Reiki: An effective self-care practice

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A B S T R A C T

Viewing wellbeing through the lens of energy and energy exchange offers a fuller picture than only focusing on physical and/or mental health. Offering self-care without accounting for all aspects of being human, including the energetic, misses out on key perspectives.

Reiki is a simple-to-learn, easy-to-use self-care practice that has been shown to offer physical and psychological benefits to recipients. An ongoing pilot study consisting of 15-min Reiki sessions delivered to hospital staff on their units has resulted in an average decrease in self-reported stress of 60% based on pre and post surveys. Further, Reiki can be integrated into an array of daily activities so care providers can access its benefits.

1. Introduction

As healthcare moves forward in the 21st century, an expanded vision of wellbeing and its components continues to develop. There is an increasing realization that true wellbeing must address the multidimensionality of humans.\textsuperscript{1} This means growing awareness of the inter-relationship of mind, body, and spirit and how they express through all the dimensions of wellness, including physical, mental, emotional, and spiritual. The common denominator is energy. Humans are energetic beings made up of measurable electrical and magnetic fields, interacting with other energetic fields, both within their environments and in relationships with other beings.\textsuperscript{2}

Indigenous cultures understood that wellbeing was part of a system in which people exchange energy with each other, their community, and their environments. While the verbiage was different, the foundation was the awareness of interconnections and that an imbalance in any one affected the whole. The World Health Organization (WHO) recognized and established the importance of this understanding as outlined in its Traditional Medicine Strategy 2014–2023, the objective of which is to encourage and support the member states to incorporate traditional and complementary practices into their healthcare systems.\textsuperscript{3}

A model of self-care centered on a holistic understanding of wellbeing recognizes that the current model of care is incomplete. True self-care uses the lens of health as wholeness and focuses on creating conditions for integrating wellbeing into all aspects of a person’s life. It shifts responsibility of an individual’s care to the individual, empowering each to assume this responsibility with deep inquiry, self-awareness, and development of practices designed to support them through all phases of life. This requires a shift in perspective that prioritizes an internal model of care delivery.

Currently, self-care is being used to improve how individuals care for others; however, if current practices were effective, there would be notable decreases in reports of burnout and compassion fatigue. There are not. A recent survey of healthcare workers found many “report feeling stress (91%), anxiety (83%), exhaustion/burn-out (81%), and being overwhelmed (77%), with impacts on their physical health and their families as well. Those providing administrative and other support such as janitorial and food service registered similar, and in some cases, higher levels of negative feelings and impact on their physical and emotional health as staff who directly provide care for patients.”\textsuperscript{4}\textsuperscript{5}

Perhaps a different endpoint deserves greater attention. Instead of solving the problem of burnout, the focus can be shifted to empowering individuals to embody self-care. This perspective emphasizes integrating all aspects and roles of one’s life to support a desired quality of life and a felt sense of being cared for. The Center for Conscious Care (TCFC), formerly The Center for Conscious Caregiving, is a non-profit organization in New Jersey with the mission of changing how care is delivered in order to create a consciously caring world.\textsuperscript{6} It has developed and refined the process of creating and using a self-care plan to enhance quality of life.

Modern society is facing new conditions, and new responses are required. These responses must acknowledge the interrelatedness of the different aspects of oneself and how the effects of one choice can ripple out with far-reaching influence. Reiki is such a response. As Amarelo

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2. Evidence for benefits of Reiki

Reiki is an effective self-care practice that is easy to learn and easy to use. Reiki is a Japanese compound word; “rei” often translates as “God’s wisdom or higher power” or “universal,” and “ki” is the Japanese word for qi (chi), meaning “life force energy.” As an energy modality, Reiki broadens the vision of self-care and wellbeing to include the energetic expression of each individual. Reiki, as it is currently taught and practiced throughout the world, is attributed to Mikao Usui, a Japanese physician and philosopher who received Reiki during a 21-day personal retreat to reach spiritual enlightenment.

For over 2 decades, Reiki has been increasingly offered to patients in hospital settings. The Cleveland Clinic estimates that Reiki is currently used as complementary therapy in over 900 U.S. hospitals and healthcare systems. The National Center for Complementary and Integrative Health (NCCIH) also notes Reiki to be free of deleterious effects without contraindications for use.

