Reiki as a Clinical Intervention in Oncology Nursing Practice

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Oncology nurses and their patients are frequently on the cutting edge of new therapies and interventions that support coping, health, and healing. Reiki is a practice that is requested with increasing frequency, is easy to learn, does not require expensive equipment, and in preliminary research, elicits a relaxation response and helps patients to feel more peaceful and experience less pain. Those who practice Reiki report that it supports them in self-care and a healthy lifestyle. This article will describe the process of Reiki, review current literature, present vignettes of patient responses to the intervention, and make recommendations for future study.

The National Center for Complementary and Alternative Medicine (NCCAM) lists Reiki as an energy therapy in its classification of complementary and alternative therapies. Energy therapy is defined as one that focuses on energy fields within the body and electromagnetic fields, which focus on fields outside of the body (NCCAM, 2007). Reiki is a Japanese word that is a combination of two characters (Rei) meaning universal and (Ki) meaning life-force energy. Reiki is an ancient healing art involving the gentle laying on of hands, well suited for nurses who provide hands-on care for patients in so many different ways (see Figure 1).

Philosophy of Care

As in nursing, Reiki therapy is one of practicing the art of presence and compassion. Reiki is not a religion but a philosophy of care that is described by the following principles taught to Reiki practitioners.
- Relate to patients’ core or essence, not personality.
- Listen without judging patients’ actions.
- Be willing not to know or understand the “why’s” associated with patients’ presentation.
- Let go of viewing patient’s responses following Reiki treatment as the practitioner’s personal achievement (Rand, 1998).

Nurses often recognize the importance of entering and leaving another’s “space” or energy field and the impact that the presence of one person can have on another. They understand the pattern of patients’ energy and use as they care for patients and are licensed to provide treatments that often involve touching patients as a part of the care they provide. In doing so, nurses witness the effects of changes that occur in a patient’s energy field during routine nursing care, such as hanging an IV medication, taking a pulse, or teaching about self-care. Reiki practice takes these ideas a step further by acknowledging and working with the vital energy (ki) that patients and nurses possess and merging it with the universal healing energy (rei) through a specific intention of assisting the healing process.

Reiki Treatment

The serious study and use of subtle energy in nursing and other disciplines is receiving increased attention in the literature.

At a Glance
- The National Center for Complementary and Alternative Medicine categorizes Reiki as an energy therapy.
- Review of the literature and clinical responses from patients receiving Reiki provided the foundation for nursing staff at one institution to offer regular Reiki sessions to people living with cancer.
- Patients consistently reported positive benefits from Reiki sessions.
Learning to Be a Reiki Practitioner

Anyone can learn to become a Reiki practitioner through a process that combines new knowledge, practice with the form, and understanding of a Reiki session and a series of attunements or initiations that enhance the flow of Reiki energy within a practitioner, administered by a Reiki master or teacher. The process often produces a positive shift in the self-image of the emerging practitioner. In the United States, training is divided into three levels (I, II, and III). Initiation to each level celebrates the beginning of study, not the attainment of all necessary learning (Miles, 2003). The day-long training for Reiki level I is a combination of didactic and clinical experience that focuses on the physical process of hand positions used by the practitioner for the delivery of the gentle Reiki energy. Reiki level II training increases the practitioner’s ability to listen to her or his own inner voice or intuition. Although some teachers will combine levels I and II together in a weekend workshop, the authors require students to practice doing self-treatments and treatments of others for a period of three to six months before moving from level I to level II training. The third level of Reiki training prepares the practitioner as a master and then as a teacher, usually by having the practitioner work closely with a master practitioner over time (Lubeck, Petter, & Rand, 2001; Miles, 2006). Continuing education is recommended for all practitioners in the form of Reiki sharing or Reiki practice groups. At the authors’ institutions, this involves a combination of giving and receiving treatments as well as opportunities to discuss research with a mentor and colleagues.

