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PREVIEW

**The Long-Term Effects of Energetic Healing on Symptoms of Psychological Depression
and Self-Perceived Stress**

by

Adina Leah Goldman

**A dissertation to be submitted
in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
in Transpersonal Psychology**

Institute of Transpersonal Psychology

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Approved by:



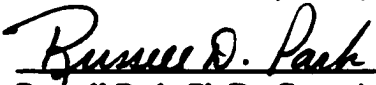
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PREVIEW

Abstract

Long-Term Effects of Energetic Healing on Symptoms of Psychological Depression and Self-Perceived Stress

By

Adina Leah Goldman

Energetic or spiritual healing has been documented and practiced in nearly every civilization throughout the span of human existence (Benson, 1975). The present investigation examined the long-term effects of Reiki, a form of energetic healing, on symptoms of psychological depression and self-perceived stress as measured by the Beck Depression Inventory (BDI), Beck Hopelessness (HS), and Perceived Stress (PSS) scales. Fifty participants in need of healing were randomly assigned to one of three groups: hands-on Reiki (Group 1), non-touch Reiki (Group 2), or Reiki placebo distance group (Group 3), and remained blind to treatment condition. Reiki practitioners provided participants with a free 1-1½ hour treatment each week for a 6-week duration. Pretest data were collected before the onset of treatment; posttest data were collected upon completion of treatment 6 weeks later; and follow-up data were collected one year after completion of treatment. Repeated measures analyses, effect size computations, and Tukey post hoc comparisons assessed the long-term effects of hands-on, distance, and placebo distance Reiki treatments on symptoms of psychological depression and stress. Tests for change over time, correlations between measures, and qualitative data (interviews) provided additional analyses to further understanding of the experience and effects of energetic healing treatments. Findings demonstrated that although no significant difference between groups existed at pretest data collection, treatment groups

exhibited significant reduction in depressive and stress symptomology as compared with controls. One year later, these findings were maintained. The results support research hypotheses of a significant long-term reduction of symptoms of depression (BDI), hopelessness (HS), and stress (PSS), exhibited by individuals in the treatment groups, as compared with control group participants at posttest and follow-up intervals. Findings demonstrate the therapeutic function of energetic healing on symptoms of psychological distress. The present investigation therefore recommends the integration of energetic healing into mainstream health care and traditional interventions.

PREVIEW

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PREVIEW

Chapter 1: Introduction

Energetic healing, in its manifest forms and cultural flavors, has been documented and practiced in nearly every civilization throughout the span of human existence (Benson, 1975). From the healing through *Mana* by the Kahunas of Hawaii, *Chi* in China, *Qi* in Japan, *Prana* in the Hindu tradition, and the presence of the Holy Spirit in Christian lore, to name a few, healing methods based on the belief in the transference of a universal, all-pervading, life energy have always existed (Baginski & Sharamon, 1988). Although energetic healing has many forms, rituals, and traditions, the essence of all healing is the channeling, or calling forth, of divine energy. The focus of this investigation is *Reiki*, a tradition of spiritual or energetic healing described as the universal life energy or power which acts and lives in all creation.

Although the mechanisms of healing remain a mystery to Western science, a review of over 150 controlled empirical studies of healing confirmed that more than half demonstrate significant results (Benor, 1993a). By commonly accepted standards for establishing treatment efficacy, "If healing were a drug, it would be accepted as effective on the basis of this evidence" (Benor, 1993b, p. 74). Due to these findings, many assert that healing can produce benefits warranting further clinical study (Benor, 1990b).

In contemporary Western civilization, patients are consulting alternative healers in increasing numbers, and "many so treated declare relief, partial or complete, from their symptoms" (Fenwick & Hopkins, 1986, p. 387). A frontier topic now coming of age in our culture (Benor, 1993a), energetic healing is beginning to be used by doctors, nurses, psychotherapists, and a number of other health professionals as complements to

traditional interventions (Stewart, 1988). This increased attention to alternative healing techniques such as energetic healing is due, in part, to increasing dissatisfaction with modern medical and psychiatric care (Kelner & Wellman, 1997a).

Research demonstrates that in 1996, Americans made more visits to providers of unconventional therapy than to primary care physicians (Eisenberg et al., 1993; Engebretson, 1996). Leskowitz (1993) asserts that this is due to the failure of the biomedical model to account for the inner life of human beings, in both the psychological and spiritual realms. Proponents of energetic healing claim that it addresses this very issue by improving both mental and physical health, and by facilitating personal growth through a deeper connection to the spiritual aspects of life, thereby reducing stress and curing disease (Smith, 1996; Stewart, 1988).

