended beyond the Reiki sessions. At one point, Jude had to make a trip and Elizabeth sent her some Reiki energy. Jude reported to her that she felt the energy and experienced a feeling of protection while on her trip.

Their first session together while participating in the study involved both Reiki and talking afterwards. Elizabeth felt that Jude's energy was low and reported that she appeared sad. Elizabeth believed that Reiki surfaces emotions one needs to deal with and thought that this was occurring to Jude. She was concerned about Jude's schedule. *"Healing and like I find that she is doing too much for the type of healing she is going through."* During the session, Jude's body was releasing. *"Her release, like sometimes when she would get those jerks, instead of releasing up and down like they used to before, they seemed to be going sideways."* Jude felt better after the session and the energized feeling continued for a few days after the session. Her sadness decreased although she was still dealing with her trauma and crying but Elizabeth felt the crying was a way of

release for Jude. Elizabeth felt that the Reiki brought Jude to a deeper level, which left more of integration between body, mind and spirit. She was very happy to see this positive progress. *"I felt pleased to see what is happening in her."* At the end of the session, Jude mentioned to Elizabeth that she felt that a tenderly loving God was holding her during the session.

Before their next session, Jude told Elizabeth a story. *"When she came she related a story of what happened the night before with this little boy on the street so her heart was really heavy with that."* Throughout the session, Jude had a lot of jerkiness and release, especially in the kidney area. The Reiki energy was being drawn and working hard. Elizabeth felt positive about the session. *"I felt that there would be a lot of good things happening. I guess the energy was really flowing. I felt that it went OK."* The treatment helped Jude get back on her feet and helped her to focus on what was important for her to do in her life.

Throughout their next session, Jude was releasing a lot as well. There were two major shifts during the session from the left-hand side of her body to the right hand side.

> *"This had never happened to her before, like there are all kinds of things that happen when people come but this was the first time. It was so strong and it was in her left shoulder, like her left arm just flung right off like you know. So I felt that was really encouraging for me."*

She knew that Jude's body was ready for those kinds of releases. *"It's always so amazing and I said, "well the body is so intelligent, like it always knows what to do"."* During the session, Elizabeth noticed some deep scars on Jude's back but did not mention them too much. Jude mentioned she envisioned the colour yellow during the treatment and commented on how it was linked to her past. She also mentioned that she felt very vulnerable on her back and was better able to relax on her front. While they talked after the session, Jude said she was very encouraged by the treatment and felt a sense of relief because she sensed that something good was happening to her body. The session affirmed to Elizabeth that Jude was on the right healing track and it helped her to be more aware of how sensitive people who have dealt with trauma are. She found Jude to be very hyper-alert to her surrounding environment. She wanted to learn and grow from the experiences she had with Jude.

> *"I just need to deepen my sensitivity and my awareness of what's happening with her and also to allow this energy to move more freely*

> *within myself and not to be afraid and to know that there are some good things happening and it's bigger than me. I don't understand it myself but I delight in it. So I felt I received a ... my heart felt very grateful after that treatment."*

Jude reported an increase in her jumpiness before the next session. *"Even before I moved anything ... she ... The trouble is she anticipated every movement I made."* There was a lot of releasing during the knee position which is meant to ground people. Elizabeth also experienced some temperature changes within her own body during the session.

> *"Oh yes, there was another thing, I could feel that it was really drawing the Reiki and I would get really, really hot…Yes, I had to take off my little vest, you know. I just felt the energy was just moving. She was drawing a lot of energy from the Reiki."*

There were a lot of jerky movements while Jude was on her back and a lot of releasing while Elizabeth did the head position. Elizabeth felt that there was a lot of healing on all levels during the session. Afterwards, Jude mentioned she was discouraged because she felt like she was not making progress.

> *"Then she said, "can I ask you a stupid question?" I said, "well no question is really stupid but anyway give me this question". She said, "like does Reiki do this to other people?" Then I talked, I said, "yes". "In a way some of your movements are actually quite mild, even though you feel that there is a lot going on.""*

Alternatively, Elizabeth felt encouraged by the session despite Jude's discouragement because she felt that Jude was more in touch with herself compared to the early treatments.

The following session had a lot of talking throughout the session. The talk was on trauma but the atmosphere was lighter and both Elizabeth and Jude shared their experiences and were able to laugh as they spoke to each other.

> *"We did a lot more talking throughout the session than usual and the energy was lighter because I found myself sharing with her as well so it was like a two way thing. There was some things that were kind of heavy but we could still laugh about it that she's not weird."*

Elizabeth did not like to talk about herself much during the session because she felt it was the patient's time but Jude mentioned she appreciated hearing Elizabeth's experiences. Elizabeth felt that this shifted the energy in a positive way. The energy was working very hard during the session. Elizabeth started Jude with her face down because it helped her to relax more quickly and continued to tell Jude everything she did to help her feel safe

and in control. Jude's back was also very tight. Elizabeth found it hard not to think about the trauma that Jude has endured.

> *"She let out a great big sigh and you know, I didn't ask any more questions about that, I just let her be because I didn't know if she was releasing pain or whether ... but she has ... It's really bad those scars, you know, like for me, I had to really concentrate, not to focus on what happened to that little girl, you know because it is so horrendous but I wanted the Reiki energy to just keep on flowing."*

After the session, Jude felt lighter and left on a happy note. She mentioned that she was very happy that her therapist suggested Reiki, which left Elizabeth feeling very happy. "*That the hope and the courage that she felt by coming here and getting these treatments and she said, "just who you are gave me so much courage and feeling safe.""* She felt that Reiki had really helped Jude. *"The Reiki treatment has helped her to liven that up."* Elizabeth felt that Jude was a very intelligent and brave person and that she now had hope, courage and joy in her heart.

Jude had a lot of jerky movements during their next session and every noise made her jump. The movements were sideways shifts and Elizabeth believed that it was the body reacting and using the Reiki energy. *"When the energy was moving, like and this was very quiet too, all of sudden it was as if her jerks or her release or adjustment whatever was happening there, the shifts, they would go sideways. You know from left to right or right to left, you know."* Jude felt more peaceful and mellow after the session and commented that she had missed the Reiki sessions during their time apart. She felt she needed a boost to get her back on her feet. Elizabeth felt ok during the session and was aware of how sensitive Jude was to the surrounding environment.

> *"She would make a little jump just even before I did it as if she anticipates a sound or something, I don't know. That's the sensitivity that she's under, like I don't know how to explain this. Her fine sensitivity, I guess. Somehow too much tuning into her environment."*

Their next session was quick because Jude was in a hurry. Elizabeth felt that the Reiki energy was strong and there was a lot of integration that occurred between the body, mind and spirit. *"Oh, I couldn't get over how the Reiki energy seemed to run really deeply."* Jude's body did not do as much jerking during the session. Elizabeth felt that Jude's trauma was being dissolved. *"At all levels, not just the physical level but at the mental and emotional."* Jude kept thanking Elizabeth for the Reiki sessions. Elizabeth

felt good during the session and felt the energy was intense. *"I just felt like the energy was really flowing. My hands were just vibrating, I don't know if she picked that up. It just felt as if the energy was just really flowing."* She also got really hot when doing Jude's neck and her interpretation was that Jude had a sore throat and therefore needed to give her throat an opportunity to heal.

The following session was very powerful, and Elizabeth believed that the effects would last approximately one week. Jude had some jerking movements due to external noises, but not as many as before. While doing Jude's abdomen she felt the right side really drawing the Reiki energy and Jude mentioned that she had a cyst there in the past. At the end of the session a major balance occurred from the left side to the right side. During this balance Elizabeth became shivering cold that lasted approximately two minutes. Jude reported that she felt a lot of heat during that moment. Elizabeth believed that she received what she needed and Jude received what she needed. She mentioned that deep healing occurs when the patient is cold but did not know why she got so cold.

The next session was not rushed and they were able to have tea afterwards. Jude mentioned she felt more integrated and so grateful to have heard of Reiki. Jude's body had a few jerky movements, but not nearly as frequent as before. There were a few deep shifts to balance her body and that integration and harmony were being established. *"She had very deep shifts that seemed to balance out, like her left side and her right side. Then at one point when I was working on her, her right leg lengthened."* Elizabeth felt that deep healing occurred and that as her body, mind and spirit relaxed Jude was more open and better able to deal with healing. Elizabeth commented that despite the Reiki session only being an hour, the energy continues to work after people leave. *"I said to her that when you come for Reiki treatment the Reiki treatment is not over just because you leave, it continues to work."* Elizabeth felt good during the session and it affirmed how blessed she felt to continue working because she felt Reiki was so helpful. She was currently dealing with issues from her own life and her deep anger to systemic induced trauma. At the end of the session, Jude really thanked Elizabeth for all she had done for her and Elizabeth tried to tell Jude it was all her own body, but also realized she needed to accept the thanks.

4.4 Pair #2

4.4.1 Patient #2

Ian – Aspergers disease

Ian was a teenage high school student who had Aspergers disease. His reasons for seeking Reiki were to be able to better handle the stress in his life and sleep better. His mother received Reiki and suggested her son do the same. Ian's Reiki sessions were approximately one month apart due to his extremely busy schedule.

Ian started participating in this study after two Reiki sessions. His third session was approximately an hour and a half. He was fighting off the last stages of a cold, was feeling stuffed up and was coughing before the Reiki session. After the session he was feeling a lot better. "*Well, I could breathe normally and my sinuses were clear"*. His Reiki practitioner used aromatherapy oils during the session to clear his sinuses and boost immunity. Throughout the session, Ian's body did a lot of releasing. *"Then later during I was releasing quite a bit, like I had a lot of releasing all the time. Yes, I was releasing so much I got a nosebleed."* He associated the nosebleed to the large amount of releasing his body did during the session. He described the releasing as mostly body twitches. The body was reacting to the amount of energy being taken in.

Ian's fourth session occurred almost one month after the previous session. This session lasted about an hour and fifteen minutes. He described the session as a quiet one, without too much talking. The Reiki practitioner used relaxation music and aromatherapy oils. Ian was suffering from another cold and reported the cold was much worse than the one before. His coughing was much worse. After the session he felt that the coughing decreased and he was less stuffed up. *"I felt a lot of releases, like twitching and all that. My coughing was slowly going away and I had a bit of ... my nose was kind of a bit runny so ... just a release."* His body would twitch for a long period of time during the session. He was feeling very tired after the session and wanted to go to bed early. He was feeling very relaxed. Ian was taking some herbs and Tylenol to help him deal with his cold.

Ian's final Reiki session was two and a half months after his fourth session. The session was an hour and fifteen minutes long. He was feeling a lot of stress due to school before the session. "*A bit kind of stressed out."* After the session he was feeling

much more relaxed and less stressed. The Reiki practitioner used music and aromatherapy oils during the session. The day after the session, Ian was still feeling relaxed and less stressed. He was sleeping well and reported falling asleep during the session.

Ian really enjoyed the Reiki treatments he received. He was hoping to return for some more treatments but was concerned about finding time with his busy schedule.

4.4.2 Practitioner #2

Elizabeth, practitioner to Ian

The second patient that Elizabeth had in the study was Ian. She chose him for the study because he was her most recent patient who was suffering from a chronic condition and therefore fit the criteria. *"I thought that maybe that would also help him to get a better handle about himself and his whole situation."* She believed that Reiki would help him focus more, give him more confidence and develop an overall better feeling of himself. During their first Reiki treatment together, Elizabeth was pleased with Ian's attitude. *"I remember how for a young man, I found he was very open and very trusting."* His body did a lot of releasing and she mentioned that he was amazed with what his body could do.

From Elizabeth's standpoint their second treatment was very good. Ian mentioned to her that he felt extremely relaxed afterwards. His body was very busy during the session.

> *"But he had all kinds of shift throughout the whole treatment his body shifted the whole time. But he himself was also very talkative, so not only was his body doing all these shifts, I found that he was working through some of his emotions. He had just been on a retreat and he shared quite a bit about that, which was very powerful."*

At the end of the treatment she felt that he looked relaxed and that his skin colour was improved. During the second treatment he relaxed faster and his body, mind and spirit were more open to receiving the Reiki energy. As the session progressed he became quiet, relaxed and fell asleep, indicating to Elizabeth that the body was taking in the Reiki energy.

According to Elizabeth their third session was very exciting because the moment she started doing Reiki on him he began to release. Ian was recovering from a bad flu

and was really drawing the energy, especially in his kidneys. *"As soon as I started his head started ... as soon as I put my hands on his eyes his head started releasing. He was just moving back and forth and then the whole time, from head to toe, both sides."* She felt that his body worked really hard the whole session; in fact he had a nosebleed at the end of the session, which concerned her because it had never happened to any patient of hers. Elizabeth thought that his body was adjusting and balancing itself to dissipate whatever stress he had. She felt that his body was clearing stuff out. *"And there were loose shifts sometimes. Sometimes he seemed to be, like his whole body seemed to be doing adjustments."* The session helped Ian to restore his self-confidence, be patient with his body. Elizabeth believes that people need to listen to their body and act to always aid in healing. At the end of the session, Elizabeth felt that he was more content and less restless. The Reiki session helped Elizabeth see the wonders of the body and how intelligent it is. She feels that it was his body that did the work, she was just accessing the energy but it is the intelligence of the body that knows what to do with it. Elizabeth was always in awe of the body especially how Ian's body did not quit during the entire session. She was very excited that Reiki was doing its work with the body and mentioned wanting to know more about the Reiki. *"Sometimes I wish I had more knowledge about all this, like sometimes I think maybe I should go on and learn to be a master. But I enjoy being a practitioner so much that I don't want to move on."* Elizabeth described Ian as such a delight to work with. She found him to be quiet but sharing his thoughts with her and being so open.

