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Holistic Nursing: Integrating Reiki in the Oncology Setting

by KAREN PISCHKE, BSN, RN

“You don’t know how much (reiki) means to me.”
 “The two most important things during my treatment have been my priest and reiki.”
 “I could feel the warmth from your hands.”
 “This is the most relaxed I have ever felt.”

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When I began practicing reiki in 1998, I was working in the Intensive Care Unit (ICU), and reiki was considered a complementary or alternative therapy without scientific validation and with little research in the literature. Offering reiki in the ICU was seen by some as new age, and not evidence-based. Since it was not accepted by mainstream health care at the time, reiki practice in the ICU was a giant leap of faith.

It was the feedback from my patients that continued to inspire my reiki practice and motivated me to stay the course. Now, 20 years later, my journey with reiki has come full circle – from critical care to integrative health care. In my first nursing position in critical care, I became certified to administer chemotherapy. My last critical care position held in Boston was at Tufts Medical Center’s CCU. I am currently back at Tufts MC as the Consulting RN/Reiki Provider in their outpatient cancer center, a “full circle” experience with many twists and turns along the way.

The experience of a reiki session offers many potential positive outcomes for patients, including but not limited to improved relaxation, relief of pain, increased self-awareness, and a greater overall sense of well-being.

Reiki & Holistic Nursing Practice

The use of reiki in health care supports and promotes holistic nursing since our specialty practice recognizes human beings as comprised of physical, mental, emotional, and spiritual dimensions that are essential in the diagnosis, treatment, evaluation, and cultivation of overall wellness (AHNA & ANA, 2013).

Due to its ease of use, gentle nature, and scope of practice for nurses, reiki as part of nursing practice readily promotes bringing holism to the bedside. Reiki is a holistic healing method that can be easily integrated across multiple settings and areas of specialty practice, such as critical care and oncology settings. The challenge now is moving forward with reiki as a therapeutic practice that is supported by appropriate training, standards, guidelines, and rigorous scientific evidence that validates safety and efficacy. Only then can healthcare providers and consumers feel confident in the practice and use of reiki in mainstream health care.

Integrating Reiki in the Oncology Setting

The field of integrative oncology has grown rapidly in the past decade. Cancer patients often seek complementary and alternative (CAM) treatments for the purpose of enhancing wellness, symptom management, and positive spiritual transformation (Fleisher, et al., 2014).

In the oncology setting where patients face fear of the unknown and undergo treatments that can often be perceived as harsh, the need to address and meet the patients and families' needs for physical, emotional, and psycho-spiritual support is especially apparent. Common symptoms experienced by cancer patients include pain, emotional stress, depression, anxiety, insomnia, and fatigue, which in combination can have a major impact on their quality of life (Fox, Lyon, & Farace, 2007; So et al., 2009). Giving patients a choice of integrative therapies can provide a greater sense of autonomy and self-empowerment while undergoing treatment and into survivorship. Reiki, offered as a supportive, gentle, non-invasive, and non-manipulative practice can help relieve emotional and physical tension and promote a greater sense of wellbeing, physically and psycho-spiritually.

Getting Past the Stigma:

Reiki as a Relaxation Technique for Supportive Care

Because it is easy to implement and no equipment other than soap for hand hygiene is needed, there are opportunities to offer reiki in health care at low cost. I've found that oncology patients are often open to at least trying reiki. Despite the lack of evidence-based research for reiki and the stigma held by some healthcare providers, reiki appears especially welcomed in the oncology

setting where patients have diverse physical and psycho-spiritual needs that may not be met by conventional health care (Hatamapour, Rassouli, Yaghmaie, Zendedel, & Majd, 2015).

Much of reiki remains unknown in regards to mechanisms of action, patient responses, and potential uses. What is known about reiki is its gentle nature and ability to activate the parasympathetic nervous system and elicit the relaxation response (McManus, 2017).