The etymology of the word psychology (the scientific study of the psyche, defined as spirit or soul), reminds us of the importance of including this inner life of humanity, the spiritual, in the healing equation. Reflected by the inclusion of the new V code category of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) entitled "Religious or Spiritual Problem," the spiritual dimension is slowly becoming integrated into the collective vision of contemporary psychological development (Turner, Lukoff, Barnhouse & Lu, 1996). Research demonstrates that spiritual or religious experiences are positively related to physical health (Levin, 1994; Levin & Vanderpool, 1987), and an awareness of spirituality is a source of well-being (Aldridge, 1993; Reed, 1986). Furthermore, spiritual practice has been demonstrated to promote health-related behavior and life styles which lower the risk of disease, enhance well-being, and provide social support that buffers

stress and enhances coping (Levin, Larson, & Puchaliski, 1997). According to Hiatt (1986), spirituality is as important in many of our health initiatives as medication, hospitalization, or surgery because the spiritual elements of experience help us to rise above the matters at hand, allowing us to find purpose, meaning, and hope, even in the face of suffering.

Despite numerous attempts to understand the phenomenon of spiritual or energetic healing, and despite the number of significant findings in research, energetic healing remains overlooked as a viable therapy by the mainstream medical community. “Sadly, few researchers are pursuing this promising modality, which offers to alleviate and possibly cure many of man’s ills, with minimal or no side effects” (Benor, 1990b, p. 30). According to Dr. Bernard Grad (1967), the reason why energetic healing and the laying-on of hands does not receive attention from the scientific community

cannot be due to the lack of biomedical procedures for investigating this problem, for these have long been available. The problem may reside in the very simplicity of the procedure of the laying-on of hands causing it to be overlooked or dismissed. (p. 286)

Most scientists simply ignore the data; while others reject it, stating that all the reports they have heard about are due to fraud, wishful thinking, coincidence, recuperations from hysterical illness, exaggerations of followers of charismatic or saintly persons, or the placebo effect and psychosomatic processes which are well known occurrences in medicine (Benor, 1990b; Cooperstein, 1990). Others reject energetic healing as a valid phenomenon because of its association with religious or mystical practices. According to Grad:

Recently, . . . with the increasing sophistication of methods of mapping electrical and magnetic forces in humans and other living organisms as

well as those forces in the environment, some of the claims made by religion over the millennia are starting to be understood scientifically. (1991, p. 14)

According to Aldridge (1993), “despite the attitude of modern scientific medicine, spiritual healing continues to exist, renewing itself with successive generations” (p. 4).

Studies of energetic healing are helpful in demonstrating effects where no suggestion is possible, thereby countering the claim that healing is merely a placebo reaction (Benor, 1990b). For example, Grad (1967) confirmed that:

whatever the underlying mechanism was whereby [energetic healing] was producing a significant stimulation of cell growth, it was not by the process of suggestion. Moreover . . . it was not due to some chemical substance, . . . but was due to some physical agent, an energy. (p. 293)

Modern energetic healing techniques, such as Therapeutic Touch (Krieger, 1979), have been derived from ancient healing systems, simplified and operationalized for Western minds and researched scientifically. Scientific research of traditional spiritual healing practices, such as Reiki, however, remains rare.

With regard to the effects of energetic healing on psychological variables, research remains limited. While traditional treatment of such psychological disorders as clinical depression remains less than optimal, an “increasing awareness of less favorable outcome[s] in depressive illness” (Schrader, 1994, p. 219) illustrates that “approximately 50% of individuals who recover from an episode of depression experience a relapse or recurrence within two years” (Monroe, Roberts, Kupfer, & Frank, 1996, p. 313). Follow-up studies of depression (Schrader, 1994) demonstrate that use of antidepressants did not predict change in depressive severity, and the probability of a depressive relapse is high (Hasin et al., 1996). According to Van Londen, Molenaar, Goekoop, Zwinderman, and Rooijmans (1998), relapses occur most frequently in the 15-month interval following

partial remission and cluster at the first 6 months, during which time the patient is in his or her most vulnerable period. Research furthermore asserts that the occurrence of a positively construed event relating to a direct change in the patient's life is associated with recovery from chronic depression (Brown, Adler, & Bifulco, 1988). The present investigation postulated that perhaps Reiki treatments may serve as a catalyst to direct positive change in experimental participants, thereby assisting in recovery from depressive symptoms.