Some states specifically include Reiki in the scope of nursing practice. Advisory ruling 9801 on “Holistic Nursing and Complementary Therapies” issued by the Board of Registration in Nursing of the Commonwealth of Massachusetts in 1997 and revised in 2002 is one such example (Office of Health and Human Services, 2008). State-level certification for Reiki practitioners is not available.

In the private sector and in some ambulatory medical facilities, Reiki treatments generally are one to one and a half hours in length and performed with the recipient fully clothed, lying on a table. In the hospital setting, treatments are frequently shorter because of time constraints and last 20–30 minutes. In the private sector, the cost of a Reiki treatment varies greatly but generally is the price of a massage. In the hospital, the nursing personnel usually do Reiki as a part of patient care at no additional charge for the treatment. A fee for service is generally charged for treatments in the ambulatory setting.

Review of the Literature

It is beyond the scope of this article to review research on other specific healing energy modalities (Brennan, 1988; Eden, 1993; Gerber, 2000) or on therapeutic touch (Krieger, 1979; Macrae, 1987), healing touch (Hover-Kramer, 1996; Mentgen, 2001) or bio-energy healing (Kiang, Marotta, Wirkus, Wirkus, & Jonas, 2002). Well-known reviews and meta-analyses are

and in clinical practice (Engebretson, 1998). For example, the International Society for the Study of Subtle Energy and Energy Medicine hosts leading scientists for an annual meeting to discuss and disseminate research findings about energy medicine. Reiki, a type of energy healing, assists nurses in working with the body’s energy to achieve or restore a state of greater balance and harmony. Mikai Usui, a teacher from Japan, developed specific treatment procedures in 1920 after he studied and meditated about healing practices (Lambert, 2000; Petter, 1997; Usui & Petter, 2003). Trained practitioners use a light touch, placing hands in a systematic way to connect the universal life-force energy with a person’s own innate power to heal. Reiki is performed with the recipient fully clothed and either lying down or sitting in a chair. A full treatment may be as long (or as short) as needed; however, it usually lasts 45–90 minutes. A full treatment generally consists of placing the hands in 12 positions on the head and front and back of the torso, and some practitioners also add the knees and feet. The recipient can be awake, asleep, or even unconscious when receiving a treatment. During Reiki treatments, Reiki energy is made available to assist in the body’s efforts to reach a greater equilibrium (Miles & True, 2003). Generally, Reiki is accepted as low risk, and contraindications and adverse events have not been reported (Miles & True). Recipients report a variety of individual responses to their experiences of Reiki energy, which are included in this article.

Figure 1. Reiki Therapy

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available to which the reader is referred on therapeutic touch, (Peters, 1999; Winstead-Fry & Kijek, 1999) and healing touch (Wardell & Weymouth, 2004). The differences between Reiki and therapeutic touch are well described in other literature (Potter, 2003). This review of literature will be limited to research regarding Reiki as an intervention.

Miles described the implementation of Reiki treatments at Portsmouth Regional Hospital in New Hampshire in 1995; since then, more than 8,000 treatments have been provided. Because of the consistently positive effects reported by those receiving treatments, Reiki is a treatment now routinely offered to surgical and medical patients by staff nurses and Reiki-trained volunteers (Miles, 2006).

As with all new interventions, numerous case studies in the literature describe the beneficial results of Reiki treatments for patients suffering from various illnesses. In one case study, Reiki was used as a treatment in combination with pharmacologic interventions for a hospice patient with a diagnosis of cancer and thrombosis. After the introduction of regular Reiki treatments, the patient was able to decrease his opioid requirement and experienced an improvement in his quality of life (Bullock, 1997). In another case report, Schmehr (2003) described the self-treatment of a patient with HIV/AIDS who was a level I Reiki practitioner. The patient gave daily Reiki treatments to himself in addition to receiving weekly Reiki treatments from another practitioner. Although many factors other than Reiki contributed to the success of his complex treatment plan, the patient repeatedly reported to his physician and psychiatrist his belief that Reiki self-treatments were the single greatest contributor to his successful behavior change, enabling him to follow the prescribed treatment plan.

