Does Reiki Improve Well-Being?

Carie McCoy

Usui Reiki Master

MACP Candidate

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Bastyr University

Dr. Ung

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Bowden, D., Goddard, L., & Gruzelier, J. (2010). A randomized controlled single-blind trial of the effects of Reiki and positive imagery on well-being and salivary cortisol. *Brain Research Bulletin*, *81*(1), 66–72. https://doi-org.buproxy.bastyr.edu/10.1016/j.brainresbull.2009.10.002

This blinded randomized study examined the possible benefits of Reiki for health and well-being in a group of healthy young adults exposed to ongoing stress. The researchers were also interested in testing the blinding method they used. Forty-one university students aged 18 to 30 years (35 completed the study) were randomly assigned to six subgroups, three hypnotic or relaxation groups divided by receiving Reiki or no-Reiki for ten half-hour treatment sessions. All participants had restricted hearing and vision during treatment. Hands-off Reiki was administered by the experimenter, a Reiki Master, sitting a few feet behind the participant. The same Reiki Master sat passively behind the participants during the no-Reiki sessions. The group that received Reiki showed a reduction in symptoms of illness, and the no-Reiki group showed an increase in illness symptoms throughout the study resulting in a significant difference between the two groups. The Reiki group showed greater reductions in the total Depression, Anxiety, and Stress Scale than the no-Reiki group. The study did not find any effect on salivary cortisol or correlation between cortisol, mood, or health changes. The Reiki blinding method was successful.

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Limitations of this study include lack of double-blinding, a small sample size, lack of participant intersectionality information, and relative population health. While the participants did not know which group they were in, the study was not double-blinded. The Reiki administer was also the research investigator and present for all intervention sessions. The Reiki Master's attunement linage is not provided. The sample size is considered large for this field of research. However, an even larger sample size with a more diverse population could be illuminating. No information regarding the participants' intersectionality other than their age range and binary gender identification is provided. The study group was a relatively healthy population, so the illness symptoms were relatively mild.

The group that received Reiki showed a reduction in symptoms of everyday illness while the group that did not demonstrated an increase in everyday illness symptoms. The group that received Reiki also had comparatively greater mood benefits than the no-Reiki group. This research supports the idea that Reiki does improve well-being.

Webster, L. C., Holden, J. M., Ray, D. C., Price, E., & Hastings, T. M. (2020). The impact of psychotherapeutic Reiki on anxiety. *Journal of Creativity in Mental Health*, *15*(3), 311–326. https://doi-org.buproxy.bastyr.edu/10.1080/15401383.2019.1688214

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This study used a small N, single-case experimental AB design with four participants to evaluate the effects and effectiveness of Psychotherapeutic Reiki (PR) on participants' anxiety symptoms. PR utilizes Reiki in combination with traditional counseling and is based on the work of Richard R. Curtin, Jr., Psy.D. One of the research goals was to increase understanding of Reiki's quantitative and qualitative effects in counseling. The participant age range was 22 to 57. They were all receptive to receiving PR, candidates for individual counseling, and scored at borderline or clinical levels of anxiety on the Adult Manifest Anxiety Scale (AMAS). Participants had 6 or 7, 50-minute PR sessions. Each session featured an element of conventional Reiki practice. The study results showed PR was a helpful intervention for reducing anxiety for three of the four participants. The participant who did not experience a reduction of anxiety symptoms reported being more vulnerable in the PR sessions than he had with previous treatment.

Limitations of this study include small sample number, convenience sampling of volunteers, participants receiving treatment from different counselors, variation between treatment sessions, three practitioners for the four participants, and AB design rather than ABA design. A larger sample group chosen via random sampling would increase the generality of treatment outcomes and potentially allow for more sample diversity. While none of the participants had previously received Reiki, all were receptive to it as volunteers, potentially impacting their outcomes. Reiki is not standardized for counseling; much like a person-centered psychotherapeutic approach, the practitioner meets the client where they are. Interventions will look different from session to session and from different practitioners, leading to variability between participants. This study

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did not include the Reiki application methodology. It is unknown which level of training (I, II, Master/Teacher), Reiki lineage, or how much experience the PR practitioners had in administering Reiki before the study. An ABA design would provide more information about client experience after stopping the PR intervention, but there are ethical implications of withdrawing effective treatment.