Having documented thousands of reiki sessions across multiple areas of practice, I have noticed that patients report a wide range of experiences from that of a null encounter, to simple relaxation, to profound relaxation. When benefits are reported, these can include relief of symptoms (anxiety, pain, nausea, shortness of breath), improved mood, increased energy, either at the end of a session or over the next day or two, or even a week. Improved sleep is another reported benefit. However,

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What is Reiki and Reiki Ryohō?

The Japanese word *reiki* “has generally been used as a noun” (Ring, 2009, p. 250) and is made up of two *kanji* (i.e., Japanese for Chinese characters). Depending on how *kanji* are drawn, the meaning and pronunciation can change. The noun *reiki* (靈氣) refers to a mysterious, ethereal, sacred energy of the universe. The concept of sacred energy has ancient roots. *Reiki Ryohō*, refers to the Japanese healing method/art, a hands-on healing practice that originated in 1922 with Founder USUI Mikao Sensei, a lay Buddhist of the Jōdo-shō or Pure Land Sect (Inamoto, 2017, p. 2-3).

Singg (2015) describes Reiki Ryohō as a “noninvasive, nondiagnostic, and nondirective hands-on healing” method that is thought to encourage “a state of well-being in all living things” (p. 59).

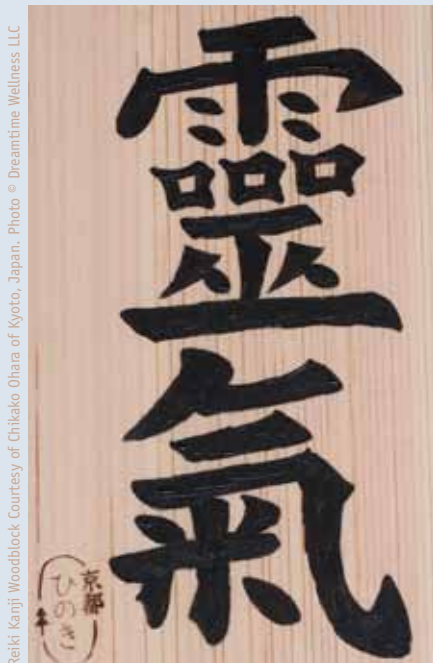
the most interesting aspects for me have been the balancing/homeostatic effects of reiki as well as patients' tangible experiences, both perceived and expressed, beyond the relaxation response (see box below). Offering reiki to patients monitored in the ICU, I have been able to observe first-hand the homeostatic or balancing aspect of a reiki session that is discussed in the literature. In my experience, vital sign parameters (blood pressure, heart rate, respirations, blood sugars) that start out *higher than normal* decrease, and those starting out *lower than normal* increase, as if to come into balance during a reiki session. Interestingly, vital signs that start off within normal limits do not appear to change much. This speaks to the concept of biofield therapies, such as reiki, as restoring or rebalancing vital life energy to promote healing (Rubik, Muehsam, Hammerschlag, & Jain, 2015, p. 9). Reiki is thought to flow to the area of the recipient's body, mind, or spirit that is of "highest need." The role of the reiki practitioner is to *allow this flow of energy* rather than *direct flow* (Inamoto, 2017; Potter, 2003; Singg, 2015). Some have previously described this movement of healing energy as "spiritually guided." From a scientific perspective, this might be considered to be the response of the stimulation of

the body's psychoneuroimmunology systems to create balance, restore wellness, and promote health and wellbeing. Measuring and assessing this homeostatic aspect of reiki, including vital sign parameters, hormones, immunoglobulins, and other biomarkers are areas for further study.

Reiki and Pain Control

Another area of study that needs more attention is the effect of reiki on pain. When someone with a pain condition seeks reiki, it is prudent to assess the complaint of pain and determine if the condition is acute or chronic. If acute and/or undiagnosed, a referral back to the primary care physician is necessary so a diagnosis can be made to avoid delay of medical treatment. Those with diagnosed pain and/or chronic pain conditions may find reiki helpful for adjunctive, supportive care. Response during a reiki session may at times be neutral, but generally, in my experience, there is at least *some relief* of the complaint of pain. At times there may even be a *profound* relief of pain. Relief may be transient or more permanent, depending on the etiology of the pain.

