

# REIKI AS A COMPLEMENTARY THERAPY

## 0.0 Overview

These notes aim to cover the basic objectives related to a complementary therapy, as set out in the CAM syllabus, namely

- 1.0 The basic principles of Reiki, its merits, the claims and the evidence made for it
- 1.1 Basic principles
  - 1.1.1 Form of treatment
  - 1.1.2 Effective at different levels
  - 1.1.3 What Reiki is used for
- 1.2 Merits and claims of Reiki
- 2.0 The context within which it is practised in the community
- 3.0 Key points on training and regulation
- 4.0 How to get more information on Reiki
- 5.0 A brief history

## 1.0 The basic principles of Reiki.

### 1.1 Basic principles

Reiki does not claim to be a 'complementary therapy'. Rather it is a 'folk art' which may be practised in the types of situations where complementary therapies are practised. There are many many more people quietly using Reiki on themselves, their families, friends, pets, plants and vegetables, than there are practising professionally.

Reiki has its roots in eastern philosophy and medicine. You are probably familiar with Tai Chi and Qi Gong, eastern exercise methods in which the practitioner by relaxation, concentration and various movements of the body, draws in energy from the environment, and then directs it to parts of their body. The '-ki' part of the word Reiki corresponds to the Chi and Qi of Tai Chi and Qi Gong respectively, and means 'life energy'.

A Reiki practitioner uses intention rather than concentration or relaxation, intention that healing should take place. Their hands on or near the patient provide the contact between the patient and the source of this energy.

In the context of complementary and alternative medicine, 'Reiki' is a holistic 'energy-based' complementary therapy, involving the practitioner placing their hands gently at various places on the patient's body. Reiki can also be seen as a spiritual path, and/or used as a form of self-treatment. Unlike many other complementary therapies though, Reiki initiates a healing rather than a curing process.

There is currently no generally accepted 'scientific' explanation as to how Reiki works. My own experience suggests that the patient unconsciously draws in the energy required for healing, when the contact with the practitioner is made. This seems to set off a self-healing process.

#### 1.1.1 Form of treatment

In a full treatment the patient lies fully clothed on a couch for about an hour and a quarter. The practitioner places their hands gently on the patient's body in a series of positions, for about 4-5 minutes in each position. These positions, with the patient lying on his back, cover the eyes, temples, back of head, neck and lower throat area, lower ribs, liver, spleen, abdomen, genital area and, with the patient lying on his front, shoulders, kidneys, buttocks. Additional positions may include knees, ankles and feet. There is no pressure, manipulation, rubbing, tapping or stroking, merely the placing on hands.

Where the patient has a specific problem or is in pain, the practitioner may spend more time with hands on the relevant part of the body, but still give a complete treatment.

The practitioner does not diagnose, nor actively 'direct' healing.

### **1.1.2 Reiki works at different levels**

As a holistic therapy you would expect Reiki to work with the 'whole person', which indeed it does. However it is useful to consider patients' problems as ranging from, at one extreme, the apparently totally physical, such as accidents and injuries, where the body and its systems need to heal, to the other extreme which may border on or include the spiritual (if you accept that term in this context). Between these two extremes we have physical illnesses and diseases and mental/emotional problems. Reiki seems to work on all these levels simultaneously, but we can consider them in turn:

I find it convenient to consider the different uses of Reiki as occupying different places along a continuum from the primarily physical, through the mind and the emotions to – for want of a better word – the spiritual. So at one end, we have basic first aid type treatment where Reiki would be applied to the injury, rather than in the context of a full treatment. Reiki accelerates healing of wounds, small or large, and generally eases the pain associated with physical injuries. Bruises, bumps and sprains respond well. Practitioners report that children recover very quickly from everyday minor injuries, and Reiki seems to restore calm.

At a higher level of complexity we have 'illnesses' or 'diseases' which manifest physically in some way, but which may also be related, to a greater or lesser extent, to lifestyle, relationships, and work situations.

### **1.1.3 What Reiki is used for**

'First aid' dealing with cuts and bruises, strains and sprains, Reiki accelerates the basic healing processes, wounds heal more quickly, pain is eased, the body and mind are relaxed, bruises heal quickly, sprains are eased. Headaches respond to Reiki, as do most 'everyday' aches and pains.