Therefore, to scientifically investigate the efficacy of Reiki on psychological variables, the present investigation examined the long-term effects of Reiki on symptoms of depression and stress as measured by the Beck Hopelessness (HS), Beck Depression Inventory (BDI), and Perceived Stress (PSS) scales. With an alpha level of .05, the design of choice included repeated measures analyses of variance for each of the aforementioned measures utilized in conjunction with Tukey post hoc comparisons, and effect size computations. Seventy-three volunteers were randomly assigned to one of three groups: Group 1 (hands-on Reiki), Group 2 (distance Reiki) or Group 3 (distance Reiki placebo), and received six consecutive 1-1½ hour-long treatments (between 60-90 minutes, once each week) for a 6-week duration.

Data were collected on the Perceived Stress Scale (PSS), the Beck Hopelessness Scale (HS), and the Beck Depression Inventory (BDI), three times throughout the course of this investigation, and participants remained blind to treatment condition. Pretest data were collected prior to onset of treatment, posttest data were collected upon completion of treatment 6 weeks later, and follow-up data were collected one year after completion of treatment. In summary, the present study investigated the immediate and long-term

effects of both hands-on and distance Reiki treatments as compared with placebo treatments.

Additional analyses included tests for change over time and correlations between the aforementioned three measures. One year after completion of treatment, the control and treated participants filled out the PSS, BDI, and HS. All measures were mailed to participants at the same time to prevent experimenter bias and history confounds. Upon completion of these measures, the control group participants proceeded to receive six Reiki treatments over the course of 6 weeks. Once the control group participants completed their 6 hours of Reiki, they again filled out the PSS, BDI, and HS measures to assess any possible changes in depression and stress levels as a result of energetic healing treatments (posttreatment data collection), thereby replicating the initial experiment.

Data were analyzed in a repeated measures analysis of variance, effect size computations, and Tukey post hoc multiple comparisons were performed to provide gain scores and to illustrate where any significant changes were found. Furthermore, the variance of scores was analyzed in a frequency distribution to assess the top and bottom 15% (approximately) of change scores. Seven high- and low-gainers (7 participants exhibiting the greatest reduction in stress and depressive symptomology over time, and 7 participants exhibiting the least reduction in stress and depressive symptomology over time) were invited to participate in subsequent interviews. Based on a semi-structured qualitative questionnaire (see Appendix A), these 14 participants were interviewed to further understanding of the efficacy of energetic healing. Qualitative data were analyzed by a content analysis to explore common themes and experiences expressed by the 14 exemplary (high- and low-gaining) participants.

The current investigation hypothesized that Reiki would demonstrate a long-term reduction in symptoms of depression, hopelessness, and stress in treated participants when compared with control groups. The greatest change in scores was hypothesized for the hands-on Reiki treatment group due to the personalized nature of the treatments. However, both treatment groups were hypothesized to demonstrate significant and lasting change in depressive symptoms, hopelessness, and self-perceived stress from the pretest to the follow-up data collection one year later.

Upon completion of the follow-up data collection, control group participants received treatment. It was hypothesized that these participants would also exhibit a significant reduction in depressive symptoms and self-perceived stress upon completion of six weekly Reiki treatments. Finally, qualitative analysis was incorporated to further understanding of the efficacy and experience of receiving energetic healing treatments. The intention of this investigation was to document the psychological effects of energetic healing in the form of Reiki, and in the event of significant findings, to illustrate the potential complementary function of energetic healing to biomedical procedures, thereby facilitating its integration into mainstream health care.

Definition and Nature of Reiki

Reiki, a combination of the Japanese words *Rei* (meaning spirit, air, essence of creation) and *ki* (meaning power, energy, Qi, or the vital life force that flows through all living beings) translates as “Universal Life Force” or “God-power” (Reiki Alliance, 1998; Thornton, 1991). According to Reiki proponents, it is a holistic, time honored, sacred method of bringing balance and harmony to all three aspects of being (physical,

mental, and spiritual). According to Rand (1991), Reiki brings a closer connection to spirituality and positive attitudes, and may be defined as a “Japanese form of stress reduction and relaxation” (p. 101). The traditional Reiki story begins in the 1800s, but the underlying conceptual framework of Reiki was considered ancient even then (Stein, 1995). According to Schlitz and Braud (1985), Reiki is purported to find its origins in ancient Tibet; and it is said to have spread to India and then to Egypt, Rome, and Greece in the Western World, and China and Japan in the East. Legend asserts that the ancient keys or symbols utilized in Reiki treatments were rediscovered in the mid-19th century by Dr. Mikao Usui, a Japanese scholar and Christian minister who was searching for inner truth and enlightenment (see Appendix B).