A recent preliminary, blinded trial by Mackay, Hansen, and McFarlane (2004) indicated that Reiki has some effect on the autonomic nervous system. In the study, patients in the Reiki group (n = 15) experienced a significant drop in heart rate (p < 0.005) and diastolic blood pressure (p < 0.005) when compared to the control group (n = 15).

Reiki has been shown to facilitate the relaxation response; subjects report feelings of peacefulness and a deep sense of calm after receiving treatments (Witte & Dundes 2001). An early nonrandomized study (N = 48) by Wetzl (1989) found significant positive change (p = 0.01) in hemoglobin and hematocrit levels in patients receiving Reiki. Patients who were pregnant or immune-suppressed at the time of the study were excluded from participation.

In a pilot study by Olson and Hanson (1997), Reiki was found to significantly relieve pain (p < 0.0001) in a group of 20 volunteers with pain from a variety of etiologies, including cancer, arthritis, and chronic back issues. In a later phase 2 trial by the same investigators (Olson, Hanson, & Michaud, 2003), Reiki was used for the management of pain in patients with advanced cancer. Twenty-four patients were randomized to receive standard treatment plus rest or standard treatment plus Reiki treatments on days 1 and 4. Those who received Reiki reported a decrease in pain on day 1 (p = 0.04) and day 4 (p = 0.002) and an improved quality of life, but no overall reduction in the use of opioids was observed. Using a three-arm design (Reiki, progressive muscle relaxation, and placebo), the effects of Reiki on pain, anxiety, and selected personal variables among chronically ill patients were examined by Dressen and Singg (1998). They found that Reiki was effective for reducing pain, depression, and anxiety. In a preliminary study, Miles (2005) reported a decrease in pain and anxiety after Reiki treatments in patients with HIV (n = 30). Published reports describe the benefits of Reiki, including improvement in post-surgical pain (Olson & Hanson; Wirth, Brenlen, Levine, & Rodriguez, 1993). However, a pilot study to evaluate the effectiveness of Reiki treatments on functional recovery in patients after stroke rehabilitation detected no measurable effects (Shiflett, Nayak, Bid, Miles, & Agostinelli, 2002).

In a descriptive study using guided interviews of patients who had received Reiki treatments (n=25), Engebretson and Wardell (2002) described changes to time, place, environment and relation to self. Some patients reported a paradoxical experience of being relaxed and alert, detached with clarity, and feeling vulnerable yet safe with the practitioner. Findings suggested that current linear research models are “not complex enough to capture the experience of participants” (Engebretson & Wardell, p. 48).

Mansour, Beuche, Laing, Leis, and Nurse (1999) successfully tested standardization procedures developed by their team for placebo Reiki before conducting a full-scale randomized and placebo-controlled Reiki efficacy study (n = 16). They found that none of the participants were able to correctly guess the identity of the placebo practitioners from the Reiki practitioners by the last round of four treatments, demonstrating that successful binding of participants is possible. A phenomenologic, qualitative study described the Reiki experience from the perspective of a small sample of Canadian women (n = 5) (Mansour, Laing, Leis, Nurse, & Denilkewich, 1998). Results suggested that because of its holistic nature, Reiki is experienced differently by different people and may be helpful in treating a variety of conditions.

Not surprisingly, studies reported to date have many methodologic issues, indicating a need for further research using randomized and placebo-controlled trials of the efficacy of Reiki. Currently, five clinical trials are funded by NCCAM (2007): Effects of Reiki on Stress (recruiting), Reiki/Energy Healing in Prostate Cancer (recruiting), The Use of Reiki for Patients With Advanced AIDS (completed), Efficacy of Reiki in the Treatment of Fibromyalgia (completed), and Effects of Reiki on Painful Neuropathy and Cardiovascular Risk Factors (completed). The published results of these studies will add significantly to the literature and to nurses’ ability to provide appropriate care for patients.