Each participant reported improvement in their daily functioning. Three of the four participants chose to continue PR at the end of the study. In addition to a reduction of anxiety symptoms, the other three participants reported various outcomes, including the eradication of physical tremors, improvement in attention regulation, change in frequency of worrisome thoughts and daily experience of tension, a stronger connection between body and emotions, and increased ease in falling asleep. This research supports the idea that Reiki improves well-being.

Dyer, N. L., Baldwin, A. L., & Rand, W. L. (2019). A large-scale effectiveness trial of Reiki for physical and psychological health. *The Journal of Alternative and Complementary Medicine, 25*(12), 1156–1162. https://doi-org.buproxy.bastyr.edu/10.1089/acm.2019.0022

The purpose of this single-arm effectiveness trial was to evaluate the effect of a single Reiki therapy session in a large non-clinical sample. This multisite study incorporated real-world, private practice settings. Ninety-nine certified Reiki Masters were recruited via their membership in the International Center for Reiki Training. The Reiki Masters recruited 1411 clients from their

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client base for participation. Researchers evaluated positive affect, negative affect, anxiety, depression, pain, shortness of breath, tiredness, drowsiness, nausea, appetite, and overall well-being. Statistically significant improvements were observed between the pre- and post-assessments for psychological and physical health. The researchers suggest the large sample size contributes to the generalizability of these results and is a strength of this study.

Limitations of this study include participant recruitment, single session design, and homogeny of participants. Participants were recruited by the Reiki Masters selected for the study, so they may have already had a relationship with the provider and a bias towards Reiki as being effective. Another limitation is the single session design. While the Reiki Masters were certified through a single organization, there is variance in individual sessions to address the client's needs. It would be helpful to evaluate changes over time with multiple sessions. While the sample size contributes to the generalizability of the results, 81% of the participants were female, and 83% were Caucasian. Other demographics might not be accurately generalized by this population. The researchers state the results are highly preliminary, and more research is warranted.

Participants experienced statically significant improvement in psychological and physical health measures after one Reiki session with an experienced Reiki Master. This research supports Reiki as an intervention contributes to well-being.

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Rosada, R. M., Rubik, B., Mainguy, B., Plummer, J., & Mehl-Madrona, L. (2015). Reiki reduces burnout among community mental health clinicians. *The Journal of Alternative and Complementary Medicine, 21*(8), 489–495. https://doi-org.buproxy.bastyr.edu/10.1089/acm.2014.0403

This repeated-measure crossover design study evaluated the effectiveness of 30 minutes of Reiki therapy in reducing mental health clinician burnout. Forty-five master's level (or higher) clinicians were recruited from community mental health agencies in New England. Reiki was administered by 16 practitioners using identical Usui Reiki tradition hand placements. Six practitioners were Reiki Masters, and the rest were attuned to at least Reiki Level II. Sham Reiki practitioners were not attuned to Reiki but used identical hand placements as the Reiki practitioners to blind participants to treatment groups. The sham Reiki practitioners pretended to perform Reiki and engaged in a mental distraction while administering sham Reiki to reduce the possibility of positive or healing intentions toward the participant. Group 1 received weekly 30-minute Reiki chair treatments onsite, at their workplace, over six weeks, while group 2 received the same but with sham Reiki. Both groups had a washout period of no interaction between practitioners and participants for at least six weeks, then the groups crossed over and received the opposite treatment. The research findings supported the hypothesis that 30-minutes of Reiki reduces a clinician's experience of burnout symptoms. Participants experienced reductions in emotional exhaustion and depersonalization symptoms and showed improvements in personal accomplishments. Reiki performed better than sham Reiki in reducing symptoms of burnout.

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Limitations of this study include potential carryover, novelty, and Hawthorn effects. Other limitations of this research include study time commitment, lack of data on the effectiveness of treatment by the Reiki practitioner attunement level, and confirmation of attunement lineage of the Reiki practitioners. The crossover treatment design can have a carryover effect that the washout period was intended to prevent. However, a novelty effect may have resulted as the first treatment was more effective overall than the second. The Hawthorn effect is a limitation of this study as participants report an improvement in symptoms of burnout by participating in studies targeting relaxation to reduce burnout which may have influenced their experience beliefs. The required commitment combined with the high-stress environment of the participants may have limited the crossover design implementation as two participants dropped out of the study before completion, and the researchers did not include their data. There was no data on the effectiveness of the Reiki Masters compared to the level II Reiki practitioners and which participants were treated by which level practitioner. While all practitioners used Usui tradition hand placentas, information on the teaching lineage and certification of the Reiki practitioners were missing.