The Reiki Experience: Beyond the *Relaxation Response*



Reiki Kanji Woodblock Courtesy of Chikako Ohara of Kyoto, Japan. Photo © Dreamtime Wellness LLC

Not everyone will experience reiki in the same manner. Responses are expressed in a variety of ways and vary from person to person, and even from session to session for the same individual with the same provider. In my experience offering thousands of sessions, *no two reiki sessions are alike*. Generally, people report feeling "calmer" or "more relaxed," but there can also be reports of tangible experiences such as:

Physical Experiences

Tangible experiences, both perceived and expressed, include *sensation* (e.g., tingling, pulsing, vibration, pain), *temperature* (hot, cold), and *movement* (e.g., flowing, bubbling, jerking, adjusting, pushing, pulling). Others have expressed *visual* (e.g., colors, images), *auditory* (e.g., sounds, thoughts), *gustatory* (e.g., sweet, bitter, salty), and *olfactory* (e.g., various scents, aromas) experiences.

Mental-Emotional Experiences

Mental-emotional aspects of the reiki experience can include beneficial reports of increased focus and attention, and improved clarity of thought. Of note, emotional responses may occur in both recipient and provider, expressed as feelings, laughter, and tears. Underlying or repressed issues of worry or concern may be expressed, and even memories of trauma may re-surface, for example in clients with a history of posttraumatic stress disorder (PTSD). A referral from a physician and/or mental health provider may be warranted prior to working with someone with a known diagnosis of PTSD.

Psycho-Spiritual Experiences

Recipients of reiki also sometimes relate psycho-spiritual experiences of increased self-awareness and awareness of others, enhanced patience, increased tolerance, a greater sense of inner peace, increased sense of hope, and a greater sense of connection to others as well as to their personal spiritual belief system.

In the oncology setting, reiki has been used to relieve pain as the disease progresses and to mitigate uncomfortable side effects commonly experienced during radiation and chemotherapy. Birocco et al. (2012) studied the effects of reiki on pain in patients attending a day oncology and infusion services unit. The study reported “a reduction of 50% in mean scores after each treatment, although the statistical significance between the first and the fourth treatment was admittedly modest” (Birocco et al., 2012, p. 293). With the current national initiative to decrease the use of opioids and the potential side effects of non-opioid analgesics, there is a growing need to look for non-pharmacologic alternatives for pain relief that are safe and effective. Reiki may have a potential role as an option for pain relief, but more research is needed.

Pain That Occurs in a Reiki Session

There are times when patients express a pain experience during a reiki session. This complaint of pain may be new and atypical in nature (for those with chronic pain conditions) or even a crescendo experience of pain, followed by a sense of release and relief. Pain that is transient in nature is thought to be the result of shifting or releasing, and in my experience, this *shift* or *release* may occur within the context of the session itself, or over the course of a day or two. Generally, the end result is that the recipient reports “feeling better” afterward.

Hyakuten Inamoto Sensei’s interpretation of “pain” during a reiki session is simple. The feeling of pain is just one of the variety of “hibiki” or “byosen,” the sensations a reiki practitioner might experience during a reiki session. *Hibiki* is a Japanese word that translates as “echo.” Hibiki is the sensation felt in the hands of a practitioner and may be experienced as a temperature (cool, warm), sensation (tingling, pulsing, and even pain), density, movement (spinning, pulling, pushing), and more. Hibiki is used to find *byosen* (imbalance) (Doi, 2000; Inamoto 2017). Hibiki is a “signal” sent to a reiki practitioner’s hands suggesting that reiki is indicated in a certain area of the body. Inamoto (2017) teaches that where there is byosen and hibiki, the practitioner should remain at that area “without regard to time, until the sensation fades away” (p. 21-22).