Elizabeth described their fourth session as powerful. Ian was suffering from another cold and described it as stressful. Throughout the session, his body was releasing as if his whole body was doing a large adjustment. His right shoulder, head and legs kept taking turns releasing and Elizabeth was amazed by his body's ability to work that hard for the entire session. *"…as soon as I put my hands over his eyes, his head started twitching and so I could tell there was a lot of energy going. Throughout the whole time his body did that."* At one point, when he turned on to his stomach, something became really unblocked and he had to continuously blow his nose to clear out the stuff that was unblocked. All of the releases were involuntary; it was just the Reiki and the body balancing it out. Elizabeth was again amazed with the intelligence of the body and how it

knows what to do with the Reiki. She had never seen so much releasing in all of her experiences. Elizabeth believed that Reiki deals with the whole person on all levels, the physical, mental, emotional and spiritual. During this session, Elizabeth felt that Reiki was doing its job because he definitely was experiencing healing with his cold and his chest was not as tight when he left. Elizabeth mentioned again that sometimes she wished she had more knowledge on Reiki and that eventually she would like to become a Reiki Master, but in the moment she enjoys what she is doing too much to take a large break from it to become a Master.

The fifth Reiki session was similar to the others in that as soon as Elizabeth began to administer the Reiki, Ian's body started to twitch. The energy was flowing the entire time. It was a fairly quiet session, not much talking, although Ian did mention that he was really relaxed. He also wanted to sleep during the session, but the large amount of body twitches kept him awake. Elizabeth interprets the constant twitching and releasing to the deep relaxation that Ian's body was going in to and it was allowing the body to balance and make the adjustments it needed. While doing positions on Ian's abdomen, Elizabeth noticed some large adjustments that went from side to side *"There was just a big shift like his ... it was ... I don't know how to describe it, it was like a ship that went zoom, zoom."* Ian mentioned that he was feeling a lot of stress from exams. The session helped him decrease his anxiety and he appeared to be more content with himself afterwards. *"Much more centered, relaxed and he seemed to be ... there was a contentment about him. When he came in he was kind of ... he looked a little restless. Yes, that's the change that I noticed."* Elizabeth felt very good during the session, she felt really alive and open to receiving what she was getting and passing on to Ian. It was a good space for her. Elizabeth also mentioned that Ian told her he enjoys coming for Reiki treatments.

4.5 Pair #3

4.5.1 Patient #3

Annie – Bowel Cancer

Annie was a middle age, well-educated woman. She was diagnosed with stage 3 bowel cancer in the spring of 2004.

> *"There was a tumour right in front of the appendix in the cecum area and so they had removed that and all that area of inflammation on that side of the colon. They had removed all the lymph nodes and the cancer was in one of the lymph nodes. They told me that was a stage three colon cancer."*

Two months after undergoing surgery, which ultimately led to the discovery of the cancer, Sandy began chemotherapy treatments. After the first round of chemo, Annie had little side effects, but blood tests revealed high bilirubin counts and the chemo was cut by 25%. This upset Annie because she wanted the maximum treatment. She had only minor side effects for 3-4 days after a chemotherapy session.

Emotionally, Annie had been all over the place. When she was first diagnosed she thought she was going to die and leave her family.

> *"You just go numb when you hear that cancer word, you know, stage three, I already knew what that stage three meant and all I could think though was that I was going to die and leave my kids behind. You know I didn't even consider surviving at that point."*

She began to give away possessions and throw out stuff. She then started to do some research on her form of cancer and it was all too scary for her. Eventually she started to do things for herself, such as Reiki and other things which friends and family would suggest.

She took her first two levels of Reiki and began doing self-treatments but found it hard to focus. Annie decided that she would rather have someone give her Reiki. *"Although that's fine and good I just felt that I needed to just be able to go and relax and have someone do the treatments on me."* The Reiki Master who taught her only believed in self-treatments. Annie decided to look for another Reiki practitioner.

While she was searching for another Reiki practitioner, Annie started doing meditation and visualization; she also started reading books on healing and listening to tapes on healing. She started to feel better emotionally, but still found it hard at times to deal with all of the emotions related to cancer.

For support Annie joined Cancer Connection and met someone else who had gone through the same process she was going through; this person had survived and this gave Annie a lot of hope. She started to attend healing workshops, which helped to change her attitude, and she continued to do things for herself, such as going for daily walks. Despite these changes, she still worried about the unknown. *"I do worry, like you know*

when this dosage reduction, you know, when something happens that you're not expecting you get scared." Annie was trying to remain positive because she believed positive thoughts affect the body chemistry and health in a positive way. Annie's husband was also supportive although sometimes she found him to be too optimistic and therefore she did not feel understood at times. She was also seeing a psychotherapist. Her family physician was not terribly supportive. Annie believed this was due to her Doctor's husband suffering from the same form of cancer.

Annie was expecting Reiki to help her. *"I think that it could contribute to part of my overall healing on a certain level. They work with your energy, the energy of your body and I'm not sure what it will do but I'm feeling that it will help to some extent."* She felt that healing for her would be mostly physical healing. She needed to be cancer free.

> *"I'm really aiming for the physical at this point. I mean, but I realize that there are other things that go with that. Mental healing is probably something I need too, I was quite stressed out before this happened. I'm really overworked and so I think that I need healing on that level as well. So emotional and mental, physical, I think. At all of those levels"*

Annie felt good about her choice in a practitioner. She mentioned that there was a process in getting to know someone, but she did not have any initial reservations. This was especially important to her because of the bad experience she had with her first Reiki Master. The first practitioner focused too much on beliefs, which Annie felt were too narrow and simplistic. She was being cautious in her search for a practitioner. *"…I think trust and how you intuitively feel about what they are telling you [is important]."* The practitioner she found for the study was also a trained aromatherapist and a hypnotherapist. Annie was unsure about these additional therapies and was wary that maybe the practitioner would use these therapies to encourage her to return for subsequent treatments. Although Annie believed she was an open-minded person, she still remained somewhat skeptical.

Annie had also used Therapeutic Touch, massage therapy, visualization and meditation to help her deal with her cancer. At one point, she was receiving acupuncture as well as taking herbs and seeing a Naturopathic Doctor. She had discontinued all of the herbs and acupuncture as advised by her oncologist.

Annie's first Reiki session for this study left her feeling very relaxed and tired. The session did not begin with many questions, as Annie already knew a lot about Reiki.

She did ask her practitioner how she got involved in Reiki and how she was trained. Annie did not notice very many changes during the first session. *"I can't say that I noticed any sensations in my body or anything other than I remember her hands being really hot. You know you can just feel the heat coming off them."* She reported feeling very energetic before the session with some minor digestive problems. The second session was much more relaxing for Annie although she was not as tired. This was because she was not trying to relax or fall asleep. She believed that by sleeping the Reiki would work better. Her physician recommended that Annie take afternoon naps daily to help her keep her energy level up. She slept well at night without any sleeping pills

Annie's third session lasted for an hour and fifteen minutes. She was not feeling very well before the treatment and had not been feeling well all weekend; she was coming down with a cold. Annie reported no changes after the treatment. She did not feel any sensations in her body during the session, did not sleep during the session, did not find it relaxing and was unsure how this particular session helped her. Annie reported that her skin was turning yellow from the chemotherapy. She was going for more blood tests the day after the Reiki treatment.

Annie's fourth session lasted for an hour and fifteen minutes. She was experiencing digestive problems before the session and reported feeling less wobbly and more relaxed after the session. Annie slept through most of the session. Her skin was not quite as yellow as the previous week. Physically she reported having a good day with some stomach cramps and a headache before the session, which was resolved following the treatment. After the session, Annie woke up from the session with a deep breath after dozing off. She was realizing the beginning of what Reiki could do for her, and was feeling comfortable and happy with the Reiki practitioner.

Annie's fifth session lasted for an hour and fifteen minutes. Physically, she was feeling okay, with the chemotherapy leaving her skin yellow. She slept at home after the session. Immediately following the Reiki session, Annie reported feeling sensations throughout her body. She said there were goosebumps from her waist down to her feet and it lasted for 10-15 seconds. After the sensation went away she had "funny tingles" in the rib cage behind her liver. During the session she reported a sharp feeling of falling

and drifting. She felt the session left her feeling relaxed and believed it had helped her liver. One day following the session she reported still feeling relaxed.

Annie cancelled her sixth session due to upsetting news about a high bilirubin count. She never returned to Reiki with this particular practitioner. Annie also made a quick move out of the city. In a follow-up conversation she reported feeling uncomfortable with the Reiki practitioner and ended the therapeutic relationship. Annie felt that she was being pressured into purchasing books and attending different therapies.

4.5.2 Practitioner #3

Cindy, Practitioner for Annie

Cindy became interested in Reiki approximately 15 years ago. She was exploring alternatives because she felt there were more than just the traditional medical answers. Cindy did a lot of reading on various different therapies and felt that Reiki fit her philosophy of life to keep things simple. *"It's pretty much direct access so my philosophy is to keep it simple. The clearer the better, so that was probably the biggest reason that I chose [Reiki]."* She began her training in 1995 and received her first and second level within six months. Subsequently she became a Reiki Master. Hands-on healing was something that Cindy was used to, so Reiki came naturally to her. *"Any healing modality I think you need to grow with yourself and if you don't, then you just ... you read a book and now you're this magic person and away you go ..."* She began her own practice from her home in 1997. Cindy's Reiki sessions last approximately an hour and fifteen minutes. During an initial session with a new patient she explains what will occur during the session. She plays soft relaxing music during the session and ensures the patients are warm sometimes using blankets. Cindy does notice some changes in her body during the sessions *"My hands get very warm, they tell me."* She also did aromatherapy and hypnotherapy on her patients because she felt that healing on all levels would lead to faster healing. Most patients fall asleep during the sessions. After each treatment, Cindy will tell her patients what she felt during the sessions. *"Then I tell them what I find at the end of it and what's been some of the changes I've started. Because I can feel energy blocks, whether they're emotional or physical."* She will not tell her patients how often they should receive Reiki treatments because she felt that people need to have control over their own healing. Cindy tried to encourage clients to be aware of their bodies on all

levels so they know what to do for themselves. This allowed the patients to take back control of what they are doing in their life because it is their body and their decision. Cindy described what the energy blocks felt like.

> *"Some of them are like an ice cold spot and when I move my hand down, it stops on the ... it won't go past it. I don't know how ... that's the best I can describe it, but I feel a lot of things. I feel prickly things, ... I can feel things are sort of like webbing on the body that I know the cause of. Because I felt it in other people and the same sensations apply to everyone."*

Cindy believed that when the session is relaxed and peaceful the energy flow increased. The relationship between the patient and practitioner was very important for Cindy and that the success of the Reiki session was dependent on the trust between the two people. If there were a lack of trust then the practitioner would be unable to really help the patient because they always have their guard up and the Reiki cannot enter their body to do the healing.

> *"When you're working with energy because you get into the spiritual, emotional part ... I mean people will let you work on the physical body, but it's the emotional, spiritual part of themselves plays a large part and usually is the cause of the physical, or at least over the years, that's what I find. If there's not a trust or a comfort level established fairly quickly, then you're not going, as a practitioner, I wouldn't get anywhere because it would be blocked. So it's of no benefit to either one of us."*

Cindy's first session with Annie was positive. Annie was very receptive to Reiki.

> *"What I found was again this webbing that I found on other people that I've worked with on chemo and it seems to be a ... the whole body has this ... like close to the body, about here, like a web of, I call it black, because you can't really, that's what it feels to me. I have to take that off ... it was like a ... it had to go. I can't explain that. Her energy field was very depleted."*

Cindy felt that Annie was dealing with the emotions fairly well, but did sense that Annie was putting up a strong front and had a really busy mind. They had scheduled four sessions in a row to remove the negative energy. Cindy felt an improvement after the session and felt that the energy was flowing well, an improvement from their first session. As the energy work increased Cindy was able to get through another layer of bad energy, the comfort level between the two of them had increased and the body therefore increased the amount of stuff it released. *"So we'll see what happens in the end, but I saw an improvement, at least I could feel it. Her energy flow is better."* Their

second session was similar to the first but the energy was easier to work with. Cindy did not feel comfortable taking off too much negative energy at once because it could cause severe emotional repercussions. *"You can't remove everything all at once. It puts people into a healing crisis they call it. I don't do that, I think it's horrendous."* Cindy felt that Reiki would help Annie's immune system become stronger, she would stay peaceful and her stress level would decrease.