Multiple studies have shown that Reiki outcomes include decreased anxiety, decreased stress and decreased pain. The effects of Reiki on nurses diagnosed with burnout syndrome showed Reiki recipients had positive and measurable outcomes. These included improvements in physiological markers of stress like heart rate variability (HRV), diastolic blood pressure, and salivary immunoglobulin A. Additional studies have noted improvement in self-reported depressive symptoms and stress after 6 weeks of Reiki treatment.

The writer has been providing 15-min Reiki sessions for hospital staff in a teaching hospital within a large hospital system in New Jersey since December 2020. The pilot was initiated as one of a host of offerings to address the pandemic-related stress of staff. This pilot program has the support of nursing administration and is currently offered weekly for 2 hours on different units. Unit managers request to be scheduled for Reiki.

Informal outcomes were obtained by having participants complete a 7-point Likert scale measuring self-perceived stress levels immediately prior to and immediately after receiving Reiki. Over 300 participants received Reiki in the first 12 months of the trial. The informal outcomes were derived by the difference of the average of perceived stress for Reiki recipients on the unit prior to the Reiki treatment and after the Reiki treatment. The data show a 60% average reduction of perceived stress, with overall positive comments from staff. Based on the results of this pilot and the strong receptivity of staff, a formal qualitative study is planned and being prepared.

3. Considerations for offering Reiki to hospital staff

This pilot has allowed the refinement of the process of offering Reiki as a stress reliever to hospital staff. Through this pilot, it was found that offering Reiki in a central location, like the cafeteria, was not as effective as bringing it to the units directly. Leaving the unit was a barrier for many team members due to the workload. Another challenge was ensuring access to a quiet location. Sudden interruptions steal the focus of the session away from the recipient and can undermine the sense of relaxation they are experiencing. Break rooms were not ideal as they are too busy and noisy. Once a quiet location was identified, soft music was played to enhance the experience as well as help the Reiki practitioner manage the timing of the session. Staff were also encouraged to turn off/turn down phones so as not to have their sessions disrupted.

Unit managers are critical to staff willingness to take advantage of a Reiki session. Their enthusiasm for the practice increases its acceptability among their staff, and when they are seen receiving Reiki it serves as permission for staff to also receive Reiki. Team members will often demonstrate concern for each other and encourage a coworker who is having a challenging day to have a Reiki session. Hospital staff have said they appreciate the chance to receive Reiki during their shift rather than having to give up some of their break time.

Having an experienced Reiki Master as the practitioner is important. The ability to be present and create a soothing container for the occasional emotional release that can accompany Reiki sessions is a skill that is developed over time during Reiki training. Further, the practitioner must be wellversed in energy management as the sessions occur back to back. In this pilot, the sessions are 15 min for a total of 2 h. The ability to stay focused for that duration is a competence that must be acquired and developed over time. This is part of the evolution of becoming an effective Reiki Master Teacher. Once healthcare workers have received Reiki and experienced its benefits, some express interest in learning Reiki.

4. Reiki training

When life is viewed through the lens of energy, there are many more possible interpretations and expressions available. Reiki uses this energy lens and weaves it into daily life. Reiki is unique among self-care practices in that it encompasses all aspects of human beingness, including physical, emotional, mental, and spiritual. Many spiritually focused self-care practices have a religious connection. Reiki does not. It is not a religion and it has no religious affiliations. It does, however, recognize the importance of attending to the spirit as a crucial contributor to wellbeing.

Reiki has 5 main precepts that serve as guides for life.

1) Just for today, I will release anger.
2) Just for today, I will release worry.
3) Just for today, I will do my work honestly.
4) Just for today, I will be grateful for my blessings.
5) Just for today, I will be kind to all things.

These principles can be used as touchpoints during daily Reiki practice to help practitioners notice and address their emotions. They can also be helpful to center and ground healthcare workers during their day. While receiving Reiki, either from another or from oneself, individuals can reflect upon any or all of the precepts. For example, noticing worry or anger can help address the emotion in an intentional way; accessing gratitude can be empowering.

The ability to access Reiki is passed from Master Teacher to student via a process known as an attunement. This initiates the relationship with Reiki energy. Using a Reiki lens, initial training (level 1) starts a relationship with energy and applies it to the physical. Reiki 1 expands the concept of “body” to include the energetic layers closest to the physical. Once received, one never loses the ability to access Reiki.

