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What Are the Distinctions Between Reiki and Therapeutic Touch?

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What is the difference between therapeutic touch (TT) and Reiki? When I was asked to write a short article about this question for the Oncology Nursing Society's *PNI (psychoneuroimmunology) and Complementary Therapies SIG Newsletter,* I thought the answer would be relatively easy. As I turned the idea over in my mind, the task grew quite complex—requiring focus groups, an extensive literature review, and a multicenter clinical trial to inform an exhaustive academic treatise. Alas, because I am a doctoral student with many other demands on my time, I have opted for a more personal, simple, and speculative description of the difference.

Introduction to Reiki

Reiki, meaning universal life energy and defined as a hands-on spiritual healing tradition (Barnett & Chambers, 1996), has been described as "spiritually directed life energy" (Rand, 1991, p. I-3). It is a system of healing that was rediscovered in the late 19th century by a Japanese Buddhist monk named Usui as he studied ancient texts while praying and fasting (Nield-Anderson & Ameling, 2000). Reiki flourished in Japan and was brought to Hawaii in the mid-1930s by Hawayo Takata, a Japanese Hawaiian. It began to be used on the U.S. mainland in the early 1970s.

Reiki practitioners trace their lineage back to Usui. In the tradition of the Japanese sensei, or teacher, Reiki is passed on from masters to students through a laying on of hands called an attunement. This attunement is described as opening recipients' channels to facilitate the flow of Reiki, the universal life energy, for treating oneself and others. Reiki is taught in three levels—from basic to master teacher. Each level raises practitioners' vibrations, thus allowing for the flow of higher healing frequencies. Emphasis is placed on the practice of self-Reiki in preparing practitioners to give Reiki to others. The third level, master, prepares practitioners as teachers who pass on attunements to students. This healing tradition with Eastern origins is being integrated into Western medical settings (Barnett & Chambers, 1996). For more information, visit www.reikienergy.com.

The experience of Reiki is described as one of liminal states and paradox similar to the altered state reported by those experiencing TT (Engebretson & Wardell, 2002; Wardell & Engebretson, 2001). Evidence for the efficacy of Reiki is mostly anecdotal, and clinical research is minimal. A recent study found significantly reduced anxiety and increased immune factors for a small sample of people receiving Reiki (Engebretson & Wardell; Wardell & Engebretson).

Basic, level I Reiki treatments begin when practitioners place their hands on recipients and allow the flow of Reiki (see Figure 1). The Reiki is said to go wherever recipients need it most; specifically directing it is not necessary. Thus, a whole treatment may be given by holding recipients' shoulders, feet, or hands. A structured treatment averages about 45 minutes and consists of a pattern of hand placements on the front of the person from head to feet, with each position held for three to five minutes. Generally, no specific assessment is completed, although practitioners intuitively may place and hold their hands on a particular area. Then, if convenient, recipients turn over and a series of similar hand placements are given to the back. Level II Reiki treatment incorporates the basic treatment and involves the use of symbols (e.g., power symbol and emotional healing) to facilitate the Reiki flow. Further, level II practitioners, drawing on the symbol for distance healing, may send Reiki nonlocally to recipients at distant locations.

Introduction to Therapeutic Touch

TT is defined by Nurse Healers-Professional Associates (NH-PA) (2000) as "an intentionally directed process of energy exchange during which the practitioner uses the hands as a focus to facilitate the healing process." Described as a contemporary interpretation of ancient healing practices (Krieger, 1979), TT was developed by Dolores Krieger and Dora Kunz in the early 1970s (about the same time Reiki came to be used) from studying techniques of a known healer and interpreting them for contemporary nursing. In the tradition of Western nursing, basic TT skills are taught in an introductory workshop, although development of clinical skills requires time and practice under the supervision of experienced practitioners.

More than 30 years of nursing research informs the evidence base for this practice and suggests evidence for a positive medium effect of TT on physiologic (e.g., pain, physiologic distress, wound healing) and psychological (e.g., anxiety) variables (Peters, 1999). TT research provides an invaluable knowledge foundation for research with

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