The third session they had together was very intense and the energy worked into deeper layers. When doing the abdominal and leg positions, Cindy sensed that Annie's bowels were feeling better. According to Cindy, the session was positive and she reported that she was able to remove the negative parts of the chemotherapy, despite the side effect of her skin turning yellow. Cindy felt excellent throughout the session. There were fewer barriers during the session and therefore made it easier for the energy to flow. Annie was able to relax easily. Cindy was also able to sense the tightness where the intestine was reattached. She reported that Annie's back pain had decreased during the session.

Their fourth session went well. Annie's skin was not as yellow and her skin felt warm, especially her feet. Cindy felt that the energy was positive. There was releasing through the liver and Cindy was able to sense it through the negative, coloured, prickly hot sensations she had. As the energy flow increased the healing increased and without the Reiki, Cindy felt that Annie would not have improved. She felt that Reiki increased Annie's healing by 75% and healing would not have happen on its own. Cindy believed that Annie required Reiki after her chemotherapy session to help her energy. Annie was looking brighter; she was quite talkative and was wearing make up. Her whole body was releasing and the negative energy left her mind and she was calmer, more at peace. During the session, Cindy felt great, she was in a deeply relaxed state so she would not get in the way of the Reiki energy and she did not get drained during the sessions. The webbing was off Annie and negative energy was coming off without being impeded. There was less tension where the surgery took place and the bowels were more normal, not as much acid in Annie's stomach. Annie was more peaceful and her head was not as busy.

The fifth session was positive. Annie's eyes were brighter and she seemed more at peace. Cindy was not sure if Annie was aware that she seemed more at peace. There were still toxins coming out of her head and torso but no longer coming out of her legs. Annie fell asleep during this session. She was feeling very good and her skin was less yellow. There was more re-balancing, another layer of the chemotherapy had been removed and Cindy hoped that Annie would require less Reiki after the next chemotherapy session. Cindy was feeling good during the session, as most people are positive during their Reiki treatments.

Cindy was pleased with the work that occurred with Annie. She felt that Reiki had really helped Annie in her healing journey and was happy to have had her as a patient.

4.6 Pair #4

4.6.1 Patient #4

Sandi, colon cancer

Sandi was an elderly lady who had been diagnosed with colon cancer. She had surgery to remove the cancer and had not needed any chemotherapy. Sandi never believed she would have cancer and was in denial right after the diagnosis. She did not believe it was happening to her and felt it was very unreal. *"To be very honest about it, when I found out, you can imagine, I had no preparation, no suspicion, I never was scared about cancer, I never expected cancer, or anything like that.*" Before her surgery she had a lot to take care of, including showing her husband all of their finances. She told herself that she had to be tough.

> *"Because when I felt emotional, I just patted myself on the shoulder and said, "tough, tough". There was no time to get emotional and the other thing is I felt, I mean it was emotional of course deep inside, that I didn't try to get me down for the simple reason I felt I needed every bit of energy that I had because that's a major operation."*

She did a lot of meditation before the surgery and walked in to the operating room. During the surgery, Sandi turned everything over to a higher power because she knew there was little she could do. The entire experience was really tough on her, but she wanted to live. Sandi grew up behind the iron curtain in East Germany during the Russian occupation and therefore endured a lot of tough times in her childhood. She claimed that this taught her the will to live and how to survive. After the surgery Sandi's

husband and son helped around the house so she could heal. Home care came after the surgery to help her out as well.

Sandi had heard about Reiki many years ago but did not do much with it because it was not well accepted in society. She hoped that Reiki would help her regain her physical strength. Sandi hoped that Reiki would help her in many other ways, including working out at the gym as well as others. *"…this is my hope that I also could sleep better. Get a better circulation."* She was also experiencing constipation. Sandi realized that change would take a while to occur and was prepared to be patient in her healing journey. She really liked her practitioner. *"She certainly seems to be a very, very dedicated person and she seems to have a touch and a feeling to know where you need ... where she has to concentrate on, you know."* She felt that the practitioner was quite intuitive and not just practicing Reiki to make money. *"You get a very comfortable and cozy feeling with her."*

Before their first session together Sandi was feeling a lot of stress. She dozed off during the session because she was very tired. After the session, Sandi felt improved. *"I felt very good. I felt that there was quite a lot of stress release."* Sandi felt that healing for her was wholeness, to do what she wanted without any aches or pains. She had some apprehension that the cancer may return, but was trying to keep those concerns to a minimum. Sandi traditionally looked for a more natural remedy before using conventional medicine. She did a lot of reading and went to a reflexologist, took nutritional supplements and saw a Naturopath.

Their second session was a good session for Sandi. She felt quite relaxed despite having some discomfort in her stomach a few days before the session. *"I could describe it as a burning sensation or something, I know there was something going on."*The Reiki session was an hour long and then they talked afterwards for a long time. Sandi felt quite relaxed after the session and her stomach felt different, somewhat bloated. She was getting concerned when she felt strange things going on in her abdomen. *"And you tell yourself, no, no, no, you can't start thinking those stupid thoughts but I think it still creeps into the subconscious. Because when you feel something doesn't feel right in there."* Her practitioner mentioned that the more Reiki sessions one has the longer the benefits last. Sandi's sleeping patterns were improving despite the stress of trying to sell her house.

The third session was very relaxing for Sandi, in fact she dozed off during the session. *"Yes, that's a very good sign. It's the relaxation during that time is really good and I expect that the relaxation, that I will retain that over you know over time, for much longer periods and again, I felt very good."* Sandi experienced less abdominal problems the week leading up to the session. This decrease in physical symptoms left Sandi feeling less anxious and was able to think more positively. She mentioned that in talking to friends they recount horror stories about other people that they know with cancer.

> *"You know, this is one of things and I think if I don't have the burning in the abdomen, it's less, it's only if I have, when I had the burning and things ... you think, "oh, I hope it's nothing starting up". So that's the one thing. So I think and I just have to keep myself on a positive level. I mean you constantly need people or hear from people, "oh so and so has this and that", it's started up again or now it's in this part of the body or what have you, you just can't avoid it. The way cancer is spreading.*"

The relaxation feeling she experienced during the Reiki session stayed with her for longer afterwards. Her sleep continued to improve and she had decreased the amount of ibuprofen she was taking for pain. She was still trying to sell her house.

Their fourth session together was, again, a good session. Sandi was getting a bit concerned because her abdomen seemed to be getting bigger.

> *"I did have, as I mentioned to [the practitioner], that I did have some concerns and if it would increase or not get better I would talk to a doctor about it because one of the things that was on my mind was that my abdomen, my belly, it seems to get bigger. Sort of sticking out considerably, it's beginning to get noticeable."*

Her practitioner felt that her enlarged stomach was due to the healing process. Hearing the practitioner say that decreased Sandi's anxiety. She had begun to track her sleeping patterns and it appeared to her that a yo-yo effect had begun. Some nights she slept well and others she did not. This was still an improvement from the beginning. During the session she felt relaxed and felt that she released a lot of stress she was keeping in her body. The burning sensations she felt in her abdomen had returned and she experienced a strange sensation in another area during the Reiki session. Sandi was still dealing with the stress of selling her house.

Sandi was feeling very tired before the fifth session. She dozed off during the Reiki session and felt an improvement after the session. *"But after the treatment I felt maybe I should call it re-energized, energized. I felt, you know, much, much better*

because usually I still lie down about twice a day but that day you know I didn't lie down anymore." Her Reiki practitioner mentioned that she felt that things were improving and did not sense anything bad happening in Sandi's body. Sandi felt really good after hearing that and continued her attempts to remain relaxed. She had returned to her workouts at Curves. *"I have to say today I have some pain and this could be I just started going to Curves. My exercise, I just started that now. It could be part of not having done it."* Sandi mentioned that she also looked forward to the Reiki sessions because the tension that was released and they helped her to relax.

A few days leading up to the sixth session, Sandi began to experience some discomfort in her abdomen. *"…a couple of days ago I had some discomfort but when I went over yesterday I didn't have any trouble in the abdomen."* Sandi did experience some "gurgling" in her stomach during the session. She felt very relaxed afterwards. Her Reiki practitioner mentioned that Sandi's improvement was close to 100% and that some discomfort is all part of the healing process. Sandi felt that if her practitioner felt the improvement was so good then she would continue with the sessions. Her sleep continued to improve. *"Well it has been going in spells. There have been some times that I slept until 5:00 o'clock and there are others that I slept until 4:30, but I think how I'm thinking that this is getting better too."* Sandi was happy. *"I have to be grateful that I'm alive."*

Sandi experienced some stabbing pains in her abdomen a couple of days before her seventh Reiki session. Her Reiki practitioner provided her with some feedback after the session. *"…she said she noticed in two places in the abdomen and she felt that she worked it out."* She did notice some blood in her stools and was not terribly concerned but decided to discuss it with her physician. During the session, Sandi dozed off a bit and felt really good afterwards. Her sleep was still improving. *"As long as I sleep well, I'm not ... I don't think I'm as restless as I was. I feel that things are improving."* The Reiki practitioner did mention that she felt Sandi should eat fish. *"…she mentioned to me that what came to her intuitively that I should eat salmon."* Sandi took this advice seriously and was planning on eating salmon during the week.

Their eighth session was a straightforward, normal session. The Reiki practitioner mentioned that she saw an empty space in Sandi's body and also sensed two

heartbeats. Sandi felt that she was still sleeping better. She was having some discomfort again in her abdomen. She felt a popping sensation in her body during the session and felt different afterwards. Her appetite had decreased and her stomach was protruding a lot and was very hard. She was no longer trying to sell her house.

Their ninth session was a normal session again. Sandi felt there was healing during the session. Her sleep was yo-yoing again. She was no longer experiencing as many pains in her abdomen. Her physician had confirmed that everything was fine and advised to monitor the blood in her stools. She continued to have a positive outlook and ignored the horror stories she had heard. *"... I feel pretty blessed and grateful that I'm here."* She was not able to talk for as long after the Reiki session because the Reiki practitioner had errands to run right after their session.

4.6.2 Practitioner #4

Jane, Practitioner for Sandi

Jane became involved with Reiki through a friend. She has been practicing Reiki for close to ten years. Jane received all three levels within three years. Since then, she has been involved in other research, including exploration of the effects of Reiki on survivors of childhood sexual abuse and a pilot project involving Reiki on students attending an inner-city elementary school. Initially she would go to her patient's houses but found it was too taxing on her body.

> *"I was going to people's homes for a long time and then I just decided, like this is ridiculous. Because I was just always gone and I had to be more settled with what I was doing, not so much running. So I decided to just do it at home."*

Jane did not feel that Reiki should be costly for patients. *"Like I don't charge for just everything because I feel Reiki doesn't need to have a big price on it."*

When Jane has a new patient she will tell them what is going to occur during the session. She explains what he or she may physically and emotionally experience.

> *"I make sure to go through the process of explaining what is about to unfold…every practitioner does Reiki but sometimes the hand positions may be slightly different or those kinds of things, so I make sure that they are familiar with where I am going to be putting my hands and making sure that they are comfortable with that. And explaining a little bit about what they may experience through their treatment as in, you know, the majority of the time it's emotional that will be expressed."*

The sessions are very quiet, as Jane does not talk throughout the sessions. She plays quiet music and her patients usually fall in to a deep sleep during the sessions. She gets to know the patients as she gives them Reiki.

> *"I experience a lot though also through the Reiki treatments and that is the other reason why I keep things quiet is because I really get to know that person through that treatment also through… I can see some things that are wrong with that person or ... and it can be on just about any level, physical or emotional, whatever."*

Some people will talk afterwards with her and others will leave immediately after the session. A treatment usually goes for approximately one hour, although she will go over an hour if she feels the patient requires it and if the patient agrees. Sometimes her new patients will agree to have four Reiki sessions close together and then usually they will see her weekly. She never pushes them to come see her and feels they should come when they want to. She has never turned a patient away for treatment, but has turned people away for training if it does not feel right to her. She will not teach the first and second level close together and requires that people have had their second level of Reiki for at least five years before she will train someone to become a Reiki master. Jane believes that trust is the most important thing in Reiki and it is very important that the practitioner respects that trust.

Jane felt that Reiki would help Sandi gain a better perspective on where she was going in her healing journey and her life. *"She is a positive person, she works very hard on being positive but I think this is some assurance that she will stay positive. Maybe excel with it a little further and not allow herself to go to that spot that makes her sick."* She felt that Sandi was brought to her for a reason and was very happy that she was treating Sandi. Jane noticed that Sandi was very appreciative with her "thank-you" and hugs and Jane was very grateful that Sandi had come in to her life.

Sandi mentioned to Jane that she had both her first and second levels of Reiki during their first session but Jane still told Sandi what her sessions were like. *"So I knew that she did know something about Reiki and that she wasn't just walking in blind. But even knowing that, I still had to let her know, the same process as I would with anybody else."* Sandi relaxed well during the first session but did not sleep. Jane felt this was due to the table her patients lie on. Most tables have a headpiece where the patient can put their face when they are lying on their stomachs, but Jane did not have this. Sandi

therefore lay very straight. *"She was very uncomfortable with that. She wasn't sure what to do with her face and I caught it immediately when she turned over that she was used to putting her face in something."* They talked for an hour after the session and Sandi mostly asked Jane about her training and her experiences.

