THE EXPERIENCE AND BENEFITS OF REIKI AS A COMPLEMENT TO GROUP THERAPY FOR MOTHERS HEALING FROM CHILD SEXUAL ABUSE

A Thesis

Submitted to the Faculty of Graduate Studies and Research

In Partial Fulfillment of the Requirements

For the Degree of Master of Social Work

University of Regina

by

Marilyn Joanne Magnuson

Regina, Saskatchewan

January, 2002

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ABSTRACT

This research study was designed to uncover the experience and benefits of Reiki, a holistic spiritual touch therapy, when used as a complement to traditional group therapy for Mothers healing from the impact of child sexual abuse (CSA). Traumatic memory from CSA gets lodged in cellular tissue producing symptoms of Complex Post Traumatic Stress Disorder (PTSD). Conventional treatments fall short the recognition and treatment of CSA. Recent research suggests that Reiki healing reduces symptoms of Complex PTSD. These therapies are generally not offered through public human service delivery systems such as healthcare.

This study researched two groups of survivors of CSA. The first group, referred to as the *Mothers' Group*, added Reiki healing and Reiki Level I training to group talk therapy. In the *Reiki Exchange Group*, graduates from a previous Mothers' Group continued to practice Reiki and acquired Level II Reiki training. Multiple in-depth interviews uncovered the symptoms and context of CSA, as well as the participants' perceptions of the experience and benefits of Reiki. A thematic analysis revealed that Reiki training and healing reduced symptoms of trauma, improved parent-child relationships, increased confidence and responsibility in self-healing, and increased spirituality. The reduction in anxiety was triangulated through the State-Trait Anxiety Inventory (STAI). Further benefits appeared in the formation of a collective healing environment that transformed individual responsibility for health into a mutual effort, with participants healing family, community members, and each other. The results

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indicate that Reiki, when combined with traditional approaches to healing, is cost-effective, empowering, and heals survivors from trauma more effectively than talk therapy alone.

Healing from CSA requires holistic and multidisciplinary care that involves both professional and community expertise. The healing hands of Reiki can be taught and used as a lay therapy in various community and professional settings for the prevention and treatment of chronic health conditions. The utilization of Reiki healing can result in increased responsibility and resilience in population health, and a cost-reduction to our health and social service systems.

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ACKNOWLEDGEMENTS

I wish to thank the University of Regina, University of Saskatchewan, and Saskatoon District Health Ethics Committees for allowing this research to take place across the fields of health and social work. I thank the University of Regina Faculty of Graduate Studies and Research for financial support in the form of a teaching assistantship and a scholarship. I am grateful for the contributions and support from my thesis committee, Dr. Ailsa M. Watkinson, Dr. Michael Epstein, and Dr. Dave Broad. Dr. Epstein's wealth of knowledge in the field of complementary care was invaluable. Thank you also to Liz Newton.

My utmost respect goes to the many women who gave their time and commitment to this project. Their belief in the efficacy of Reiki for survivors became a model for my own learning and healing. Joyce Tremmel is inspirational for her introduction of Reiki as an adjunct treatment modality in a mental health clinical setting. The hope is that our medical system will embrace and support 'best practices' from both Eastern and Western healing options. The generosity of Joyce Tremmel and Berni Heimbecker brought Reiki training and experience to women in poverty for self-healing. I thank Joyce for introducing me to Reiki treatment and encouraging this research project. I am grateful to Rita Novakowski and Berni Heimbecker for my Level I and II attunements.

Thank you to my sons, Colin, Kaare and Paul, for their patience, support, Appreciation and encouragement of me in my continuing education.

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"the truly wise individual is one who understands that there may be something important to be learned from any other human being" (Bohm & Peat, 1987)

1. INTRODUCTION

The public widely utilizes complementary care methods to combat chronic health problems caused by stressors such as the symptoms of *Complex PTSD* (Herman, 1994). Western medical practice recognizes that chronic health conditions are difficult to treat (Ornish, 1993, p. 104). It remains largely uninvolved in the field of complementary medicine (MacDermott, 2000). Conventional medicine is calling for proof of efficacy in complementary and alternative medicine (CAM).

Reiki is increasingly and experimentally used as a complementary treatment for healing from the effects of trauma. Recent Reiki research demonstrated a reduction in the symptoms of Complex Post Traumatic Stress Disorder (PTSD) (MacDermott, 2000), as well as a reduction in the general effects from post-war trauma (Kennedy, 2001). By researching Reiki healing we can determine its efficacy as a treatment option and increase its acceptance into our healthcare system.