Muscular problems respond well. Where such problems result from poor posture which in turn is linked to lifestyle or the life situation, there can be changes in attitude which then alleviate the problems. Other conditions we have successfully treated include carpal tunnel syndrome, psoriasis, eczema, migraine, and bladder pain. It can also help to relieve arthritic pain.

Treatment in the period before an operation seems to lessen anxiety and accelerate post-operative healing.

For the last three years a group of volunteer practitioners have been giving short Reiki treatments to daycare patients at Countess Mountbatten House (SUHT Palliative Care Unit). The effects of treatment have usually been an improvement in 'well-being' and temporary relief from localised pain. Feedback from patients and staff has been very positive. One patient suffering from MS, Parkinson's Disease and a brain tumour found it so helpful that she was able to persuade her husband to learn Reiki so that she could receive it at home, on demand!

At the level of emotions and mental states, we have found Reiki to help considerably with depression.

### **1.2.1 Merits and claims of Reiki**

At the very least, Reiki is non-invasive, gentle, reassuring, relaxing and anxiety reducing. In my experience someone who is healthy and active but curious about Reiki will experience a deep sense of relaxation, and possibly nothing more. Many 'medical' conditions seem to be connected with stress, and Reiki can be very effective not only at giving relief from the effects of the stress, but also enabling people to look more realistically at the causes of stress in their lives.

My experience of treating people who are not healthy leads me to believe that Reiki can be effective in virtually any situation, but not necessarily in the way that is anticipated either by patient or practitioner. For example treatments can result in changes to self-image, or to the taking of important decisions within the context of relationships.

Chronic conditions may take many treatments over a long period of time, or several over a short time. Very often only one or two sessions are needed to kick-start a patient's auto-immune system and healing occurs without further treatments.

### **1.2.2 Contraindications**

To the best of my knowledge there are none. Furthermore, I have heard of no cases in the extremely litigious United States. Sometimes, in ‘first aid’ type instances, the acceleration of healing is accompanied by increased itchiness for a short period. Occasionally chronic pain may intensify briefly before disappearing.

### **1.2.3 Evidence**

There are three types of evidence – personal, anecdotal, and ‘scientific’, with each serving a different purpose.

#### **1.2.3.1 Personal evidence of Reiki**

This is someone’s own personal experience of Reiki – in my case, based on both being treated, and on treating. My many experiences of Reiki lead me to believe that it ‘exists’ and is effective. Reiki has successfully resolved my own dental problems, abscesses, toothaches, headaches, bruises, cuts, burns. I have also treated my children for the usual run of childhood bumps, cuts, scrapes etc. I have treated friends and members of the public for a variety of ailments, and found it effective. I have no doubts about it. I don’t understand how it works – but then I don’t really understand how electricity works (do you?). On that basis I am happy to use it and to promote its use wherever possible – it is cheap and effective, and it has no side-effects.

Your personal experience of Reiki may be restricted to a ten-minute ‘taster’ from myself or a helper during the CAM module. Most people I have witnessed receiving that type of treatment respond with an air of pleasant surprise when it is over, they know that something, they can’t explain what, was going on. During the treatment they might feel very relaxed, or experience heat, colours, or just a sense of calm. Whatever it is, it is their personal evidence of Reiki. As a result they may be just a little curious about it, and a little more open to something that as yet is beyond explanation.

Of course, as so many people will say, when their headache goes, their backache eases, etc, well, it would have got better anyway!

#### **1.2.3.2 Anecdotal evidence for Reiki**

My own experience is not anecdotal until I talk about it. Until then it is complete in itself. It is only when I talk about it that I have to select what to include, and become aware of what information I do not have. If I use my experiences as illustrations, suggesting that they are representative of something beyond myself, then they become anecdotal. First, second or whatever accounts of treatments, cures, miracles, etc. are anecdotal. They tend to be sniffed at in medical circles (even though, I gather, they are both rife and entertaining at medical conferences) because they are full of holes – biased witnesses, no details, no facts, no figures, no medical context, no hard evidence, no double-blind studies, no proof that anything happened. Of course, anecdotal evidence doesn’t **prove** anything, but can often provide a stimulus for research.

Given the lack of interest in Reiki by the medical community (for whatever reason) it is not surprising that the anecdotal preponderates.