Hibiki or the sensations experienced by the practitioner are temporary. Temporary pain expressed by the recipient, like hibiki, is not worrisome. These sensations are considered an indication that there is some kind of experience of the biofield – an adjustment, release, re-balancing taking place for the recipient on a mental-emotional, physical, or spiritual level. This experience of the biofield is one of the goals of reiki practice (i.e., to achieve balance in mind, body, spirit), and is an area for further study.

Pain can be a warning sign. Pain experienced in a reiki session that continues beyond a day or two and/or worsens, in my experience, might be indicative of an underlying issue or illness that needs to be addressed. I recommend any new acute,

Reiki (Gokai) Precepts

Today Only...
Let Go of Anger
Let Go of Worry
With Thankfulness
Work Diligently
Be Kind to Others

~ Founder USUI Mikao Sensei
(August 15, 1865 – March 9, 1926)

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Self-Reiki for Self-Care

Self-care is a core value of holistic nursing (AHNA & ANA, 2013). The concept of daily self-treatment (self-reiki) is the basis of first degree/level one reiki training and “is viewed as the foundational practice for all levels” of training (as cited in Miles & True, 2003, p.64), along with the twice daily practice of reciting the Reiki Gokai. Learning and practicing daily self-reiki has allowed me a quick and easy method of self-care, as well as enhancing my ability to meditate. The World Health Organization, in their *Handbook for Community Health Workers and Volunteers*, asserts that “self-care must be practiced as an integral part of our lives,” including the promotion of health “through positive, healthy actions; disease prevention and control; [and] self-treatment” (WHO, 2013, p. 135).

The simplicity and availability of daily self-reiki practice speaks to this and offers an effective self-care tool. For me, this daily practice makes it easier to release and let go of negative stress and tension and come to a state of calmness, balance, and well-being. Anne Vitale’s (2009) research suggests the value of self-reiki for personal stress management, especially during the workday as a means of self-care, and for potentially decreasing nurse burnout and aiding in retention.

undiagnosed, and/or worsening pain be referred back to the primary healthcare provider. Knowing one’s scope of practice in reiki is important, just as it is in nursing. Reiki is not meant to treat nor diagnose, but can be offered adjunctively to support conventional therapies.

Safety and Efficacy of Reiki

Oncology practitioners are interested in nonconventional interventions like reiki that help to relieve the suffering of their patients, however they desire sufficient evidence to support the safety and efficacy of these practices (Potter, 2013).

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Research has demonstrated the safety of reiki, and according to the National Center of Complementary and Integrative Health (NCCIH), “Reiki appears to be generally safe” (NIH, 2015).

More recent reiki research has demonstrated some efficacy regarding reduction of anxiety and pain, improved sleep, and increased energy (Birocco et al., 2012; Potter, 2013; Thrane & Cohen, 2014). A recent review of the literature concluded there is “reasonably strong evidence” that reiki is more effective than placebo in activating the parasympathetic nervous system (McManus, 2017, p. 1056). Reiki was found to ease pain,



Reiki Training: A Need for Standardization

While there are several known Systems of Reiki, and some nursing and medical schools may offer some basic reiki training as part of their curriculum, at the time of this article there are no nationally accredited schools for reiki training. Training standards and requirements vary by teacher and may range from a few days to 1-3 years for training from beginning level (first degree/level 1) to third or fourth degree (Master Teacher in Western Reiki or Shihan in Japanese Systems).

Currently, reiki training lacks standardization. There are minimal city and state regulations for reiki practice, and no national certifying board or accreditation. Because of this, along with the extent and potential variety of client experiences, it is important and encouraged for reiki practitioners to have adequate training and support, especially in the healthcare setting. This includes more thorough training, additional mentoring and supervised practice with their teachers, and continuing reiki education as new research and information is revealed.