Dana-Farber Cancer Institute Experience

Reiki treatments have been integrated into care of cancer patients at Dana-Farber Cancer Institute, an NCI-designated comprehensive cancer center. Patients receiving standard and experimental cancer therapies are referred for Reiki treatments in two ways: by clinicians or self-referral. Treatments are delivered through the Leonard P. Zakim Center for Integrated Therapies or the Pain and Palliative Care Program. Outpatients pay nominal out-of-pocket fees or qualify for free treatments.
Attending physicians are notified about scheduled treatments, which take place in private clinic rooms and last 45–60 minutes. Shorter, more impromptu Reiki treatments may be offered in the treatment areas just before or after radiation therapy, chemotherapy, a procedure, or surgical intervention. Documentation in patients’ medical records includes patients’ symptoms, description of the Reiki treatment, patients’ functional level when involved in the presenting symptom or concern, and follow-up plan. Documentation of assessment and evaluation reveal the before and after treatment picture.

During the first year that Reiki treatments were offered, more than 100 Reiki sessions were provided. Women used this service more than men with a 9:1 ratio. More than 80% of the referrals were for symptom management, such as pain, anxiety, nausea, and sleep disturbance. No negative side effects were reported from any of the Reiki treatments; however, many spontaneous statements offered by patients described positive benefits from the Reiki treatments. Brief examples of these follow (the names have been changed).

**Increased Ability to Feel Relaxed, Calm, and Soothed**

Jody, mother of 16-year-old Jonathan who had a brain tumor, reported that 15 minutes of Reiki therapy had removed the “heavy, churning feeling in the pit of [my] stomach that has been there since I heard Jonathan’s diagnosis.” Deborah, a 32-year-old mother of three receiving chemotherapy for breast cancer smiled through her tears saying, “I haven’t felt this peaceful and relaxed since my diagnosis.”

**Decrease in Anxiety Leading to Assistance With Decision Making**

Ellen, a 52-year-old psychotherapist being treated for breast cancer was having difficulty choosing among a variety of treatment options. She stated that her Reiki treatments assisted her in making her treatment decision.

**Improved Ability to Fall Asleep, and Improved Ability to Stay Asleep**

Shawna, an 11-year-old girl, was having difficulty going to sleep and staying asleep at night after a stem cell transplantation. She was not able to nap during the day. After a variety of pharmacologic interventions failed to help Shawna, her mother requested she try a Reiki session. Shawna was willing to try Reiki, “but only for 15 minutes.” The next day, her mother was quite pleased to report that her daughter had been able to sleep through the night for the first time since her stem cell transplantation.

**Decrease in Pain**

Reiki may not eliminate the need for pain-controlling medications, but it appears to increase the effectiveness of current pharmacologic regimens. Evan, a 17-year-old with Ewing sarcoma, reported that during a Reiki treatment, he was free from the nagging pain he had been experiencing. He explained that during the Reiki treatment it felt like the pain was being “erased” from his body.

After her first Reiki treatment, Melissa, a seven-year-old recovering from brain surgery, spontaneously requested that her nurse provide her with additional Reiki treatments because it helped her head “to stop hurting.” Some patients reported immediate results from Reiki; others noticed some improvement hours after treatment.

**Increase in Mobility With Peripheral Neuropathy**

Virginia, a 57-year-old woman receiving chemotherapy for breast cancer, described the feeling on the bottoms of her feet as walking on painful bubbles. After three Reiki treatments, she began to notice a decrease in this pain, which allowed her to walk without difficulty. She continued her Reiki treatments, with eventual total relief of neuropathic pain.

**Change in Self-Perception**

After Reiki treatment, some patients experience a change in their perception of self. Dianne, a 44-year-old woman with a 10-year history of stage IV metastatic breast cancer, described how Reiki helped her change her view of herself from a “cancer victim to a person who happens to be living with cancer.” She described feeling empowered, and having a feeling of inner strength and confidence. This shift in her self-image allowed her to ask for and receive individual psychotherapy for herself and to participate in couple’s therapy with her husband.