According to Stewart (1988), Reiki is activated by intention and is most commonly performed by placing one’s hands gently on oneself or on another, whereby the Reiki energy is said to flow, creating harmony and restoring the mind, body, and spirit to their perfect, innate state of wellness. Others, however, claim that intention to bring about specific changes is not necessary (Morris, 1993) because it is a particular vibration of energy with its own innate intelligence. Supporters assert that Reiki knows what is in the best interest of the highest Self of the client, and that the energy assists clients in aligning with their highest good and well-being. Reiki proponents claim that it soothes the mind and relaxes the body. It is described as the energetic vibration or frequency of unconditional love, and in this sense, it can do no harm (Smith, 1996). According to Honervogt (1998), “the purpose of Reiki is to supply the body with additional energy which it can use to heal itself” (p. 27). According to Petter (1998), Reiki is described as “a path of self-realization” (p. 9).

The principles of Reiki healing emphasize the importance of the mind-body-spirit connection, and refer to it as a “primarily emotional and spiritual healing” modality (Kelner & Wellman, 1997a, p. 129). Proponents claim that throughout the course of treatment, emotional blocks are often released, purportedly allowing the recipient to come in contact with feelings that may have been previously repressed (Honervogt, 1998). According to Dr. Usui’s successor, Mr. Hayashi, Reiki simultaneously treats the spiritual and mental causes of an illness, not merely the physical symptoms (Honervogt, 1998). Sawyer (1998) asserts that Reiki is a noninvasive, hands-on healing art that also serves as a relaxation technique, acting throughout the autonomic nervous system to lower blood pressure and heart rate, and to relieve tension and anxiety. Experiments demonstrate that energetic healing effects may be obtained on such physiological functions as blood pressure, blood components, electrodermal activity (EDA), and brain waves, all of which correlate with states of emotional arousal and tension (Wetzel, 1989; Wirth & Cram, 1994). Reiki reputedly elicits a generalized relaxation response which assists the abilities of the immune system to defend against bacteria and viruses, and helps stimulate the brain’s production of endorphins that act to decrease the perception of pain and create a state of well-being (Sawyer, 1998).

Although scientific investigations of Reiki remain sparse, research demonstrates evidence of the effectiveness of energetic healing in the relief of pain, dyspnea, self-reported anxiety, and the reduction of discomfort and stress associated with illness, all of which are important for patient recovery (Benor, 1990b; Gagne & Toye, 1994). Studies report that human concerns, such as worry and doubt, may regress under energetic healing treatments (Benor, 1990b). Therefore, Reiki is recommended as a form of

“complementary healing in the treatment of infectious disease, allergic responses, cardiovascular and psychiatric symptoms, and a number of other serious stress-related disorders” (Wirth & Cram, 1994, p. 73). Furthermore, Van Sell (1996) asserts that Reiki may be useful in the treatment of AIDS, lupus erythematosus, and chronic pain. Because it functions similarly to Therapeutic Touch (TT), Reiki may also be useful in accelerating the healing of traumatic injuries, managing suicidality, easing chemotherapy-induced nausea and vomiting, alleviating emotional and spiritual distress, and facilitating recovery from incest and abuse (Krieger, 1979).

Reiki masters believe that Reiki works on both unconscious and conscious levels of awareness. Reiki is considered by proponents to be similar to TT because of “strong indications that this highly personalized interaction [Reiki] invokes in the healee a sense of self-responsibility for his or her health” (Krieger, 1979, p. 17), and because the Reiki practitioner is considered a mere facilitator for the recipient's self-healing (Stewart, 1988). Furthermore, since a primary problem with modern-day medical and psychiatric practice is the overlooked importance of the mind-body-spirit connection as an integral component of health care (Wirth & Barrett, 1994), the integration of Reiki into therapeutic settings may address this very issue, thereby assisting in the healing process.

Definition of Energetic Healing

According to Mulloney and Wells (1996), “Healing, or restoring wholeness, is an intrinsic process of living and is derived from the Anglo-Saxon word *haelan*, which means to make or become whole” (p. 28). They furthermore affirm that the “healing process is the innate ability to integrate and balance body, mind, and spirit” (p. 28).