Reiki level 2 builds on the awareness of the connection between the energetic and the physical and expands it to encompass thoughts and emotions, the interplay among them, and how they influence the physical. The third level of Reiki training (Reiki Master) confers the ability to teach and attune others to Reiki. As would be expected, this process is a process; it takes time to develop and deepen the skills. The immediacy of the challenges currently faced by healthcare workers can still be addressed by Reiki practice.

5. Reiki for Self-care in practice

An additional benefit of Reiki is that it develops the capacity to receive. There is an adage in Reiki that “when you give Reiki, you get Reiki.” Reiki flows through the practitioner. Whether one is offering it to oneself or to another, it starts with allowing oneself to connect with and receive Reiki. Many are taught from a young age that it is better to give than receive, and this is reinforced often. The reality is that one cannot give what they do not have. A caring healing presence cannot be faked.
Regular Reiki practice builds the capacity to receive care and results in a caring presence that is naturally cultivated. Over time, care flows more easily as there is an ample reservoir from which to share with others. The care provider’s wellbeing is preserved through regular self-care practice that starts with a felt sense of being cared for. In this model, the capacity to offer care is sustainable rather than depleting.

Traditionally, Reiki training runs the equivalent of 1 or 2 days. This time commitment can be impractical for many and might pose a significant barrier to learning Reiki. Given that Reiki is experiential, Reiki training can be modified into a shortened offering specifically focused on using it as a self-care practice. This approach prioritizes the attunement so that participants can access Reiki. A Reiki 1 class consisting of an attunement, a brief overview of Reiki, and instruction on how to use it can be completed in about an hour. Alternatively, it could be divided into two 30-min sessions, in which the first would introduce basics of Reiki and offer the attunement and the second would reinforce hand placements for self-care, allow time for practice, and address any questions that arose after the attunement. As an example, Reiki for Self-Care has been taught by TCFCC since 2018 as a first step/introduction to Reiki and its use as a self-care practice.

With this training, Reiki becomes a tool that can be used by anyone at any time during their day. While the emphasis is on empowering healthcare professionals to take care of themselves, if they choose, they can share Reiki with coworkers, colleagues, and friends and family. Benefits can be realized by taking short Reiki breaks throughout the work day as a type of micropractise. Micropractices make self-care accessible and offer a way to incorporate self-care without demanding excessive time commitment on the part of already overwhelmed practitioners. Fessell and Cherniss note, “Micropractices only require a few seconds to a few minutes to implement. Those that connect with an already existing activity offer a special appeal and ease.”

Practitioners can connect to Reiki and give themselves a brief session while washing hands, waiting for the computer to start up, updating a MAR, or waiting for food to heat up in the microwave. It can be used as a transition aid while going between patients, before or after charting, before and after breaks, prior to giving or receiving report, before starting the car to go home, after unbuckling the seat belt, or before entering work or arriving home. Reiki can be combined with other self-care practices like deep breathing, stretching, or taking a drink of water. These opportunities can punctuate a busy day and allow practitioners to reorient to how they are feeling and ground themselves back into their bodies.

As was highlighted in the author’s pilot program, offering care providers in the hospital setting brief Reiki sessions can serve to temporarily ease stress and introduce the potential benefits of Reiki as a self-care practice. Additionally, offering care providers the opportunity to learn Reiki can empower them further to explore and use this practice in personalized ways to receive and share the greatest benefit.

Bringing Reiki to healthcare organizations has the potential to shift the current tide of overwhelm, burnout, and other caregiver disorders. The organization’s administration can demonstrate its commitment to staff wellbeing by ensuring work flow is adjusted to allow care providers to experience Reiki. Otherwise, it becomes “one more thing to do” in an already packed schedule.

6. Key points

• Reiki can be an effective self-care practice to decrease stress, pain, and anxiety
• Even brief Reiki sessions offered during work hours can decrease perceived stress and can lead to awareness of the benefits of Reiki
• Reiki can be easily taught in shortened sessions, making it accessible to healthcare professionals for use as a self-care practice.
• Incorporating short Reiki sessions throughout the day has the potential to decrease feelings of overwhelm and caregiver disorders.
• An agreed upon outcome measurement is important information about the effectiveness of the program and where adjustments might be made. Data from outcomes also opens the door to conversations about wellbeing offerings in general, and Reiki in particular, and can be a useful tool to generate support for a Reiki program.

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References