**Increased Acceptance of Complementary Therapy Treatments**

Dottie, a 33-year-old with metastatic stomach cancer, was told she had a limited life expectancy of two to four weeks. She came for a Reiki treatment, with her sisters and dietitian in attendance. By the end of her treatment, everyone in the room described seeing the shift in Dottie’s face from tense to relaxed and serene. Dottie, her sisters, and the practitioners in the room shared their feelings of calmness and hope. Dottie, who prior to her Reiki treatment had resisted all complementary interventions, eagerly requested additional appointments for Reiki, massage, and homeopathy as well as education about other complementary therapies. Remarkably, she lived six months beyond her prognosis. Just before her death she was able to describe how these interventions enabled her to complete previously “unfinished business” in a way that was allowed her to die with grace and dignity, knowing she was loved and cared for by her family and friends.

**Increase in Peaceful Feelings at the End of Life**

Sally, a 36-year-old mother of two young boys, was suffering from an end-stage glioma after disfiguring surgery. At her request, she received Reiki four to five times a week for the last three weeks of life. She looked forward to her Reiki sessions, stating that since beginning the treatments, her pain had lessened and she was no longer afraid when she thought of dying. Sally’s sister later described how Reiki helped Sally to be more peaceful and calm, until she died peacefully in her sleep.

These clinical vignettes in their own way vivify the five Reiki precepts originally taught by Usui to his students (Upczak, 1999).

- Just for today, do not worry.
- Just for today, do not anger.
www.ahna.org
The American Holistic Nurses Association offers information about education, research, resources, conferences, and certification for holistic nursing practice.

www.reiki.ca
The Canadian Reiki Association is a federally chartered, national nonprofit registry of Reiki practitioners and teachers.

www.reiki.org
The International Center for Reiki provides online access to a monthly newsletter, articles, stories, and magazine, a Reiki training class schedule, and a Reiki items store.

www.reikiasociation.org.uk
A United Kingdom association that offers a directory of practitioners, gathering dates, a Reiki item shop, Reiki regulation guidelines, and guidelines for choosing a Reiki practitioner.

www.reikinhospitals.org
Sponsored by the International Center for Reiki, this site lists hospitals offering Reiki and Reiki studies funded by the National Institutes of Health.

www.reikiinmedicine.org
Pamela Miles’s personal Web site, offering training information, resources, articles, and a monthly Reiki update.

Figure 2. Online Reiki Resources

- Earn your living honestly.
- Show gratitude to everything.
- Honor your parents, teachers, and elders.

Future Implications

Oncology nurses and their patients frequently are on the cutting edge of new therapies and interventions that support coping, health, and healing. Reiki is a therapy that is requested with increasing frequency, is easy to learn, does not require expensive equipment, and in preliminary research, has been shown to elicit the relaxation response and help patients feel more peaceful and experience less pain. Those who practice Reiki by self-treatment and by treating others report that it supports them in self-care and a healthy lifestyle. For resources on Reiki, see Figure 2.

Since the opening of the Leonard P. Zakim Center for Integrative Therapies six years ago at Dana-Farber Cancer Institute, nurses offering Reiki as a part of their clinical practice have found it to be a helpful addition to conventional oncology treatment regimes. These experiences suggest the need for rigorous, scholarly investigation of Reiki as a nursing intervention in clinical practice.

A pilot study is now underway at the Zakim Center to determine the feasibility of including Reiki in the treatment plan for patients with prostate cancer receiving external beam radiation. Further research is needed to study the efficacy of Reiki in reducing anxiety and stress associated with cancer treatment, and to further improve the quality of life for persons living with cancer. Qualitative and quantitative research is needed. Research of this kind is challenging given the gold standard of large, multisite, randomized clinical trails that include standard of care and rigidly controlled intervention protocols of the treatment groups. Although how best to proceed when studying complementary and alternative therapies is debated in the literature, clearly an interdisciplinary approach and rigorous research methodology is needed as nurses work to advance the science and art of nursing care for patients living with cancer.

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