#### **1.2.3.3 ‘Scientific’ evidence for Reiki**

There is a small but steadily growing body of carefully researched studies about Reiki, but I am often asked why there is so little published and peer-reviewed research on Reiki in medicine. It’s very simple really and down to a number of factors – Reiki is practised most frequently outside the mainstream medical world; many within that world have never heard of it; many regard it (and its practitioners) with suspicion; there is not much, if any, money to be made by providing evidence that it works; and the science that would explain it does not yet exist. If any reader of these notes is looking for a research project that is ‘different’, I would be happy to discuss it with them.

## **2.0 The context within which Reiki is practised in the community**

Reiki is much more widespread than other complementary therapies, but relatively few people would consider themselves to be practitioners. Most people who have learned will use it within the family or their circle of friends, and on an occasional basis. Some will develop a personal practice with it, treating themselves daily, and for some it

will develop into a spiritual path. Many of those who practise Reiki publicly will be professional therapists with qualifications in therapies such as massage, reflexology, or aromatherapy.

Outside the circle of family and friends, there are people who give Reiki treatments as volunteers or professionally in various parts of the NHS, or charitable organisations. In this area, for example, volunteers give Reiki to day care and resident patients at Countess Mountbatten House (a Palliative Care Unit within SUHT). The Wessex Cancer Trust also offers Reiki treatments. The use of Reiki varies considerably over the country, with take-up reflecting local factors such as policy, history and the extent of Reiki in the area. I have attached a list of those hospices in the UK where Reiki is offered

Some of the more progressive GP practices will either offer or recommend Reiki treatments.

A list of hospices which offer Reiki to patients is - at Appendix 2

### **3.0 Key points on training and regulation**

#### **3.1 Training**

There is no 'government approved' or 'official' training programme for Reiki Practitioners. There are three levels of Reiki – 1<sup>st</sup> Degree, 2<sup>nd</sup> Degree and Master. Teaching is done by Reiki Masters. At 1<sup>st</sup> Degree level the practitioner learns how to treat themselves, family members, friends, animals, informally. At 2<sup>nd</sup> Degree level s/he learns 'distant' or 'absent' healing and helping people with emotional and/or mental problems. The time between learning 1<sup>st</sup> Degree and learning 2<sup>nd</sup> Degree should be at least six months, in order to have time to consolidate and practise.

Training varies depending on the lineage of the Reiki Master. It is often felt that the ideal is about 16 hours, in a group of no more than eight people, spread over four days, for which the participant would pay in the region of £130. Shorter, 'condensed' courses are not recommended, nor are courses which are much cheaper than that. A practitioner who has learned all three levels over a weekend should be avoided as they quite patently will not know what they are doing.

The training itself is not of an academic or intellectual nature. One learns something of the history of Reiki, and of the individual journey of the Master who is teaching. One learns how to treat oneself and others, where to put hands, and for how long. Much of the time is spent actually giving treatments or parts of treatments to others on the course. Notes are usually provided.

#### **3.2 Regulation**

There are several UK Reiki organisations which are currently engaged in converting themselves to being professional bodies with voluntary self-regulation, and working with the Prince of Wales' Foundation for Integrated Health. So far their role has been to support members, offer networking, forums for discussion, guidance, and to provide a code of ethics. Details of two of these organisations, The UK Reiki Federation and the UK Reiki Association, are given below in section 4.0

### **4.0 How to get more information on Reiki**

#### **4.1 Websites**

[www.aetw.org/reiki\\_research.html](http://www.aetw.org/reiki_research.html)

<http://nccam.nih.gov/health/reiki>

For a medical/scientific perspective of Reiki -

[http://www.reikiinmedicine.org/reiki\\_in\\_medicine.html](http://www.reikiinmedicine.org/reiki_in_medicine.html) - is useful,

and for very comprehensive and detailed information: <http://www.aetw.org/reiki.html>

A web search on 'Reiki' will produce zillions of websites, many of them charlatans, many earnest or with axes (pro- or anti-) to grind, new-agey and/or messianic – beware.

## **4.2 Choosing a Reiki practitioner**

### **4.2.1 Getting the names**

The UK Reiki Federation offers a list of practitioners by geographical area, and while the UK Reiki Association does not at present do so, it may be that it will in the future. Yellow Pages and similar publications contain lists of complementary therapists, some of whom may practice Reiki.