The Reiki intervention showed statically significant burnout symptom reduction of depersonalization and emotional exhaustion in mental health clinicians and improved participants' personal accomplishments over time. The findings of this study support Reiki as an intervention to improve well-being.

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Gantt, M., & Orina, J. A. T. (2020). Educate, try, and share: A feasibility study to assess the acceptance and use of Reiki as an adjunct therapy for chronic pain in military health care facilities. *Military Medicine*, *185*(3–4), 394–400. https://doi-org.buproxy.bastyr.edu/10.1093/milmed/usz271

This repeated-measure pre- and post-intervention feasibility design study of 30 military health care beneficiaries showed a significant decrease in present, average, and worst pain and a significant decrease in pain's interference general activity, walking, relationships, sleep, enjoyment of life, and stress. This study had an educational intervention component to assess participants' impression and willingness to continue to use Reiki beyond the study. The researchers recruited military health care beneficiaries. The participants were predominately Caucasian and female, with a mean age of 47, and 43% reported generalized pain. Participants received six 30-minute Reiki sessions over the course of two to three weeks. Interventions were performed by four Level I Reiki practitioners who were trained by the same Reiki Master using a standardized 10-hand placement treatment designed by the study's Reiki consultant from the Center for Reiki Research. The pain sub-types reported as most reduced by the Reiki intervention were described as aching, tingling, pins and needles, sharp, cramping, throbbing, numbness, shooting, tiring, hot-burning, gnawing, and light touch. A change occurred for most participants on or shortly after the third session. All 30 participants completed the study, 81% reported being willing to make an appointment for Reiki if it became available at their care site, 81% said they would recommend Reiki, and 71% would be willing to have Reiki treatments four or more times a month.

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Limitations of this study include the lack of a control group, a volunteer population, a white female participant majority, and a lack of information about the Reiki practitioners. This study did not include a control group which would be recommended in further studies. Since the participants were volunteers, they may have believed Reiki would work, generating a placebo effect. Assumptions about generalizability are limited due to the predominance of Caucasian female participants. Reiki was administered by Level I practitioners. This report does not describe their duration of experience or their Reiki lineage, which would give the reader more information about their education, training, and experience.

Participants of this study reported significant reductions in pain, reduction of pain's interference with several Activities of Daily Life, and improved impression of their improvement from a Reiki intervention. These findings support Reiki as a therapeutic modality to improve well-being.

Midilli, T. S., & Eser, I. (2015). Effects of Reiki on post-cesarean delivery pain, anxiety, and hemodynamic parameters: A randomized, controlled clinical trial. *Pain Management Nursing*, *16*(3), 388–399. https://doi-org.buproxy.bastyr.edu/10.1016/j.pmn.2014.09.005

This study aimed to examine the effect of Reiki on pain, anxiety, and hemodynamic parameters (blood pressure, pulse rate, and breathing rate) in patients who had just had a

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cesarian delivery in *I*zmir, Turkey. In this study, 90 patients were recruited and randomly assigned to either a Reiki treatment group or a control group after undergoing cesarian delivery. Treatment was applied to both groups in the first 24 and 48 hours after delivery. The Reiki group received Reiki for 30 minutes with ten determined hand placements, and the control group received 30 minutes of rest in their bed. The Reiki group showed significant pain intensity, anxiety value, and breathing rate reductions. There was a significant difference between the time and number of analgesics administered between the two groups after their intervention. The control group did not experience a difference in pain, anxiety, or breathing rate. Neither group showed a difference in blood pressure or pulse rate.

Limitations of this study include administration location, participant bias, control treatment, and the assumption that there is no cost to administer Reiki if administered by a nurse. The participants were not in a private room, so environmental distractions, including other patients and babies, may have influenced their experience. Participants might have had a placebo effect if they had a strong desire to avoid medication due to the potential for disruption in mother-child bonding and milk production. The control group intervention was 30 minutes rest in their bed which might be similar to no treatment. The authors cited an article stating, “Nurses can become attuned and provide Reiki to their patients frequently and at no cost.” This statement is misleading. There are costs in time and resources to become trained in and attuned to Reiki. Also, there needs to be an energy exchange for Reiki. In this case, the nurses' wages are a part of the cost.

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Participants in this study who received Reiki experienced pain and anxiety reduction after a cesarian delivery. The findings of this research support Reiki as an intervention that contributes to well-being.