During their second treatment, Jane told Sandi to place her hands under her head so that she would be more comfortable on the table. Sandi did this and fell asleep during the session. Sandi's legs did a lot of releasing during the session. Jane felt that there was something going on in Sandi's back and mentioned it to her. Sandi was concerned that it was cancer or her kidneys but Jane disagrees. She felt that there was some stress in her back and that she needed to relax and let it go.

> *"She was drawing conclusions all on her own without me saying anything… So I tried very hard to put her back in a different ... because that was right after the treatment and she was still sitting on the bed and I didn't really want her to think that she had cancer there because if you think it, it can manifest into that."*

Jane felt that there was trust present in their relationship and that there was a deep level of comfort between the two of them. After the second session, Sandi stayed around and talked to Jane for an hour about her past. *"Talking a lot about her family and her feelings. She was really expressing feelings today."*

Jane spent more time on Sandi's head and knees during their third session. She felt that Sandi was releasing stress because she had very strong muscle spasms during the session. *"... my sensations were that she really seems to be releasing things and I think it was confirmed for me later."* Sandi also fell asleep during part of the session, but when she was awake she would watch Jane. They spoke for a long time after the session about Sandi's childhood and Jane felt that Sandi was beginning to let go of the stuff from her past. Jane thought that Sandi was somewhat stuck in the past and she was starting to let it go through Reiki and the talking.

> *"She felt that some of the things that were happening to her right now, through Reiki was that she was letting go of some of these things. She feels when she's asking, that it is coming through with Reiki and I really sense that giving her Reiki that she's letting go of a lot of things…I think it's slowly coming to a head where she can't hold it in anymore and she's doing a lot of communicating about it."*

This particular session helped Sandi to heal emotionally because of the talking and therefore helped her heal physically. Sandi did mention that she felt a pulling sensation

in her abdomen during the session. Also, Jane saw little white mice running out of Sandi's feet during the session and attributed this to the emotions and memories that were being released in her body.

> *"…the reason I know that she did release a lot of things and this may sound very strange but on the bottoms of her feet and I stayed there actually for quite awhile because ... I don't know what you want to call them, but it's like what I see, it was like little white mice, going…out the bottoms of her feet."*

At the end of the session, Sandi gave Jane a big hug and was very appreciative.

Jane noticed that Sandi was very tired before the fourth session. Sandi had a lot of tears beforehand. *"She was going, I think, experiencing a lot of sadness of some sort. It was really coming through very loud and clear with her."* Sandi fell in to a deep sleep during the session and Jane felt that things were starting to come together for Sandi. The places on Sandi's body where Jane used to experience strong pulling no longer pulled as much. *"On Tuesday it was very minimal, it was just normal Reiki going through her back. So whatever was in there, my interpretation of it is that it is no longer."* There was not as much talking afterwards but Sandi still gave Jane a big hug and thanked her. *"…when she left she gave me a very long hug and thank you, thank you, thank you. She's very appreciative after."* She was no longer sad and appeared to be centered and peaceful. Jane was learning more about Sandi though the Reiki.

> *"…you know, she's such a story for me, meaning you know what I experience doing Reiki on her, she just tells her own story through her body and I felt very good, like it was probably one of the more positive experiences because it gave me a real sense of going in the right direction when I realized that the tears I was experiencing, not I was experiencing, but what I was seeing was her tears, her inner tears, her pain. She was releasing it very much."*

Jane observed Sandi's positive attitude and felt it helped her with healing. She also enjoyed that Sandi has training in Reiki and attempted to live a worry free life.

Sandi was tired before their fifth session again. Jane mentioned that Sandi went in to a deep sleep during the session. Jane felt that Sandi's tailbone area felt strange. Other than that the session was very quiet and not much of a story unfolded for Jane. Afterwards they spoke about spirituality.

> *"She was not quite as talkative yesterday, but she did talk, more in depth about her belief, like she believes in St. Michael and arch angel, Raphael and like those kinds of things, like she said she has statues because she*

> *had asked me who my helpers were when I do Reiki so I told her and those were the two that I always ask for their assistance."*

During their sixth session together, Jane had an overwhelming feeling that Sandi should eat salmon. *"I got a sense that she should eat fish."* The session was fairly relaxing for Sandi and Jane felt that she continued to relax. They did not have a chance to talk afterwards as Jane had errands to run. She felt that Sandi had a lot of toxins in her body.

> *"Anyway, but I think it's to do with the toxicity she has in her body, maybe. I feel that's probably something. Because I do feel that she has a lot of toxins, you know I sense that with the things going on, especially in her front, like her ... from her neck down, she seems to be, something, there's something wrong there."*

The seventh session was a run of the mill treatment. There was some stuff going on in Sandi's back and groin area. Sandi was very happy and very grateful after the session. *"She talked a little bit afterwards, she's happy. Very grateful ... always very grateful, she was yesterday too, of course. But other than that, there's nothing that really stood out."* Jane felt that Sandi was a very good person and enjoyed having her as a patient. Sandi did mention that she was eating less and her stomach was a bit upset.

Sandi mentioned to Jane that she thought she should cut down on the number of Reiki session during the eighth session, but Jane did not think this would be a good idea. She thought that Reiki had helped Sandi a lot, but was not done yet. Jane felt that Sandi was releasing a lot but was not totally aware of it, and most of the releasing was through their verbal conversations. Jane worked on the areas where Sandi mentioned she had been experiencing some discomfort. Sandi never complained and had a very positive attitude in life, which Jane felt would continue to help her.

4.7 Emerging themes

Several effects of the Reiki sessions were noted by participants. Effects are divided in to physical, mental/emotional, energetic and spiritual domains. The therapeutic relationship between patient and practitioner is also described and analyzed. Finally, patients' and practitioners' view on healing are reported.

4.7.1 Physiological effects of Reiki

4.7.1.1 Illness specific symptoms

Patients mentioned that some symptoms increased during their first few Reiki treatments. Practitioners explained this observation as the Reiki energy surfacing what patients could deal with and releasing the parts of their illness that they could without suffering.

> *"The constrictive kind of symptoms had actually begun to release when I was undergoing the initial treatment. What I found was when the constrictive kind of symptoms started to release that, well for one thing the startled response got really terrible ... terrible. It may sound like a little thing, startled, but it wasn't. I just couldn't seem to do anything without getting it triggered and I don't just mean a start, any jar in my body it would physically hurt".* (Patient)

Therefore, some of their symptoms were attributed to the release of their feelings and to the part of their illness that they could deal with at the moment. Over time these symptoms dissipated and the patients were able to move past those symptoms. For example, Jude experienced a lot of sensitivity to her surrounding environment early on in the Reiki treatments. As she continued through the sessions she was able to deal with the emotions that were brought up by the Reiki and the sensitivity to the surrounding environment decreased.

4.7.1.2 General illness symptoms

Relief from other symptoms such as improved sleep, deeper relaxation, decreased medication use, and increased energy were all noted. *"So, my sleeping has really improved, really improved."* (Patient) Although these problems were not illness specific, rather were general illness associated problems, they greatly affected patients' day to day life. *"As long as I sleep well, I'm not ... I don't think I'm as restless as I was. I feel that things are improving."* (Patient) When the patients were feeling better over all, they were better able to heal the illness specific symptoms. For example, when Sandi began to sleep more she was more relaxed and felt that she was better equipped to deal with symptoms related to her illness.

4.7.1.3 Other physical relief

Patients also had relief from other physical problems. These problems were not necessarily associated with their initial concern. One participant had a really bad cold during one of the sessions and received relief from the cough and congestion during the Reiki treatment. "*Well, I could breathe normally and my sinuses were clear"*. (Patient) Practitioners viewed the Reiki as helping to release the cold and the symptoms associated with the cold. *"When he first came he was coughing a lot and by the end the coughing ceased, but he was blowing his nose a lot."*(Practitioner) Although the patients chose to receive Reiki for a specific condition, the Reiki energy was still able to work on other aspects of their body. This sometimes manifested itself in improvement with other health problems they were dealing with despite these problems not being the initial concern.

4.7.2 Mental/Emotional Effects of Reiki

4.7.2.1 Illness Specific Symptoms

Illness specific symptoms were also at the mental and emotional levels. One patient described an extreme sensitivity to the surrounding environment. Although the sensitivity resulted in physical reactions, it was rooted in the patients' mental and emotional states. As the patients' mental and emotional states improved, so did the sensitivity. This suggests that Reiki worked on several levels of the patient as similar effects were noted above on the physical level.

For instance patients described closeness with elements of their diseases. By drawing in closer to parts of their illnesses, patients were better able to understand what their body needed to heal. *"I just feel that her, whatever trauma she had, is being dissolved. I don't know how to explain it…[the trauma is] turning into a mist and just dissolving."* (Practitioner) This closeness took a while to achieve, the patients had been going to Reiki for several treatments before achieving this enlightenment.

> *"What she described to me was like these gates coming down with those spikes that come down …like prison bars that come down over a doorway like on a castle or something. And all of her feelings would go ... everything would be shut tight but she felt once she started the Reiki those iron bars were lifted and she could feel that her body wasn't closing tight again."* (Practitioner)

4.7.2.2 Stress and Anxiety

The general mental and emotional symptoms improved like the physical improvements patients had. Patients described their emotional state before receiving Reiki.

> *"… I just ... it's awful. You just go numb when you hear that cancer word, you know, stage three, I already knew what that stage three meant and all I could think though was that I was going to die and leave my kids behind. You know I didn't even consider surviving at that point. All I could think about was "I'm going to die".”* (Patient)

The improvements in their ability to better handle stress and anxiety aided in the patients' overall mental and emotional states. By improving their overall quality of life, patients were able to experience joy, something that had been lacking in their lives because of their illnesses. *"She left with a lot of hope and courage in her heart and joy. She had joy in her heart when she left yesterday"* (Practitioner).

4.7.2.3 Patient and Practitioner attitude and expectation

Practitioners commented on their patients' attitudes and outlook on life. They felt that the attitude carried by their patient really effected the treatment and the outcomes of the Reiki sessions. *"But I'm definitely keeping a positive outlook. There are some people that come to me all the time ... "did you have anything showing, anything happening ... or how are you feeling?" Sometimes I feel that they are really looking for me for a negative response."* (Patient) *"And you tell yourself, no, no, no, you can't start thinking those stupid thoughts but I think it still creeps into the subconscious. Because when you feel something doesn't feel right in there."* (Patient) If the patient had a positive attitude then the Reiki energy would generally run more deeply then if the patient did not. *"Her having such a positive attitude really helps. Very much helps, you know because it makes what I'm doing ... it just accents it. That's how I feel. But she's going to live to 158 she says and that's the way it is.*" (Practitioner) Also, the patients' expectation of the treatment and what would occur from the Reiki sessions had an effect. If the patient's intention was that the session would help them, then the practitioner noticed that session would generally go really well.

The practitioners' intent was also noted. As Reiki practitioners, the participants wanted to help their patients feel better. This intent helped to guide the practitioners

through their sessions as well as helped them to focus on a goal. The practitioners always commented on the healing that took place, which was part of their intent each session.

4.7.3 Energetic Dimension

4.7.3.1 Energy directed release

Patients did not specifically mention feeling energy in their bodies; rather they described the response their bodies had to the energy. *"I can't say that I noticed any sensations in my body or anything other than I remember her hands being really hot. You know you can just feel the heat coming off them."* (Patient) Patients described many releases and body shifts during their Reiki treatments. Patients attributed these shifts to the Reiki energy balancing things inside their body. Often, the release would help the patient feel better about different symptoms they were dealing with. *"Then later during I was releasing quite a bit, like I had a lot of releasing all the time. Yes, I was releasing so much I got a nosebleed."* (Patient) Also, the shifts would help them go into a deeper state of relaxation. As patients continued to receive Reiki over time they noted that the relaxation and balancing of the releases stayed with them for longer periods of time and went to a deeper level. *"I think what has happened for me in the Reiki, one thing, very positive that this happened for me is it just seems that I have been able to get a little bit deeper into relaxation."* (Patient) On occasion, patients even mentioned that they were able to enter that state of relaxation several days after the treatment. *"Yes, that's a very good sign. It's the relaxation during that time is really good and I expect that the relaxation, that I will retain that over you know over time, for much longer periods and again, I felt very good."* (Patient) *"Actually I really connected to that sense [of protection] several times over the weekend. I could just remember feeling like that."*(Patient)

Practitioners also commented on the energy releases. *"The jerking to me is always a releasement of some sort. A releasement within the muscles or releasing something that is being held in the muscle or in that particular part of the body."* (Practitioner) As their patients suggested, they believed that the releases were caused by the Reiki energy and that the energy was clearing out what needed to be removed.

> *"She felt that some of the things that were happening to her right now, through Reiki was that she was letting go of some of these things. She feels when she's asking, that it is coming through with Reiki and I really*

> *sense that giving her Reiki that she's letting go of a lot of things."* (Practitioner).

The energy was also helping to balance and centre the body. Practitioners were encouraged when they saw their patients releasing and believed that it was helping their patients healing in a positive way.