### **4.2.2 Selecting a practitioner**

If you are a GP, then there are several avenues to explore. It may be that another practice in the area already refers/recommends a Reiki practitioner. Your practice nurses may also be a good source of information, and they will know local complementary therapists. Interview the practitioner, find out the length of time they have been doing Reiki, how often they use it, on themselves and others, why they were drawn to it, the type of experience they have, what other therapies they practise.

### **4.2.3 Points to watch**

'Lineages' (who taught whom) are important when choosing a Reiki practitioner because, unfortunately, there are opportunities for the unscrupulous to exploit the gullible. Ask the practitioner who taught him or her, and who that person's Reiki Master is. If they don't know the answer to either question then their training is suspect.

### **4.2.4 Choosing a Reiki Master**

If you want to learn Reiki you will need to find a suitable Reiki Master. Apart from the considerations already mentioned in choosing a practitioner, you will need to feel that your Reiki Master is someone you can get on with. For this reason it is essential to phone or meet them beforehand, ask any questions, and get a sense of who they are and, as they say 'where they are coming from'. Both Reiki associations publish lists of Masters and that is a good starting point. If you already know Reiki practitioners who you feel comfortable with, then you can ask about their Masters.

## **5.0 A brief history**

Reiki emerged in Japan in the early 20<sup>th</sup> century. The details are sketchy, although a memorial to Dr Mikao Usui (1865-1926), who initiated it, exists in Tokyo. It spread to America via Hawaii before the 2<sup>nd</sup> World War, and thence to Europe in the 1980s. Although acceptance by the medical establishment has been rare in this country, it is widespread as a 'folk healing art' in America and Europe. especially the Netherlands and Germany.

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## **Appendix 1 - Bio-data**

After a career embracing the armed forces, social work, lecturing in sociology in FE, teaching English in Botswana and Mozambique during the 70s, and 18 years running the smallest of language schools with his wife (also a Reiki practitioner), Keith Carr (two marriages, four children) is currently a full-time house-husband and expert in writing long sentences who came across Reiki in 1993 and since 1994 has been involved with the local Reiki community, organising talks and demonstrations to local voluntary organisations, as well as maintaining a Reiki practice. He is not a Reiki Master, but organises courses on behalf of one.

## **Appendix 2 – Hospices in the UK which offer Reiki to patients and/or staff**

Arthur Rank Hospice, Cambridge  
Birmingham St Mary's Hospice  
Bronglais Hospital, Aberystwyth  
Conquest Hospital, Hastings  
Cotswold Care Hospice, Stroud  
Countess Mountbatten House, Southampton  
Derian House Children's Hospice, Chorley  
East Cheshire Hospice, Macclesfield  
East Lancashire Hospice, Blackburn  
Eden Valley Hospice, Carlisle  
Farleigh Hospice, Chelmsford  
Greenwich & Bexley Cottage Hospice, Abbey Wood.  
Grove House (day hospice\_ St Albans  
Harlington Day Hospice, Harlington  
Isabel Hospice, Welwyn Garden City  
John Eastwood Hospice, Nottinghamshire  
Kirkwood Hospice, Huddersfield  
Leicestershire and Rutland Hospice, Leicester  
Mount Edgcumbe Hospice, St Austell  
North Cumbria Acue Hospitals NHS Trust  
Prince Of Wales Hospice, Pontefract  
Royal London Homoeopathic Hospital  
South Tees Hospitals NHS Trust, Middlesbrough  
St Ann's Hospice, Cheadle, Greater Manchester  
St David's Hospice, Llandudno  
St Elizabeth Hospice, Ipswich  
St Gemma's Hospice, Leeds  
St Joseph's Hospice, Hackney  
St Kentigern Hospice and Palliative Care Centre, St Asaph  
St Luke's Hospice, Plymouth  
St Michaels' Hospice, Kingston upon Hull  
St Rocco's Hospice, Warrington  
St Teresa's Hospice, Darlington  
St Vincent's Hospice, Renfrewshire  
Sue Ryder Care, St John's Bedford  
Sue Ryder Care, Thorpe Hall, Peterborough  
The Shakespeare Hospice, Stratford-upon-Avon  
Treetops Hospice, Derby  
Walsall Hospitals NHS Trust  
Warrington District Hospital  
Willow Wood Hospice, Ashton-under-Lyne

Information taken from the Directory of Complementary Therapy Services in UK Cancer Care published by Macmillan Cancer Relief. 2002.