Jahantiqh, F., Abdollahimohammad, A., Firouzkouhi, M., & Ebrahiminejad, V. (2018). Effects of Reiki versus physiotherapy on relieving lower back pain and improving activities daily living of patients with intervertebral disc hernia. *Journal of Evidence-Based Integrative Medicine*, *23*.

This study investigated the effect of distance Reiki on pain and activities of daily living (ADL) in a population with intervertebral disc herniation (IVDH) in Zahedan, Iran. The researchers compared the effectiveness of Reiki with physiotherapy in a study of 60 patients with IVDH. Participants were randomly assigned to a Reiki, physiotherapy, or drug therapy group. The average age of the participants for the three groups was between 42 and 49 years old. The Reiki group received three 15-minute distance energy-healing sessions administered by an experienced Usui tradition Reiki Master. The physiotherapy group participated in heat therapy, transcutaneous electrical nerve stimulation, pelvic traction, and physical exercises for seven to ten sessions, each lasting 60 to 90-minutes under the supervision of a physiotherapist. All three groups received 75 mg of Indomethacin and 500 mg of methocarbamol every eight hours daily for a week. The study showed a significant difference in pain intensity and ADL improvement between

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Reiki and drug therapy. There was no significant difference between Reiki and physiotherapy. These results show distance Reiki reduces back pain severity and improves activity level among participants with IVDH.

Limitations of this study include lack of setting control for distance Reiki participants, environmental influences on pain perception, lack of blindness, and a researcher administered the Reiki. Dr. Abdollahimohammad co-wrote the preliminary draft, contributed to data gathering, and performed the Reiki therapy, so there is a possibility of an interaction bias with the participants. While distance Reiki participants were asked to find a quiet, comfortable space to receive Reiki, not all of them could. The participants' settings varied, which may have influenced their individual pain perception, and some patients refused to attempt engaging in ADL for fear of pain.

This research showed a significant reduction in pain in a population receiving three 15-minute distance Reiki sessions. It also showed that distance Reiki treatment was more effective at improving the level of ADL among patients with IVDH than drug therapy. This study contributes support for Reiki as an intervention to support well-being.

Thrane, S. E., Maurer, S. H., Ren, D., Danford, C. A., & Cohen, S. M. (2017). Reiki therapy for symptom management in children receiving palliative care: A pilot study. *American Journal of Hospice & Palliative Medicine*, *34*(4), 373–379.

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Researchers designed this pre-post mixed-methods single-group pilot study to assess the feasibility and acceptability of Reiki therapy as a treatment for children receiving palliative care and investigate the effect of Reiki treatment on pain, anxiety, and relaxation interpreted through heart and respiratory rate. A convenience sample of verbal and nonverbal children between the ages of 7 and 16 was recruited during outpatient follow-up at Supportive Care Service of Children's Hospital of Pittsburgh of University of Pittsburgh Medical Center in western Pennsylvania. Researchers obtained consent from the parents and assent from the verbal children. This study showed a reduction in mean scores of pain, anxiety, heart, and raspatory rates for the 16 child-caregiver dyads and a significant decrease for heart rate in nonverbal children.

This study was limited by the small sample size, lack of a control group, proxy report for nonverbal children, short intervention duration and frequency, and author who was also the interventionist and lack of clarity about interventionist Reiki attunement lineage and level of attunement. The target sample size was 20 dyads. Due to slow recruitment, the number was reduced to 16, and the study was opened to nonverbal children who had been in palliative care for an average of 4.57 years compared to the verbal children who had been in for an average of 0.67 years. A longer intervention duration of at least four Reiki treatments may have shown a more significant difference. Not including a control group limits the generalizability of the study outcomes. While there has been president for caregiver/parental proxy reports for nonverbal children, this can be seen as a limitation to reporting the experience of the nonverbal children. However, this group showed a significant decrease in heart rate, a marker of parasympathetic engagement, and a

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physical sign of a relaxed body in a population that cannot communicate verbally. Two 24-minute sessions may not be enough Reiki intervention duration or frequency to see a significant change. The intervention was not blind as the first author was also the interventionist. The role of the interventionist seemed to be one of data collector and Reiki practitioner. This dual role may have influenced participant experience. It is unclear if the interventionist had 12 years of experience as a nurse, a Reiki practitioner, or both.

Overall, this study showed two 24-minute sessions of Reiki contributed to a reduction in pain, anxiety, heart, and raspatory rate as evidenced by a mean score reduction for outcome measures. This study contributes to the research supporting the idea that Reiki improves well-being.