The global epidemic of child sexual abuse (CSA) results in psychological and physiological trauma (Herman, 1997). Western *androcentric* and *allopathic* medicine prescribes pharmaceuticals, talk therapy and group support as mainstream treatment practices, methods that lack treatment success (Bolaria & Bolaria, 1994; Elliott, 1997; Innes, 1996; Newton, 1989). Trauma can remain lodged in body memory creating chronic physical, emotional, and spiritual conditions that Western medicine finds hard to treat (Pert, 1997; Herman, 1997). Survivors of CSA require access to treatment

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methods that are comprehensive, affordable, include the person in the treatment process, and serve in the protection from and the prevention of further abuse (Watkinson, 1994; Elliott, 1997).

The symptoms of Complex Posttraumatic Stress (PTSD) found in survivors of CSA and its resulting societal marginalization is poorly understood (Herman, 1997). Women constitute the majority of survivors of CSA (Brodie, 1996a) yet play a marginal role in health development (Horne, et al, 1999). Evidence-based treatments are required to combat the effects of CSA. Survivors know consciously or unconsciously about their trauma and its effects, and they know when healing occurs. Subjective knowing (Belenky, et al, 1997) from the voices of women is significant in determining treatment methods and treatment success for CSA. The feminist framework of Ecological Feminism challenges the fundamentals of materialism and consumerism that result in principles of domination (Kirk, 1997). It requires that men take responsibility for their sexuality, and that we create a definition of wealth that includes health, wisdom, skills, creativity, love, community support and a sense of belonging (1997).

Complementary care methods of healing such as Reiki are holistic in philosophy and outcome and require the study of persons as wholes (containing mind, body and spirit) (Botting & Cook, 2000, p. 42). Heron and Reason state, "persons are self-directing and can become intentionally self-healing [and] are the primary source of knowing, and thus the primary instrument of inquiry" (1984, p. 87). Western scientific methods fall short in recognizing and finding ways to study the mind/body/spirit connection in healing (1984, p. 225). CAM literature exhibits many competing explanations for energy healing, and its concepts are formative. Feminist research

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methods that underscore the subjective within social and political contexts are used in this study as a means to ameliorate differing scientific inquiries.

Increased public use of CAM has resulted in a high level of interest among doctors, along with their concerns regarding safety, competency and the lack of scientific evidence to support effectiveness of therapies (Botting & Cook, 2000). Their view is that such "therapies have a dubious background [and there is] little scientific research that meets the double blind randomized control trial approach" (Wright & Adams, 1999, p. 97). In turn, the Prairie Women's Health Centre of Excellence (PWHCE) and CAM researchers have been critical of Western medicine for utilizing current healthcare treatments that are untested, thereby demonstrating attitudinal inconsistency (Archer, 1999, p. 109; Horne, et al, 1999). Archer notes that both CAM researchers and contemporary healthcare may be forced to develop a new paradigm of inquiry, a paradigm that brings together subjective data, individual uniqueness, social and personal dimensions, and life situations, with contemporary, reductionist use of biological means to explain treatment efficacy (1999, p. 109). She explains that, "holistic therapies challenge the biomedical model," (1999, p. 109). Brody (2000) claims that both paradigms recognize the positive role of placebo response. Placebo is integral to Reiki healing. The use of a feminist qualitative exploratory approach to the study of Reiki can uncover its benefits and effects, and may assist in identifying health needs specific to survivors of CSA in the context of our present social climate.

There is little Reiki research. Therapeutic Touch (TT), a spiritual touch therapy treatment used by nurses, has a large research base and can provide the background for Reiki research (Bonadonna, 2001).

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It was important for me to discover the mechanistics of Reiki healing as a part of this research process. However the literature review and the comparison of research findings revealed that much of the mechanistics are scientifically unproven. Critics have discouraged CAM from using theories found in modern physics and Eastern philosophy to explain the mechanics of energy healing (Dossey, 1999a, p. 105). Dossey (2002) is opposed to the use of the term *energetic healing* as well as CAM's use of the language of metaphysics and quantum physics to describe such therapies. But we do not have another word for *energy*. Dossey suggests we use the term *nonlocal healing* for two reasons:

1) The term *nonlocal* is accepted by the scientific community and is identified as a phenomena resulting from an "interaction of our awareness with a nonlocal hyper-dimensional space-time in which we live" (2002, p. 13).

2) Dossey notes that we can scientifically examine psychophysical states of the Reiki practitioner, as well as the resulting physiological changes through the use of "energy-related framework of conventional science such as biology, chemistry, classical physics, anatomy and physiology" (2002, p. 15). We can also examine the recipient of healing in terms of physical sensations and physiological changes. His concern is that we do not know what happens in the nonlocal gap between the healer and the healee – "the domain of mystery where we cannot apply classical, causal, local, energy-based explanations to this in-between phase of spiritual healing" (2002, p. 15).