4.7.3.2 Energy Flow

Practitioners often described how the energy was flowing during the Reiki sessions. *"I just felt like the energy was really flowing. My hands were just vibrating, I don't know if she picked that up. It just felt as if the energy was just really flowing."* (Practitioner) Although practitioners did not direct the energy, nor was the energy their own personal energy, they were able to sense the energy flow and how it related to spots on the patients' bodies. *"Some of them are like an ice cold spot and when I move my hand down, it stops on the ... it won't go past it. I feel prickly things, ... I can feel things are sort of like webbing on the body."* (Practitioner). They attributed the increased energy flow as their patients' bodies needing the energy and being ready to accept such large amounts of energy. *"I couldn't get over how the Reiki energy seemed to run really deeply."* (Practitioner) The strong energy flow oftentimes precipitated large releases in the patients' bodies.

Despite the Reiki energy being directed towards the patients' body, sometimes it would help the practitioner as well. On occasion, practitioners would also experience physical changes due to the Reiki energy. *"Oh yes, there was another thing, I could feel that it was really drawing the Reiki and I would get really, really hot."* (Practitioner) *"I will also experience it with very strong Reiki or my arms will ache or, you know, something like that. With her it has been the very strong Reiki coming through."*(Practitioner)

4.7.3.3 Energetic sensory experiences

Practitioners commented on some of the sensory experiences they had during the Reiki treatments. For instance, one practitioner mentioned visually seeing different things during sessions.

> *"I get a lot of messages when I do Reiki, it's not like I get a lot, I always get a lot. Possibly because I always ask for that guidance before I do a treatment and that's on anybody. But it was very clear through her whole treatment that she was to eat salmon. It was a very strong message. And I*

> *said, ... like it just rang in my head through and through and I could see fish, like I see a lot of fish, big, huge fish. So it was very clear I was supposed to tell her that, so I did."*(Practitioner)

Some practitioners see energy and others see different items in and around the patients' body.

> *"…the reason I know that she did release a lot of things and this may sound very strange but I'm on the bottoms of her feet and I stayed there actually for quite awhile because me ... I don't know what you want to call them, but it's like what I see, it was like little white mice, going …out the bottoms of her feet. To me, my interpretation of that is that you know, those things are now gone."* (Practitioner)

4.7.4 Spiritual Effects

Practitioners discussed the multiple layers where the Reiki energy worked. According to the practitioners it worked on the physical, emotional and mental levels, but also on the spiritual level. Practitioners discussed how important healing on all levels was and that patients would be able to heal fully when healing on the multiple levels. All of the practitioners in the study were spiritual people. Two of the patients in the study mentioned that were paired with a practitioner that shared similar spiritual views. In choosing a practitioner with similar spiritual views the two patients perceived that they were able to grow spiritually and mentioned discussing it with their practitioners.

> *"She was not quite as talkative yesterday, but she did talk, more in depth about her belief, like she believes in St. Michael and arch angel, Raphael and like those kinds of things, like she said she has statues because she had asked me who my helpers were when I do Reiki so I told her and those were the two that I always ask for their assistance. So she stated she has a statue of each of them that she prays to all the time."* (Practitioner)

In two of the dyads spirituality was a very important aspect of their lives and therefore in their Reiki sessions. *"I expect it to help me with my prayer because right now one thing that happens is for me, prayer is also a hard state to enter into."* (Patient) These dyads were able to use their spiritual connection to gain a better understanding of the experience they were going through.

> *"During the Reiki treatment she had this feeling that she was being held, held tenderly by a loving God, so that was ... that's what she shared with me and I had just made that little motion saying, "you have to be very gentle with yourself, like rocking a baby back and forth". So it kind of*

> *really matched with what was going on with her, so that delighted me."* (Practitioner)

4.7.5 Therapeutic Relationship

The therapeutic relationship between patient and practitioner was established through several steps and can be viewed in layers. The following is a description of the layers as described by the participants. The data suggested that as the relationship deepened and as the patients and practitioners traveled through the layers, the patients' satisfaction with the treatments increased.

4.7.5.1 Initial Gatekeeper – trust

The first layer was trust. Patients needed to trust their practitioners in order to allow the healing energy in to their body. *"I think that's one reason that for me anyway, it is important that I had trust in [the practitioner], otherwise I think I probably would have distanced it before, before I was at the stage where I could get any help."* (Patient) This trust worked both ways. Practitioners also needed to trust their patients.

> *"It's probably the very most important thing, if you don't have that, well you shouldn't be here. Well that's how I feel. It is very important and it is important for the practitioner to respect that trust, no matter what. It doesn't matter what they may want to talk about or what they may have experienced. If it's that important we talk to each other about it, not to others or that kind of stuff. So that's uttermost."* (Practitioner)

Without this trust the practitioners were not able to allow the energy to flow as best as possible. If the practitioners did not trust the patient then they were consciously, or sub-consciously, uncomfortable around the patient and this effected the energy flow. *"If there's not a trust or a comfort level established fairly quickly, then you're not going, as a practitioner, I wouldn't get anywhere because it would be blocked. So it's of no benefit to either one of us."* (Practitioner). Patients describe the initial trust as a "gut feeling" as opposed to the practitioners who were better able to identify the feelings they had about their new patients.

> *"I think there's sort of a process of getting to know the person because I hadn't met her before and just sort of getting to know them and getting comfortable with them. She seems like a very nice lady, so I didn't have any bad feelings at all or anything like that. Didn't have any reservations about it."* (Patient)

The trust was established early on in the therapeutic encounter. Often, patients looked for some aspect of the practitioner that they could identify with and felt a connection. In some instances, it was something as simple as accessibility, the location where the practitioner worked. If the patient felt that the practitioner was easy to get to, then they were more likely to go to the practitioner. *"I said, "boy I better phone quick that [practitioner] and find out where she's living, she's practically living at my doorstep"."*(Patient) Other patients looked at the practitioners' beliefs in terms of spirituality and healing. If the patient was able to identify spiritually with the practitioner, the trust was more likely to occur.

Finally, patients looked at the way in which the practitioner had set up their practice. Trust was established when patients felt that the practitioner was there to help them in their healing, rather then trying to sell a product. *"It was wonderful and I have the feeling that she is quite intuitive that she certainly is ... she's not in it for the money, she's in it because she feels she has to do it."* (Patient) Since the patients were in a vulnerable state due to their illness, they did not want to be sold a product or treatment. *"What I decided was I will just keep going and see how I feel. I'll go with my intuition. If I decide that I don't like what's going on, then I'll be gone."* (Patient) Rather, they wanted to be taken care of and guided during their healing journey. If the patient felt that the practitioner was there as a distant participant who was out to earn money, then the trust was not as easily formed.

Trust was more easily established when the patient could identify with some aspect of the practitioner. Once that trust was established, then the deeper layers of the relationship began to develop as the sessions occurred and the interaction between patient and practitioner unfolded. It should be noted that the trust could be broken along the way. Also the trust deepened over time and although a deep trust took a while to establish, the initial trust, which acted as a gatekeeper to the rest of the relationship, was established fairly quickly.

4.7.5.2 Bonding

After trust was established the patients and practitioners began to bond. This bonding process occurred over a longer period of time, as opposed to trust which was established fairly quickly. The bonding began through communication. This was

through verbal and non-verbal communication. The non-verbal communication occured during the treatments because Reiki is an energy therapy and therefore the patient and practitioner bond on an energetic level. Although the Reiki energy was not the practitioner's own energy and they did not direct the energy, they were still involved in the healing and therefore did have a connection with the patient. Often, the practitioner was more aware of the non-verbal bonding that occurred. They received knowledge about healing, the patient and the Reiki energy through the treatments and this knowledge helped bring them closer to the patient. *"So she felt safe being here "oh", I said, "I was going to tell you that I'll make sure that you are safe". And she says, "well you told me that". I said, "I did?" Well she said, "you didn't tell me that with your words. I knew it was safe." "* (Practitioner)

The verbal communication provided an opportunity for the patient to discuss her worries, fears and other emotions that she felt throughout the session as well as her lives.

> *"We did a lot more talking throughout the session than usual and the energy was lighter because I found myself sharing with her as well so it was like a two way thing. There was some things that were kind of heavy but we could still laugh about it that she's not weird."* (Practitioner)

The patients were able to unload the burden of their illness that they were carrying. By sharing these feelings with their practitioners, they were able to heal by dealing with those emotions and thoughts. Through the sharing, patients bonded with their practitioners on a deeper level. Each time the patient talked with their practitioner the bond deepened and their relationship strengthened.

The bonding effected the Reiki treatments. For the practitioner, they were better able to help the patient by listening and understanding where the Reiki was helping within the patient's body. For the patient it helped them to deal with the issues that arose from the Reiki treatments, released those issues and moved on to the deeper buried problems associated with their illness.

4.7.5.3 Respect

As the bonding process continued patients' respect for their practitioners deepened as did the practitioners' respect for their patients. This respect was formed out of the bonding process. *"…[it's] not like going for a pedicure or ... it's a little different, there is sort of a trust going on there and a respect for each other."* (Practitioner) The

patient really respected the practitioner because of the work that the practitioner had done for them on their healing journey. The practitioner respected the work that the patient's body had done, how they had handled their illness and the healing their body had done.

4.7.5.4 Appreciation

The patient and practitioner also developed sincere appreciation for one another during the bonding process. The patient was very appreciative for the work the practitioner had done for them. *"She just kept thanking me. I said, "well you know, it's bigger than me, all this". "It's ... I'm just the helper". She said, "I'll thank you for being my helper"."* (Practitioner) In their eyes, if the practitioner had not done the healing, the patient would not have healed. *"She is the kind of person that wants to help people and that's a wonderful thing. Because that's the difference."* (Patient).

The practitioners also became appreciative of the patient because of what they had learned while working with them. The patient was more than just a client for the practitioner, they were an opportunity to gain more knowledge and grow as a practitioner. Practitioners also commented that the patient helped them to deal with personal issues in their own lives. *"I'm also ... issues within my own life are spring up that I thought I had dealt with, so I feel that's big for me. I'm [getting in touch] with my deep anger that I had thought I had dealt with but it's there."* (Practitioner)

> *"…but for whatever reason, this woman comes into my life and rather interesting because I lost my mother last September ... and this person walks in and I'm thinking "mom?" … but it was sort of a very strange kind of thing and when I'm doing Reiki on her it's like I know that my mom is very much here for some reason. It's like a ... my mom didn't have cancer and she didn't have none of those kinds of things, but there is something, there is something that I am going to learn through this also. What better kind of person, she's so sweet and she's so kind."*(Practitioner)

The relationship was very synergistic as both the patient and practitioner gained so much from one another. Neither one would have gained as much or have had such a positive experience without the other. *"Oh it affirmed me how blessed I am to be doing this… So that gave me a confirmation that you know, that Reiki is helpful."* (Practitioner)

4.7.5.5 Increased Confidence

The patients' confidence began to rise as they saw improvements in their conditions. Their confidence also grew as they noticed the practitioners' confidence in

their patients. *"That the hope and the courage that she felt by coming here and getting these treatments and she said, "just who you are gave me so much courage and feeling safe."* (Practitioner) The practitioner knew that the patients' body could handle the disease and the healing energy that was being provided to them. *"I really try to encourage my clients to be aware of their body on all those levels and what they need to do for themselves and take back their control of what they are doing with their life and their healing because it is up to them."*(Practitioner) The patient was empowered through the process and as their confidence rose, so did their ability to heal. The practitioners' confidence also grew because of the lessons they had learned from the patient. Their ability to act as a Reiki practitioner was reinforced through the success of their patient.

The therapeutic relationship was multi-layered and as the relationship deepened through the layers, the healing of the patient and their satisfaction and happiness with the treatment increased. The relationship was also beneficial to the practitioner as they learned and grew through the treatments. The process re-affirmed what they were doing for their careers.

> *"I, you know, she's such a story for me, meaning you know what I experience doing Reiki on her, she just tells her own story through her body and I felt very good, like it was probably one of the more positive experiences because it gave me a real sense of going in the right direction when I realized that the tears I was experiencing, not I was experiencing, but what I was seeing was her tears, her inner tears, her pain."*(Practitioner)

4.7.6 Healing

4.7.6.1 Patient definition – Focus on the physical

Healing was initially defined differently for patients and practitioners. Early in the study, patients regarded healing mainly as a physical change, or as a way to cure their disease. The patients did acknowledge that they wanted to heal on other levels, such as mental and emotional, but their main focus was a relief of physical symptoms or a physical cure of their illness. *"That healing can be emotional, mental, spiritual and not necessarily physical. I'm really aiming for the physical at this point."* (Patient) In terms of the physical healing, the patients discussed the challenge it posed. *"That is the difference because the healing, to heal something like a cut is so much easier than something inside that I do not see."* (Patient) They had a list of symptoms that they

wanted relieved as well as activities they wanted to participate in again. For instance, some patients wanted to sleep better, others wanted to be cured of their disease, meanwhile others wanted to prevent further problems. As the patients received Reiki their view of healing appeared to expand and include the mental, emotional and spiritual components as well. Healing was no longer just seen as a physical change; rather it was improved quality of life and increased feeling of joy and happiness. Patients still wanted a physical cure, but were happy to achieve other facets of healing as well. Some of the patients had previous Reiki training, and as their definition for healing grew they described a better understanding of Reiki.