Díaz-Rodríguez, L., Arroyo-Morales, M., Cantarero-Villanueva, I., Fernández-Lao, C., Polley, M., & Fernández-de-las-Peñas, C. (2011). The application of Reiki in nurses diagnosed with burnout syndrome has beneficial effects on concentration of salivary IgA and blood pressure. *Revista Latino-Americana de Enfermagem*, *19*(5), 1132–1138. https://doi-org.buproxy.bastyr.edu/10.1590/S0104-11692011000500010

This article reported on a randomized, double-blind, placebo-controlled, crossover study designed to compare the immediate effects of one 30-minute in-person hands-off intervention between participants receiving Reiki treatment and a control group receiving sham Reiki on secretory immunoglobulin A (sIgA), *a*-amylase activity, and blood

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pressure levels in nurses diagnosed with Burnout Syndrome (BS). Eighteen participants were recruited and treated at the University Hospital San Cecilio in Granada, Spain. All subjects were female, Hispanic, between 34 and 56 years old. A Usui Reiki Master with 15 years of clinical experience administered the Reiki treatment. The placebo intervention was sham Reiki which mimics Reiki but is administered by a person not attuned to Reiki, in this case, a nurse, and where the administrator's attention is focused away from the recipient to avoid healing intentions. In this study, a single Reiki treatment produced a significant increase in sIgA and a reduction in diastolic blood pressure in nurses with BS. There was no significant difference in a-amylase activity or systolic blood pressure. The placebo group showed no significant differences.

Limitations of this study include lack of information about participants' change in *a*-amylase over time, intervention time, and a homogenous sample. Monitoring changes in salivary *a*-amylase at determined time intervals after intervention could provide more information on how the Reiki or control treatment may have affected salivary *a*-amylase levels. Usui tradition Reiki treatments often last one hour, twice as long as the intervention used in this study. All participants were Hispanic and female, limiting the generalizability of the study.

Secretory immunoglobulin A (sIgA) is an antibody recognized as a first line of defense against enteric pathogens and toxins. Participants receiving one 30-minute Reiki session showed significantly reduced diastolic blood pressure and a significant increase in sIgA. This finding supports Reiki as an intervention that promotes well-being. This study also

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showed a reduction in diastolic blood pressure, indicating Reiki's positive influence on the autonomic nervous system.

Orsak, G., Stevens, A. M., Brufsky, A., Kajumba, M., & Dougall, A. L. (2015). The effects of Reiki therapy and companionship on quality of life, mood, and symptom distress during chemotherapy. *Journal of Evidence-Based Complementary & Alternative Medicine*, *20*(1), 20–27. https://doi-org.buproxy.bastyr.edu/10.1177/2156587214556313

In this randomized pilot feasibility study, 36 breast cancer patients received Reiki treatment, a companion, or treatment as usual during a four-session chemotherapy treatment cycle. The majority of the participants were Caucasian and female. The researchers explored the potential effects of Reiki on mood, quality of life (QoL), and symptom reporting. This study examined the acceptability of Reiki among chemotherapy patients and compared Reiki with Companion and Usual Care control groups. The Reiki and Companion groups reported improved QoL, mood improvements, and immediate reductions in fatigue following a chemotherapy session compared to the Usual Care group. The Reiki group found the intervention relaxing, and none reported experiencing any problems due to Reiki treatment.

Limitations of this study include lack of information about Reiki practitioner attunement lineage, companion choice for the Companion group, a lack of a sham Reiki condition, sample size, and differing baseline scores despite randomization. More information is

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needed on the Reiki practitioners' years of experience and attunement lineage to clarify their education and training and the type of care they provide. Depending on Reiki lineage, Reiki attunement comes with psycho-spiritual training and education, especially the traditional Usui tradition. Companions attuned to Reiki are likely to bring this aspect of their worldview and a calming presence to their conversations with patients and have a more significant effect than a layperson. A Reiki practitioner companion may be a confounding factor in this study. Providing sham Reiki instead of or in addition to a Companion group might offer more information on the effectiveness of the Reiki treatments themselves. A larger sample size may provide more diversity in the study population and more generalizability. The Companion group reported higher QoF and mood and lower levels of fatigue at baseline scores despite randomization, which may have influenced the study outcome.

Reiki contributes to well-being based on the study's Reiki group experience of increased breast cancer specific QoL and decreased experiences of confusion, mood disturbance, and fatigue.

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