Reiki practitioners do not diagnose or offer cure. Without more research, I feel reiki is best integrated into conventional health care, offered as “supportive” care, rather than “treatment” for specific disease states. The experience of reiki is said to be *balancing*, and thus supports the body’s natural healing ability. The practice of Reiki Ryohō speaks to a quote by Florence Nightingale (1860/1969), “what nursing has to do... is to put the patient in the best condition for nature to act upon him” (p. 133).

anxiety, and depression as well as improve quality of life. McManus (2017) attributes these effects to reiki’s ability to activate the parasympathetic nervous system and increase heart rate variability, based on the neurovisceral integration model and polyvagal theory.

McManus (2017) reported that “reiki has the potential to provide valuable support for a broad range of chronic health conditions” (p. 1055), but he also stated that there is no justification to regard reiki as a cure for any health condition. Instead, reiki is regarded as a complementary therapy that can easily and inexpensively be integrated alongside other therapies within conventional health care, as part of a collaborative, multi-disciplinary, or integrative model.

Other research and reviews of the literature have indicated the need for more research (Baldwin et al., 2010; Lee, Pittler, & Ernst, 2008; vanderVaart, Gijssen, de Wildt, & Koren, 2009).

Further Research is Needed

Reiki shows promise as supportive care in the oncology setting, but further research is required to fully understand its impact on patient experience and provider practice (Fleisher et al., 2014; Potter, 2013). More studies are needed to look at the mechanisms of action for reiki, and at the use of reiki for specific conditions and disease states. The mechanisms of action for reiki, other than stimulation of the autonomic nervous system’s parasympathetic response, have yet to be evidenced. Reiki research using EEG, PET scans, and fMRI has not yet been published and might help further explain physiologic responses to reiki.

Research must also examine the length of time or number of reiki sessions that are most beneficial for therapeutic response, which might be helpful to develop protocols. However, some would argue that the very nature of reiki and its individualized response based on individualized need would make that nearly impossible (reiki is said to work at the area of *highest need* to create balance and wellbeing whether mind, body, or spirit). There is also an interesting lingering aspect to the experience and benefits of a reiki session. Some people report benefits lingering for hours, days, and even weeks. The lingering effects of reiki, as well as the variety of perceived client and practitioner experiences and benefits, are all areas for further study.

Also of interest are comparative studies with other biofield therapies (e.g., Healing Touch, Therapeutic Touch) and complementary therapies (e.g., acupuncture, massage, tai chi, yoga) looking at safety, efficacy, outcomes and cost. This would be helpful for practitioners deciding which complementary therapy to order for patients.

Bringing in the Science of Nursing

Twenty years ago when first introduced to reiki, not only was the term *energy medicine* foreign to me, but at the time, there was also very little in the literature on reiki or *biofield energy*. In 1992, an ad hoc committee of CAM practitioners and researchers convened by the newly established Office of Alternative Medicine (OAM) at the U.S. National Institutes

of Health (NIH) proposed the term *biofield*. At that time, the biofield was considered *putative* (or *hypothetical*) among many scientists; not measurable or scientifically validated. Today, biofield science is an emerging field of study. According to Rubik et al. (2015) “the concept of the biofield as proposed herein is firmly grounded in science, although other putative fields, as yet unknown to science, may also be involved” (p. 10).

As a registered nurse, I understand the importance of evidence-based practice. However, positive patient responses (observed and reported), the potential for improved outcomes, and increased patient satisfaction inspired me, then and now, to study and practice reiki despite the stigma, insufficient evidence, and lack of peer support initially. Motivated by a sense of inquiry and curiosity, I continue to support and encourage reiki practice, continuing education, and research.

Nurses can help shift the paradigm of nursing from that of disease-focused to a more holistic and psycho-spiritual focus, and reiki seems to fit right into this model.

The Integrative Healthcare Model

Scientific evidence drives nursing practice. Nurses are in a unique position to innovate, effectively research, and incorporate the integration of reiki within the biomedical model (Cushman & Hoffman, 2004; Natale, 2010). The integrative model supports a collaborative and multi-disciplinary approach. Integrating reiki and other complementary therapies that have been proven to be both safe and effective is the basis of the integrative model of health care. Offering these to patients at the beginning and throughout treatment may lead to increased patient satisfaction and improved outcomes. Employed to offer reiki in the oncology setting, the most rewarding aspect is to see patients smiling afterward and saying, “I feel better.”