Healing has been described as expanding consciousness and as people heal, they become more aware of themselves and their surrounding environment (55). This description explains why patients modified their understanding of healing as they continued through their series of Reiki treatments. Initially, all of the patients described many physical things they wanted to change, including cures for illnesses. But as the treatment series progressed, patients' definition of healing changed. Their consciousness had begun to expand and in doing so, their awareness of themselves and their surrounding environments also expanded and they became aware of what truly needed to be healed. This awareness may not have been on a conscious level, but their actions suggested that they had gained a better understanding of themselves. For instance, they began talking about traumatic events and other instances from their lives that had effected them. In doing this they were dealing with emotional and mental pain that had been with them for many years. These discussions allowed them to process the issues that were bothering them and heal the wounds.

> *"She spoke to me the first time and the second time here today about the tragedies when she was growing up and the fears. She spoke a lot about the fears she still has of things that are related to that. She's smart enough to and I don't mean that literally, I just mean it as in because she is a very brilliant woman, but she's smart enough to know that one is related to the other and I believe that even without words that I think that's what she's looking for is ... you know, she can lose her fear and the anger of some of those things that her body will build heal in a more drastic way."* (Practitioner)

As patients processed these issues, their level of integration increased. They were becoming more balanced; more centred and were healing themselves. *"At the end we talked about how she felt much more integrated and she feels so grateful to have heard about Reiki and what's happening with her."* (Practitioner)

4.7.6.2 Practitioners' definition – Healing the whole person

Alternatively, practitioners viewed healing as an integration on many levels. They viewed healing as holistic, an overall well-being of the patients' body, mind, and spirit. More specifically in this study practitioners wanted their patients to trust in life and in society, believe in themselves, see the connection between the physical, mental, emotional and spiritual aspects of their bodies. Practitioners had an expanded view of healing for two different reasons. The first is their experience with healing. All of the practitioners had been practicing for several years and had treated many people. This experience gave them wisdom and knowledge about healing. Secondly, the practitioners understood how healing worked. *"Their end result is all you're doing is maintaining a peaceful [state]... their spiritual, emotional state heals and you may not affect the physical. So whatever heals is what's supposed to. Their higher self directs it anyway."* (Practitioner) They were aware that healing on an emotional level is often just as important as healing on a physical level and that healing the whole person was one of the pillars in Reiki.

> *"Like as far as, like mental emotionally, for sure because of the extent of her talking yesterday. I think by helping her mentally and emotionally that it's helping her physically. You know, freeing her body up a bit more from, you know the pain that she's carrying around."* (Practitioner)

By healing the entire person, they recognised the work that the patients' body would have to do and since the patients' body would only heal to a level it was comfortable at, the healing process would take time. Practitioners believed they were able to see a more global picture of healing because they are in an increased healed state compared to their patients. By being a practitioner, they have received a lot of Reiki energy through their own body, and therefore have healed themselves more so than their patients. Moreover, they have already experienced an expansion of their consciousness and are more aware of how their body and surrounding environment influence one another. They have a deeper understanding of the relationship between the mental, emotional, spiritual and physical

aspects of their patients' body and therefore know what work needs to occur on all of those levels. Also, by participating in this study, the practitioners were able to reflect on their experiences and gained a greater awareness of what was actually taking place within the Reiki sessions. Overall, they felt their knowledge and experiences had been enriched.

4.7.6.3 Therapeutic relationship and healing

According to the data, as the patient and practitioner deepened their therapeutic relationship, the level of healing increased. In addition with the increase of the patients' confidence they became more aware of their body and their surrounding environment. They were better equipped to deal with their illness and therefore healing was enriched. Through the heightened awareness, the level of respect and appreciation for their practitioner also increased. The practitioner's view on healing was holistic and encompassed physical, mental, emotional and spiritual dimensions. Through the healing process this knowledge entered into the patient's consciousness and the patient was better able to relate to the practitioner because of their shared understanding. A strong therapeutic relationship resulted in healing and as the level of healing and awareness increased the therapeutic relationship deepened even more. It was a cycle that continued throughout the therapeutic encounter.

Chapter 5
Discussion

The purpose of the study was to explore the experiences of Reiki as reported by patients and practitioners as well as to identify the meaningful benefits and other relevant outcomes of Reiki therapy from their respective perspectives. Several themes emerged from the longitudinal interviews. Using a phenomenological approach, Reiki was described by participants to have an impact on their physical, mental and emotional state. Spiritual effects of Reiki as well as spiritual connections during the sessions were described. Patients' and practitioners' experiences of energy flow and their sensory experiences were also reported. The therapeutic relationship consisted of a multi-layered matrix suggesting that different experiences can be the result of varying perception levels of the therapeutic relationship. Patients' and practitioners' understanding of healing initially differed as patients mainly sought physical relief, yet as the sessions continued, healing became more an integral part of the therapeutic relationship and was considered in a holistic way. Of particular interest, several unexpected phenomena arose such as the healing process, the therapeutic encounter and the context of Reiki sessions.

Three selected topics are being discussed below because of the amount of research data generated in these areas: the healing process, the therapeutic encounter and the context of Reiki treatment. It was also felt that these particular areas could potentially contribute to the science and knowledge on Reiki. Implications for clinical practice and patient care as well as study strengths, limitations and future research are also addressed.

5.1 The Healing Process

Healing was described in terms of physical, mental, emotional and spiritual dimensions, and were experienced differently depending on the number of sessions that took place, the length of time spent with a practitioner and the patients' own spiritual beliefs. For some participants their perceptions of healing evolved as they experienced the Reiki treatments over time. Their awareness of their body and the surrounding environment deepened as time went on. This affected the level of awareness and their understandings of their health issues and experiences during the Reiki sessions. If one takes the philosophical approach that every experience contains a lesson to learn, then

what role does illness play? Perhaps disease and illness occurs to allow our consciousness to expand and for people to become more in tune with themselves and their surrounding environment. In this instance, healing is not a physical manifestation, but is more a path to greater awareness. Moreover, the type of healing one is seeking, such as a physical cure, is not necessarily the end result; other outcomes may be experienced beyond the restoration of physical health. This is not to suggest that a cure or elimination of a certain illness is not possible, only that it is not the only outcome. The same can be said of mental, emotional and spiritual healing. In instances where one form of healing does not take place, it is not necessarily a failure, rather awareness might be gained and the patient's life altered. This is consistent with the literature in which healing is defined as the expansion of awareness. For instance, Wendler defined healing as "an experiential, energy requiring process in which space is created through a caring relationship in a process of expanding consciousness and results in a sense of wholeness, integration, balance and transformation and which can never be fully known." (60) This definition resonates with what was described by patients and practitioners in the study. In the instance where dyad number 3 ended treatment early, the Reiki energy worked in unexpected ways and perhaps healed the patient more holistically rather than limiting the impact at the physical level only. Therefore, the patient could have gained awareness of herself and her surrounding environment and felt better and maybe healed despite not experiencing a physical cure. On the other hand, the premature interruption of the Reiki treatment intervention might also be interpreted as a relationship approach that failed to produce the expected healing as described by the patient. Healing can therefore be seen as a phenomenon which is not automatic. Through healing, people gain a greater awareness of themselves and their surrounding environment. This awareness is achieved through personal growth, such as becoming whole, dealing with one's illness and mortality, balancing and creating new life goals. It is also achieved through improved or repaired relationships with other people, creating new relationships with others and understanding how they fit in with their surrounding environment. One could therefore argue that physical death, which is seen as a failure in conventional medicine, is just another step in life's eternal journey of spiritual development and growth.

Previous research discussed the challenge in measuring healing outcomes (61). Brown describes these challenges and provides potential solutions when the outcome is not a physical cure or a measurable difference, rather the outcome is the patient's understanding of himself, of his context and life story and the meaning found in his illness (56). The suggested solutions include patient's decision to receive healing, allowing patients a choice in the treatment, understanding patient expectations, realizing that illness may have a purpose to the patients and that it can take time (61).

The number of Reiki treatments was shown to be important in the patients' definition of healing. For instance, three of the four dyads participated in the study for the allotted time. One dyad was cut short because the patient no longer wanted to receive Reiki from her current practitioner because the patient did not feel comfortable with her practitioner. This demonstrates the importance of trust and bonding in the therapeutic encounter which was not properly established in this particular case. This affected the patient's comfort level and when her health deteriorated, she did not feel comfortable receiving Reiki.

Initially in the analysis, this particular dyad was considered to be 'unsuccessful' because the course of treatments were cut short and the patient was no longer interested in continuing on with the particular practitioner. After some pondering, the unsuccessful label was no longer correct. As mentioned above, perhaps healing had occurred subconsciously and the patient's body no longer needed anymore Reiki energy, despite the fact that the patient was still sick. Wendler describes healing as an experience in which people become whole (60). This particular patient may have achieved wholeness and balance through the few Reiki sessions that were had, despite it not meeting her view of healing. Alternatively, no healing could have occurred in the Reiki treatments for the patient. She may have decided to try a different therapy in which she felt more comfortable.

Does healing really mean a cure? As presented in the results, patients' initial definition of healing was focused mainly on physical change, yet as they continued through their Reiki sessions, their definitions evolved to include additional aspects of their health. Mental, emotional and spiritual healing was equally important for the patients because healing became more than just a physical change. The literature

supports these findings. McDonough-Means et al described how patients' definitions of health may shift when the patient is attempting to internalize his/her own standards for evaluating their illnesses (27). Through their experiences, patients learn to analyze what is happening to them and begin to expect certain experiences during a treatment.

5.2 Therapeutic Relationship

This study highlighted the fact that the therapeutic relationship is pivotal to the Reiki treatment. Patients and practitioners both made comments about different aspects of the relationship and experienced trust or appreciation. As described in the analysis section, the relationship between patient and practitioner evolved over time and was based on trust, bonding and respect. This therapeutic relationship became an alliance where patient and practitioner join together with a purpose, which is to heal (62, 63). Through the participants' narratives it became evident that the relationship is not linear but fluctuates as a function perhaps of the benefit that is felt. It seems that the therapeutic alliance grew stronger as healing took place and patients felt the positive changes.

Although the therapeutic relationship has some characteristics of a friendship, it goes beyond a friendship due to the healing aspect of the relationship. Patients were providing payment to the practitioner for a therapy and therefore a service was provided to the patient. This service was the Reiki therapy, which goes beyond aspects of a friendship.

Skeptics could argue that it is the therapeutic encounter that caused the changes to occur rather then the Reiki energy. Since the relationship that is established between patient and practitioner is very strong, perhaps it is just the attention that the patients are receiving from the practitioner that causes the patient to believe in the therapy. The other side of this thought is that the therapeutic encounter is part of the holistic Reiki treatment and although it does play a part in the therapy, it alone is not the therapy. Many CAM therapies are seen as multimodal and by studying each aspect of the therapy separately important aspects of the active healing process may be missed. When all aspects of the therapy are together they work in a synergistic fashion to provide a strong and more powerful therapy than each part by itself. So in the instance of Reiki, the Reiki energy can work without the presence of the therapeutic relationship. However, if the

therapeutic relationship is present and combined with the Reiki energy the result is a more powerful therapy then the energy by itself.

Aspects of the therapeutic encounter between Reiki practitioners and patients were described in terms similar to psychotherapy. For instance, the goal of psychotherapy is to increase awareness and insight (29, 63), in order to assist patients in dealing with the issues in their lives. It is an empowering process that is influenced by both actors in the therapeutic dyad. Psychotherapy also works best if the patient is open and willing to receive the treatment. If the patient resists the questions and thoughts suggested by the therapist, the outcomes may be affected. The study participants acknowledged the power of the therapeutic alliance in the Reiki treatments. The relationship between practitioner/therapist/healer and patient plays a critical role in all therapies, whether they are CAM therapies or conventional therapies. The therapeutic relationship is the foundation necessary for change and healing to occur. However, Reiki therapy has some unique characteristics. They include the combination of touch and the exchange of the Reiki energy. The perception of the presence of this energy is not present in psychotherapy. The psychotherapist does not channel energy in to their patient's body, rather their method of healing is through verbal communication.

The therapeutic relationship in this study was established during Reiki treatments as mentioned by the participants. The relationship was established via the described transfer of energy, physical contact as well as through their communication and bonding processes. Although the participants mentioned the importance of communication in their relationship, they suggested that a lot of healing occurred during the sessions through physical contact and energy transfer rather then when the patient and practitioner were talking. The two aspects of the treatment, the energy transfer/physical contact and the verbal communication, support and complement each other. Both therapies use the therapeutic alliance established within the dyad to treat, work and heal but approach their therapies differently. In Reiki, the emphasis is more on energy transfer and physical contact. This is a fundamental difference between psychotherapy and Reiki treatments. Psychotherapy does not include energy transfer or physical contact rather healing is either verbal or drawing or expressive (movement, drama) (62, 64)

5.2.1 Why healing takes place

Does healing take place because the expectations of the patient or is it really influenced by a certain drug, treatment or transfer of energy that knows where to go? In conventional medicine, it has been suggested that the placebo effect is partially due to the patient's expectancy rather then the drug or treatment (65). The placebo effect can also be associated with many CAM therapies. The difference is that in CAM therapy research many of the non-specific or incidental effects, which normally define the placebo effect, are key parts of the therapy (24, 65, 66) such as the therapeutic setting (66). Another example by Kaptchuk suggests that the components of the placebo effect, patient, practitioner, patient-practitioner interaction, treatment and setting and nature of the illness are more then just non-specific effects in CAM therapies, they are integral to the therapy (43). The placebo effect therefore needs to viewed in a different way in CAM research because many of the traditional placebo effects are key to the CAM therapies (67).