According to *Webster's Third Edition Unabridged Dictionary*, energy may be described as "activity, especially psychological activity, see *entelechy*" (p. 751), a "term used in modern philosophy" (p. 756) which is "a suppositious immanent but immaterial agency held by some vitalists to regulate or direct the vital processes of an organism, especially toward the achievement of maturity. Compare with *Elan Vital*, or life force" (p. 756). Energetic healing may therefore be described as the healing of an individual with intention and/or the transmission of a form of energy which has yet to be understood by the scientific community, and is comparable to the energy known as the life force. According to Benor (1991), energetic healing is defined as the intentional influence of one or more persons upon a living system without using known physical means of intervention.

The mechanism by which energetic healing functions is "frequently explained on the basis of the transmission of some form of healing energy or energies" (Scofield & Hodges, 1991, p. 321). Repeated experiments demonstrate "that healing per se works" (Benor, 1990b, p. 19), and provide evidence that energy is in fact being emitted from the hands of practitioners (Grad, 1989). Furthermore, research supports the claims of healers for action of healing at a distance. The distantly influenced systems include another person's electrodermal activity (a peripheral indicator of degree of sympathetic nervous system activation or arousal which reflects emotional and mental activity), another person's blood pressure, muscular activity, small mammal's locomotion activity, and the rate of haemolysis of human red blood cells (Braud, 1994). It is also noteworthy that healers can report with a high percent of accuracy subjective sensations experienced by the client (healee) when a distant healing is being given (Benor, 1990b).

Based on their review of research on the phenomenon of energetic healing, Fahrion and Pooley (1993) assert that “the common denominator of all healing methods is unconditional love, a love that respects the uniqueness of each individual client and empowers the client to take responsibility for his or her own well-being” (p. 20). Healers tend to view the person receiving the healing as an active participant in the healing process, and contend that all healing, physical and emotional, is spiritual healing and is ultimately the choice of the healee. Furthermore, healers often refer to themselves as midwives of healing, assisting the individual to deliver his or her own healing; but all healing, without exception, is considered by Reiki philosophy to be self-healing.

With respect to the act of healing, many researchers and healers relate that a special meditative state of mind appears to be required of the healer for the healing to occur, one in which the healer allows himself or herself to feel a “oneness” with the healee and the cosmic “All” (Benor, 1990b; Quinn, 1984; Slater, 1995). Rabbi Abraham Weissman, an energetic healer who participated in a study by Null (1981), describes his understanding of the phenomenon from the perspective of a practiced healer:

As I became adept at working with the energies I began to realize that, although I believe I am channeling from God, you might believe you are channeling from Buddha, the wind or the sun and it would still be the same energy source. I also found that you cannot impose a healing on anybody. People create their illnesses for their own reasons, and there is a lesson for them in it. Each person is as powerful as any other, thus each person must choose health over sickness. Only then will the healing take effect. (p. 22)

According to Krieger (1976), the records of all literate cultures refer to a common history of the practice called the “laying-on” of hands, a form of energetic healing that, like Reiki, is characterized by the touching of another person, coupled with a strong intent to help or heal that person (Krieger, 1976). As documented in the Dead Sea Scrolls

and in the New Testament, “Jesus was not the first to heal by the laying-on of hands” (Flusser, 1957, p. 108). In fact, before the days of antiseptics and sterile practice, many doctors believed that their healing powers lay in their hands and their ability to heal (Sherman, 1985, p. 18). “Because of its universality, [the propensity for energetic healing] may be considered a fundamental characteristic of human beings that is latent in some people and is actualized in others” (Krieger, 1979, p. 121).

Psychotherapy and the Relaxation Response

Various forms of energetic healings, such as Reiki and Therapeutic Touch, have been referred to as “healing meditations” because of their purported ability to reduce stress through the elicitation of the relaxation response (Krieger, 1976, 1979), the counterpart to integrated hypothalamic response associated with decreased sympathetic nervous system activity. Furthermore, Reiki is often used as a hands-on healing technique, and behavioral research has clearly demonstrated the power of human contact and touch (Montagu, 1971). According to Benson (1975), disease prevention is possible by increasing the relaxation response, or decreasing the elicitation of the emergency reaction, or “fight or flight response” (the normal physiological reaction to stress). Modern times often induce stress as a response to the multiplicity of demands on the average individual, and this stress is often the greatest inhibitor of a sense of inner peace. According to Blythe (1973) and Quinn (1984), research suggests that at least 80% of illness is both stress and psychosomatically related. Therefore, highlighting the potential importance of stress-reducing techniques is vital to national health care (Randolph, 1980). Benson (1975) asserts that “the elicitation of the relaxation response may be of