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How I Came to Reiki Practice

I first learned about reiki while attending a *Nursing Spectrum* career and educational fair in 1998. Here I learned from Reiki Teacher and registered nurse Carla Priest that reiki was an energy therapy thought to promote self-healing and improve one's energy. Having a health issue at the time that left me with low energy, I decided to try a session offered by another registered nurse and Reiki Teacher, Susan (Sue) Nordemo.



My first reiki session created such a profound, deep relaxation, the likes of which I had never experienced. Drifting in and out of conscious awareness, as if in a dreamlike-state, I became unaware of the presence of the nurse offering the session, the room around me, or the passage of time. This is what Engebretson and Wardell (2002) describe as a liminal state of awareness in which sensate and symbolic phenomena are experienced in a paradoxical way, including orientation to time, place, environment, and self. Still on the table, I said to the nurse offering the reiki session, "Why aren't we doing that in health care? That was amazing." Sue mentioned I could learn first degree/level one reiki for self-care. A tool for self-care, relaxation, and stress management was exactly what I had been searching for, and so my journey began. Never did I imagine at that time, that reiki would become part of my professional nursing practice in integrative health care.

In 1999, Sandra Skinner, RN, MA, a visionary Executive Director of the Cardiology Department at North Shore Medical Center (NSMC) Salem, MA, hired me to offer reiki as part of a Cardiac Risk Factor Reduction Program. We eventually conducted a pilot reiki study, "Reiki in Combination with Hypnotherapy to Prepare for Gastric Bypass Surgery." Reiki began to be offered throughout the continuum of care and life span as the reiki program expanded to include five reiki practitioners, inpatient, outpatient, a community reiki clinic, and before and after surgery. In 2005, the program expanded, allowing me to offer reiki at the NSMC Neurosurgery and Spine and Cancer Centers. In 2009, the NSMC Cancer Center merged with Mass General Hospital's (MGH) Cancer Center, and I began to offer reiki in oncology at MGH through the HOPES Program. (I was employed as the RN/Reiki Provider at NSMC and MGH.) Next came the position as the Consulting RN/Reiki Provider at Tufts Medical Center's Cancer Center, integrating Reiki in the outpatient cancer setting.

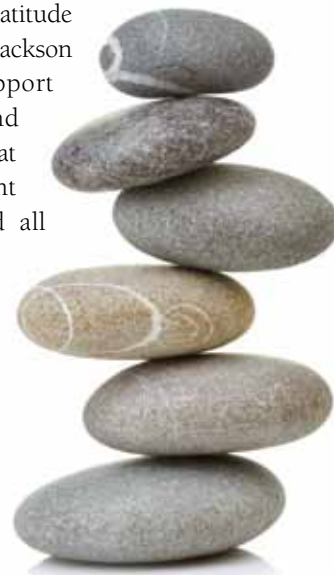
Karen Pischke, BSN, RN, Alumnus CCRN, is a certified hypnotherapist, Reiki Teacher/Shihan, Tobacco Treatment Specialist, consultant, speaker, researcher, and photographer. With 35 years of nursing experience (oncology, intensive care, cardiac rehabilitation, and integrative health care), Karen has passionately worked towards incorporating integrative therapies into mainstream health care since 1999. Karen has been employed to offer reiki in oncology at North Shore Medical Center (Peabody and Salem, MA), Mass General Hospital (Danvers and Boston), and currently, as the Consulting RN/Reiki Provider at Tufts Medical Center/Outpatient Cancer Center (Boston, MA). She strives to assist and empower clients and patients through education and self-care tools that promote peace, happiness, and optimal wellness. She looks forward to seeing where this journey will take her next.



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