Reiki is a therapy that posits a holistic effect or outcome rather than a particular outcome or effect. Reiki does not focus on one area or disease; it works on the patient's entire being. Healing occurs on the mental, emotional, physical and spiritual levels in a non-specific manner. This characteristic of the therapy leads to very specific effects experienced by both the patient and practitioner with a general intent of healing. Many of these effects can extend in to the patient's surrounding environment and life. For instance, in trusting the practitioner and having positive experiences with the trust, the patient may begin to trust others in their life more so. These non-specific effects are difficult to measure in terms of outcomes and therefore remain a challenge to research in Reiki. However, it is difficult to attribute healing to specific aspects of the therapy. Reiki is a holistic treatment that generates healing where the patient needs it.

One of the foci of the study was on the relationship between the patient and practitioner, a component of the placebo effect as described by Kaptchuk (43). The relationship between the patient and practitioner was a growing, evolving and dynamic relationship between two people with a purpose to create a wholistic and healing encounter for each other. Long argues that by drawing on the different dimensions of CAM therapy outcomes one would be able to view their effects as specific rather than non-specific or placebo (65). Non-specificity and placebo are therefore a concept of

conventional medicine research and by analyzing the therapy from a CAM perspective the therapeutic relationship and other previously denoted non-specific effects could be viewed as a specific effect. Furthermore, these specific effects could be seen as important to the therapy as the particular intervention, in this case the Reiki energy.

5.3 Context of a Reiki treatment, therapeutic relationship and healing

Did healing take place because of specific techniques, aspects of the therapy or more generic characteristics? This study was conducted in its most naturalistic setting. Patients chose their own practitioners; practitioners were encouraged to do their typical treatment without any restraints. One drawback of this sort of methodological decision is that many of the practitioners used other therapies alongside the Reiki energy, a common practice among many different Reiki practitioners. Other therapies included aromatherapy, reflexology, chakra therapy, homeopathy, herbal medicines, music therapy, talk therapy and prayer among others. Many of these therapies share some common characteristics such as close attention from the practitioner, relaxing therapies, working through several layers, and outcomes that take time to develop. Reiki is somewhat unique in that it involves physical contact, although reflexology also involves touch. Also, energy transfer is part of the Reiki treatments and not a part of most of the other therapies, chakra therapy being the exception. These other therapies made it a challenge to determine if the outcomes that were described in this study were specifically due to the Reiki therapy**.** The other objectives focused on healing and the therapeutic relationship. By allowing the dyads to interact in a natural setting, findings around the therapeutic relationships and healing can be understood and interpreted in a more wholistic fashion.

The role of contextual factors is still unknown in Reiki research. In this particular study, the context of the treatment played an important role. For the dyads that participated throughout the study, trust, safety and security were required for the deep healing that occurred. This is consistent with the literature. McDonough-Means et al describe a phenomenon called ‘healing presence’ which they suggest is needed for a practitioner to facilitate deep healing (27). Many of the characteristics of a healing presence are similar to the ones described by the participants, such as good communication, empathy, compassion among others. Deep healing in patients was then

attributed to a high level of absorption. Absorption is said to be a disposition or openness for having experiences that lead to heightened sense of involvement in interactions with other people. The authors suggest that high absorbers would exhibit greater healing with a practitioner who has great healing presence (27). In the case of the dyad that ended early, those contextual factors as describe in this study, and the healing presence or high absorption were not necessarily in place. However, if one views healing as discussed above, then perhaps those contextual factors were not necessary. Healing would therefore still occur at a level that the patient was not aware of despite not having a trusting, secure relationship with their practitioner. Therefore, one could conclude that healing is possible without the presence of those contextual factors but for a patient to gain greater awareness of themselves and their surrounding environments these factors would be needed. Moreover, if the presence of the therapeutic relationship strengthens the Reiki session, then the relationship could be seen as an important part of the context. However, the therapeutic relationship is not necessary for the energy to work and healing to occur, rather a strengthening component of the treatment.

The longitudinal aspect of this study was also important. This particular design decision was made to explore what occurs with the patients and practitioners separately and together over time as well as to better understand the way Reiki works and how it is practiced in the community. Some of the previous research was done on one Reiki session rather then following the patients over time. Outcomes in Reiki therapy are believed to occur after a few sessions not after one session. In order to capture the true outcomes as they would occur in a community setting rather then a study setting, a longitudinal approach was used. Also Reiki therapy as seen in the community setting has no control or standardized approach. Although Reiki has preset hand positions the order in which they are used is up to the Reiki practitioner. Also, certain patients may require attention in particular areas and their treatment is custom designed for them. In research if the treatment is standardized it is therefore not reflective of the individualized treatments found in the community setting.

5.4 Implications for clinical practice and patient care

This study seems to support the anecdotal evidence and preliminary research on Reiki. More specifically, previous research had suggested some of the effects of Reiki,

such as relaxation, improved sleep, improved appetite among others. In this study, similar outcomes were also reported. No detrimental side effects were felt, although it is not uncommon to witness a transitory worsening of the condition before starting to feel a significant and steady improvement. One patient did report an increase in negative side effects from their chemotherapy treatments; no conclusion can be drawn from it because the patient ended her participation in the study. It is possible that her health continued to decrease just as it is possible that her health improved. One cannot suggest that her decrease in health was directly linked to the Reiki treatments. It might have been due to the chemotherapy treatments she was undergoing as the side effects are ones associated with chemotherapy and possibly disappointment that her symptoms were not relieved. Health care practitioners should be more informed to suggest Reiki as a complementary therapy for patients who are undergoing treatment for chronic illnesses and cancer, as well as other illnesses. As the amount of research accumulates, physicians and other health care providers will also better understand what Reiki is and therefore might be more open to discussing it with their patients; the physicians would be able discuss Reiki as a viable CAM therapy for their patients.

This study supports the importance and effect of a strong therapeutic relationship. However, what is amazing is the case in which the patient reported positive change despite a fragile therapeutic alliance, but the therapy impact is strengthened when it is present (67). Some of the themes that emerged from the therapeutic encounter, such as trust and respect, are certainly not exclusive to Reiki and are known in some aspects to health care providers. Other health care providers can therefore be made aware of the importance of proper patient care and the importance of trust, among other factors, in the therapeutic relationship. Warber et al explored energy healing and found that the healer-client relationship was important to the success of the treatment (26). The relationship between the patient and the healer was based on communication. Compatibility and collaboration were also critical to the healing process as was trust. In focusing on these findings from the literature as well as the ones mentioned in this study, health care providers can concentrate on improving their relationships with their patients.

This study also has implications for the Reiki community. It adds legitimacy to what is being practiced in the community. Although no governing body exists in the

Reiki community, need for such structure is becoming more apparent. As more research surfaces policies can be developed to help govern how people practice Reiki as well as how it is taught. A shift in paradigm towards a more holistic approach to health care could be a result of policies such as these.

5.5 Professional Reiki Standards

In Canada, the Canadian Reiki Association (CRA) acts as the regulatory body for Reiki practitioners (68). It is a non-profit registry of Reiki practitioners and teachers from all types of Reiki training. In order for a Reiki practitioner to be certified by the CRA, they must have at minimum a level 1 Reiki training, and have completed a practicum of at least six months including a minimum of 24 hours of practice with other people. If the practitioner has a level 2 or Masters in Reiki then they are required to have practiced for one year and provide copies of all of their certificates stating they have the training. All members of the CRA must abide by their Code of Ethics and agree to the Disciplinary Action Policy (68).

To register as a teacher with the CRA, one must have the appropriate Reiki training and practiced Reiki for at least one year with a minimum of two therapies a week. Also, the CRA certified teacher must follow the educational guidelines as set out by the CRA. Teachers submit their class outlines for review by the CRA (68).

Provincially, the CRA supports the Ontario Reiki Program Centre in its endeavors (69). No other provincial regulatory bodies exist beyond Ontario at the moment.

5.6 Study Strengths

The study had several strengths in terms of design and methodological decisions that were made along the way. One major methodological decision was to conduct the research in the most naturalistic setting possible. This was important because of the lack of basic research that existed on Reiki. In doing the study in a naturalistic setting, the therapy was studied in the form that it is found in the community and in the way that patients would normally encounter the therapy. By examining the therapy in this form the results are based on what someone would find if they were to seek Reiki on their own. This allows health care practitioners to better understand what a Reiki

treatment is really like and also helps to inform future research because the findings are based on naturalistic Reiki treatments.

Another strength that was built in to the study was the longitudinal nature of the data collection. Participants were followed over a long period of time, as opposed to one moment in time. This resulted in data that described Reiki treatments over time. As with many CAM therapies, Reiki takes some time to show noticeable effects. By following participants over time I was able to illustrate the evolution of the Reiki treatment, therapeutic relationship and healing states of the patients and practitioners.

Finally, the participants recruited for this study were diverse and resulted in some different experiences. Three of the four dyads participated in the study for a longer period of time, and one dyad cut their participation short. This difference in the dyads provided greater depth to the data and helped to better understand the effects of the therapeutic encounter. The dyad that stopped their participation also shed some light on what researchers view as success. This was important because oftentimes dyads that end early or participants that drop out of research studies are seen as failures or unsuccessful, when in fact, the ending of the participation may lead to deeper understanding of the therapy.

5.7 Study Limitations

This study also had some limitations. The first limitation was the difficulty in recruiting participants. Originally, we used the snowball sampling technique to find practitioners. Unfortunately this method led to dead ends when practitioners were either not interested in participating or did not have patients that met the criteria and eventually were recommending ones that had already declined participation. The sampling method and inclusion criteria were then modified to recruit more people. This modification changed some of the methodological decisions that had been made. The study was originally conceived to be as naturalistic as possible, and one of the ways it was going to be naturalistic was to find people who were already receiving Reiki. This was to help understand why people sought Reiki. By advertising for patients who wanted to receive Reiki rather than those who were already receiving it, we were not able to answer that question as well.

Another limitation was the lack of depth in some of the interviews. This is a risk in qualitative research because sometimes people have problems expressing their thoughts. It was a problem in only some of the interviews and did not affect the data too much.

Finally, the premature termination of the fourth dyad's participation was a limitation. Although it did allow for some interesting results, the potential data that was not collected due to the termination of participation was a limitation.

5.8 Methodology

The appropriate research design was chosen for this study. The qualitative approach provided the opportunity to gather information that would not have been possible with a quantitative approach. Participants' perceptions of their healing, their experiences with the treatments as well as general outcomes from their experiences could not have been gathered with a quantitative design.

The methodological decisions for the recruitment were not successful at first. In future research of this type I would suggest that the recruitment begin with the patients as they were the most difficult to find. Many practitioners were eager and interested in participating but did not have the clientele that were required for this study. If that approach had been taken initially, less time would have been spent recruiting participants.

The data collection was successful. Although saturation was not entirely reached, 12 months had gone by and it was decided because the study was part of fulfilling a degree requirement to stop the data collection. Had the four dyads participated for 10-12 sessions each then saturation would probably have been reached, but this was not the case with this study. The timing of the interviews worked out well. If participants were interviewed approximately 48 hours following their Reiki treatments they had enough time to digest what their experiences were and they were better able to describe what happened. If the interviews were done sooner, many participants did not have as much insight towards their session.

5.9 Future Research

This study was designed to gather information on several different aspects of Reiki, including the outcomes associated with Reiki treatments. These findings can inform future research on Reiki, including clinical trials. As the base knowledge in Reiki

research continues to grow the ability to perform quality clinical trials grows as well. Also, the results on the therapeutic relationship and healing will lead to better quality clinical trials. In understanding how people define healing as well as the therapeutic relationship, future researchers will be able to better design trials.

Further research on the therapeutic relationship is also needed. This study did uncover some aspects of the therapeutic relationship but further investigation building on these dimensions is warranted. Research into the therapeutic relationship would not only be helpful to CAM therapies but also to conventional therapies as well.

Another area that requires future research could explore why people may stop receiving treatments. In this study one dyad ended prematurely and very little data exists as to why it ended. By understanding this part of the therapeutic encounter, additionnal insights about healing might be gleaned.

Not all the base knowledge has been acquired. More research on outcomes and studies confirming the outcomes that emerged in this study are required.

5.10 Conclusion

This qualitative study attempted to longitudinally explore the experiences and practices of Reiki from both the patients' and the practitioners' perspectives. Illness specific symptom relief as well as mental and emotional effects such as decreased anxiety and a better ability to handle stressful situations were experienced by the patients. Spiritual awakening and connection was attributed to the Reiki sessions and the relationship established with their practitioner. Energy directed releases during the Reiki sessions were quite common. Some practitioners experienced different sensory experiences that they attributed to the Reiki energy. The experiences ranged from feeling the energy, temperature changes to seeing different objects during the Reiki treatment. Many of the experiences described by the participants support what has been written in the literature. However, certain concepts such as the evolving concept of healing as well as the altered perception of illness are newer concepts which are beginning to surface.

The description and experience of the therapeutic relationship lead to some interesting findings. Trust was described early on in the therapeutic encounter and was important to both the patient and the practitioner. Bonding generally occurred next and took several sessions followed by respect. As both parties learned more about one

another and experienced each other, they developed deep respect. The patients and practitioners then appreciated one another. Finally, patients' and practitioners' confidence grew during the sessions and strengthened the therapeutic alliance. Patients became aware of their progress in their healing journey and this, in turn, increased their confidence. Practitioners also had an increase in their ability to heal people and to be a competent Reiki practitioner.

The third overarching theme was that of healing. Healing became the most difficult of the three themes to analyze. This could be due to one theory that suggests that healing can only truly be understood through personal experience (55). Patients initially defined healing as a physiological change, a cure for their illnesses. Some acknowledged the role of other aspects of their health, such as mental or emotional, but were very focused on achieving a physical change. As the patients continued through their Reiki treatments, their views of healing evolved in to a more wholistic and all encompassing belief that healing meant to heal on all levels, rather than just the physical. Practitioners' definitions of healing were a wholistic view. They believed that healing was important on all levels. In conclusion, this study provided a glimpse into the world of energy therapies, the importance of the therapeutic relationship and the effects of Reiki all of which will help in the continued understanding of CAM therapies.

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Appendix A
Researcher's Journey

My interest in this project stemmed from a personal interest in CAM therapies. In dealing with my own person medical problems, I had sought various CAM practitioners and began to research the various therapies. Also, in discussing the therapies I was using with family and friends I became really aware of the lack of research and the scepticism of CAM therapies that exists in society. I therefore decided to begin a thesis in the area of CAM. Initially, I was interested in doing a study on acupuncture, but was encouraged to look at Reiki instead. One of the reasons I was encouraged to switch therapies was because there is a Reiki Research Team at the University of Saskatchewan. This team has done some research in the area of Reiki and was looking for some new projects.

As a Masters student I had several options for thesis topics and types of studies. One decision that I had to make early on in my thesis project was whether I was going to use already collected data, or collect my own data. Both avenues had their advantages and disadvantages. Since I was not pressed to finishing my thesis quickly, I opted to collect my own data. Another decision I had to make early on was what type of study I would do. I could do a quantitative study and become well versed in statistics, do a qualitative study or a combination. Through some discussion, I decided upon qualitative methodology. This was something I was quite excited about since I knew very little about qualitative research. Despite taking a research class and gaining some experience in qualitative research, the learning curve was still quite steep. Learning about methodology in a class and applying it in research are two very different things.

Early on, the study had quite a few problems. One problem was with the ethics board. Since I was doing a study with a very small sample in a very tight knit community, as well as having a Reiki Master on my committee, the risk of identifying the participants was high. This concern was a big issue throughout the study. Another problem that arose was finding participants. Despite hearing anecdotally that many cancer patients sought Reiki, I certainly could not find them. I then had to relax my criteria to allow anyone with a chronic condition to participate in the study. Even though

I relaxed the criteria, I still ran in to troubles recruiting participants. Finally, through different advertising methods, I recruited more people for the study.

Collecting the data was very interesting, and possibly my favourite part of the study. I really enjoyed getting to know the participants and experiencing their healing journeys alongside them. I felt that I learned a lot from their experiences and have grown as a person for knowing their stories. Much of what they said applied to different areas in my life and allowed me to proceed on my own personal healing journey.

The data analysis was another challenge. It was quite difficult to present the data in a truthful and honest manner without identifying the participants. I was quite concerned that the identity of the practitioners would become known and I was worried that this could affect their livelihoods. Writing people's experiences was also a challenge. My ability to translate their experiences into themes and to give them universal meaning was difficult. The moments of insight I had were a brief relief from all the jumbled ideas floating through my brain. I hope I was able to demonstrate what the participants felt and what they experienced because without their words I would have had nothing.

My own personal healing journey has also evolved throughout the study. As the study went on, so did my experiences in my life. These experiences include challenges with my own physical and emotional health, changes in my personal life as well as devastating events that will forever shape my view of the world. These experiences have affected every part of my being. I have grown emotionally, mentally and spiritually in the time that the study took place. I am still the same person I was at the beginning of the study, but I feel that I am stronger, more knowledgeable and a deeper person for what I have been through. I have no doubt that this study has helped in those life lessons that I have learned.

This learning curve that I have been on over the past three years has been steep and difficult at times. There were many days, weeks even that I did not think it would ever be finished. I began to doubt myself as a competent student and an intelligent person, but in the end, my moments of clarity saved my sanity! I am so grateful for my committee's patience with me and their support during the rough times in the study.

In the end, the whole experience was worthwhile for me. I learned quite a bit academically, but also gained knowledge about myself and learned lessons from the participants that will surely guide me throughout my life.

Appendix B

Initial Interview – Practitioner

1. How did you get involved with Reiki? (When/where were you trained as a Reiki practitioner? How long have you been practicing Reiki? Where do you practice Reiki?)

2. What does a regular treatment with you look like?

3. Why did you choose this particular patient?

4. Please describe the first Reiki session you had with this particular patient? (What did you feel during the treatment/after the treatment? How do you interpret that? How much discussion was there? Were there any questions? Where there any changes?)

5. From your perspective, how do you feel Reiki will help your patient?

Appendix C

Initial Interview – Patient

1. Could you please tell me about your health (physical, emotional, spiritual)? (Please tell me about your health condition)

2. Who do you count on to help you deal with your condition? (Do you have a regular family physician? Family supports? Church?)

3. How did you hear about Reiki? (What brought you here?) (Have you ever received Reiki before? What was that like?)

4. Why did you decide to take Reiki? (What are your expectations for your Reiki treatment?) (How do you feel about Reiki?)

5. Tell me about your first Reiki session with your current practitioner? (How did you feel before the treatment/after the treatment? Did you feel any changes during your first session?)

6. Can you define healing for yourself? What are the changes needing to happen?

7. What other types of Complementary therapies have you tried? (Are there any other Complementary therapies that you are currently using?)

Appendix D

Telephone Interview – Practitioner

1.What happened in yesterday's session with Patient X? (When was the last Reiki session you had with the participating patient? How long did the Reiki session last? What was your experience? How do you interpret these changes/session? What changes happened? How did you feel? How did this Reiki session help the patient heal? How did it help you?)

2. Did they mention any extreme things happening in their lives?

Telephone Interview – Patient

1. What happened in yesterday's Reiki session?

- When was your last Reiki session?
- How long did that Reiki session last?
- How much of the session was Reiki and how much was other stuff (talking etc…)
- What was your experience? How do you interpret these experiences?
- How are you sleeping?
- Were you able to relax at the session?
- How did you feel? (ask about "other" issues, eg, emotional feelings vs. physical symptoms)
- How did this Reiki session help you to heal?
- How were you feeling when you came in?
- How were you feeling when you left? What changes happened?
- How long did the changes last?

2. Are really big things happening in your life? Good/Bad?

3. Are you still using you medication/treatment [as mentioned in initial interview]?

Appendix E

Final Interview – Practitioner

1. Can you please summarize your experiences with your patient?

2. What changes have happened with your patient since they began Reiki?

3. What have you learned from doing Reiki on this patient?

4. How has Reiki helped your patient?

5. Can you describe your relationship with your patient?

6. How important is communication during a Reiki session? Before/after a session?

7. How important is trust in the relationship you have with your patient?

8. How have these sessions helped you?

Appendix F

Final Interview – Patient

1. Can you please summarize your Reiki experience?

2. What changes have happened to you since you started Reiki?

3. How have the Reiki sessions helped you in your healing journey/to heal?

4. Is there anything you did not like about the Reiki sessions? Was there anything that kept you from receiving Reiki?

5. Is there anything you really enjoyed about the Reiki sessions? Was there anything that encouraged you/helped you in receiving Reiki treatments?

6. Can you describe your relationship with your Reiki practitioner? (how important is trust? Communication?)

Appendix G

Standard Demographic Questionnaire

1. Please check the age bracket that applies.

[ ] 21-30 [ ] 31-40 [ ] 41-50 [ ] 51-60 [ ] 61-70 [ ] 71-80 [ ] Other

2. Gender

[ ] M [ ] F

3. What is your current marital status?

[ ] Single, never married [ ] Separated, divorced or widowed

[ ] Married or living with a partner

4. With whom do you currently live? (*Check all that apply.)*

[ ] On your own [ ] With partner/spouse [ ] With parent(s)

[ ] With children/grandchildren [ ] With other relatives [ ] With friend(s)

[ ] Other (specify) _____

5. What is your highest level of education (*Check highest level completed.*)

[ ] Elementary school [ ] Some high school [ ] High school diploma

[ ] Technical/Community College [ ] Some university [ ] University degree

[ ] Post graduate training

6. What is your employment status? (*Check only one*)

[ ] Working full time [ ] Working part-time (includes seasonal work)

[ ] Going to school and not working [ ] A homemaker (not paid)

[ ] Unemployed [ ] Laid off [ ] Retired [ ] Self-employed

[ ] Unable to work because you are disabled

7. What was your combined family income from all sources last year?

[ ] Below $20,000 [ ] $21,000 to $40,000 [ ] $41,000 to $60,000

[ ] $61,000 to 80,000 [ ] Above $81,000

8. What is your religion, if any?

[ ] Anglican [ ] Atheist/Agnostic [ ] Baptist [ ] Buddhist [ ] Hindu

[ ] Jehovah Witness [ ] Jewish [ ] Mennonite [ ] Mormon- Latter Day Saint

[ ] Muslim [ ] New Age [ ] Orthodox – Greek, Christian, Ukrainian

[ ] Pagan [ ] Presbyterian [ ] Protestant [ ] Salvation Army

[ ] United [ ] Other (specify) _____ [ ] No religion

[ ] Don't know

9. To which cultural or ethnic group do you feel you belong?

[ ] Aboriginal [ ] African [ ] American [ ] British(English, Irish, Scottish or Welsh)

[ ] Canadian (other multiple origins such as Canadian-Scottish)

[ ] Eastern European (Polish, Ukrainian, Czechoslovakian, Hungarian etc.)

[ ] Scandinavian (Norwegian, Swedish, Finnish, Danish, Icelandic)

[ ] French (includes Quebecois) [ ] Greek [ ] Italian [ ] Jewish

[ ] Middle East [ ] Oriental (Chinese, Japanese, Vietnamese, Filipino etc.)

[ ] Other European (German, Swiss, Austrian, Belgian, Dutch, Spanish)

[ ] Pakistani or East Indian [ ] Portuguese [ ] West Indian (Caribbean)

10. Please describe your condition that you are seeking treatment for. Please include date of diagnosis and medications that you are taking for this condition.

Thank you!

Appendix E – Ethics Approval

UNIVERSITY OF SASKATCHEWAN

BEHAVIOURAL RESEARCH ETHICS BOARD

http://www.usask.ca/research/ethics.shtml

NAME: Anne Leis (Katriona Hanna) BSC#: 03-1030

Community Health and Epidemiology

DATE: June 18, 2003

The University Advisory Committee on Ethics in Behavioural Science Research has reviewed the Application for Ethics Approval for your study "Experiencing a Reiki Treatment: Patients and Practitioners' Perspectives" (03-1030).

1. The Committee requests the following revisions or clarifications:

- The committee expressed concern about the fact that a member of the student's advisory committee will refer the student to participants. Because the committee member will know the identity of participants, and will have access to the data in both raw and summarized form, there is a potential breach of the participant's confidentiality.
    1. We ask that you consider an alternative means of participant recruitment.
    2. If this is not possible, potential participants should be warned about the fact that they may be personally identifiable to members of the advisory committee on the basis of what they have said; this should be done when they are originally contacted to participate as well as in the consent document.
    3. Regardless of the recruitment procedure that is chosen, is there a risk that the Reiki Master who is on the advisory committee could identify other practitioners on the basis of their interview responses? If so, participants should be warned of this possibility.
- After the interview is completed, participants should indicate in writing whether or not they wish to review the transcripts from their interview. In the case that they decline, they should grant the researcher permission to use the data gathered from the interview in the manner described in the consent form. Please provide us the form that you will use for this purpose (note: it would suffice to add a few

more boxes on the consent form, providing participants the option to review their transcripts, with a space for a new signature underneath).

- Please modify your consent form as follows:

1. Indicate that Ms. Hanna is an MA student, and Dr. Leis is the research supervisor.
2. State that there are no known risks associated with the research.
3. The participant's signature should acknowledge receipt of a copy of the consent form for his/her records.

2. Please respond (only one copy required) to the above requests and address the response to the

Chair of the University Advisory Committee on Ethics in Behavioural Science Research, c/o the Ethics Office at the address identified below. Please highlight or underline any changes made when resubmitting.

Sincerely,

_____

Dr. Valerie Thompson, Chair
University of Saskatchewan
Behavioural Research Ethics Board

VT/ck