Dossey states that we claim more than we can demonstrate by "playing fast and loose with indefensible explanations of how these events take place, alienating open-minded physicians and scientists [and] prolonging the time when spiritual healing is available"

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(2002, p. 108). Eco-feminists draw upon the women's peace and spirituality movements, linking this feminist framework with Dossey's notion of spirituality in health.

The lesson is to respect what we do not know, and to accept the mysterious component in energy healing while recognizing that such healing can alleviate disease in many people. It is important not to try and use the effectiveness evidence from research to justify theory, and it is important to tolerate the lack of theory – to tolerate the mystery (M. Epstein, personal communication May 17, 2002). In summary, the only thing we can test at this stage is the effectiveness of Reiki; we cannot test most of the theories.

1.1 Purpose of this research study

This purpose of this study was to uncover the potential *experience* and *benefits* of Reiki as a complement to group therapy for Mothers healing from child sexual abuse. The research participants (n=10) were survivors of CSA and/or had children who were sexually abused, and/or had children who became sexual offenders. Reiki healing and training was provided to these mothers to further their recovery. The idea of adding Reiki as a healing component to group talk therapy was pioneered by Joyce Tremmel, family therapist at Saskatoon Mental Health Services, in 1997. Evaluative conclusions from this pilot project were: more rapid and effective healing on emotional, physical and spiritual planes; increased parent-child interaction and bonding, empowerment of participants on a personal and community level; and the formation of a community of women healers with benefits to family and friends (J. Tremmel, personal

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communication, June 6, 2000). Such positive results invited further investigation. Ms. Tremmel and I collaborated to set up a research project to formally examine the experience and benefits of adding Reiki to her existing talk therapy group, called the Mothers' Group. In addition, this family therapist joined with a Reiki Master to set up a second group, called the Reiki Exchange Group for graduates of her previous Mothers' Group, where they would receive further Reiki healing and training.

There are very few studies regarding the use of Reiki healing, and Saskatchewan appears to be taking a lead in Reiki research. Research on survivors done at Tamara's House in Saskatoon demonstrated a reduction in some of the symptoms of Complex PTSD that are found in survivors of CSA (MacDermott, 2000). Mansour et al (1999) are presently conducting a large Reiki project at Royal University Hospital, Saskatoon, for women receiving treatment for breast cancer. Mont St. Joseph, a Prince Albert nursing home, is currently researching the effects of using Reiki as a touch therapy in their Dementia Care Unit (Novakowski, 2002). Abroad, Kennedy's qualitative study on survivors of torture in Sarajevo suggested a more thorough and rapid healing from the symptoms of PTSD (2001). Engelbretson and Wardell (2002) recently studied the experience of Reiki sessions and concluded that Reiki healing is individualized and paradoxical in nature of experience and outcome, and that these subtle fluctuations and variations found in the subjects may "defy scientific measurement due to our limited understanding of the body's complex system of self-regulation" (2002, p. 52). This research project will build on preceding studies in order to determine the usefulness of Reiki as a complementary therapy for survivors healing from the trauma of child sexual abuse.

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2. LITERATURE REVIEW

2.1 Introduction

Child sexual abuse (CSA) is a global problem arising from the oppression of women and children and results in chronic health problems (Herman, 1997). The literature will review CSA in terms of:

1) Its resulting physical and emotional symptoms (Herman, 1997)

2) The inadequate detection and treatment of CSA (Innes, 1996)

3) The resulting medicalization of women (Bolaria & Bolaria, 1994)

4) The need for women's involvement in health development as well as evidence-based treatments (Horne et al, 1999)

5) The need for more holistic treatment modalities such as Reiki (MacDermott, 2000)

The rising use of complementary therapies for chronic health conditions reflects the public demand for holistic (mind/body/spirit) medicine (Harris, 1999, p. 185). Such therapies remain controversial in conventional healthcare and require research to determine their mechanistics and efficacy.

My search for the mechanistics of energy/vibrational healing involved the areas of modern physics, contemporary medical advances, Esoteric philosophy and practices, the field of complementary and alternative medicine (CAM), the area of spirituality in contemporary healing, and Psychology. I hoped to find explanations for Reiki healing but the literature review uncovered both proven and unproven theories of the mechanistics of energetic/vibrational healing. CAM practitioners and natural healers use information from modern physics and Eastern Esoteric literature to explain the

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mechanics of energetic healing, but there are many unproven links (Dossey, 1999a, p. 102). The literature will examine mind-body medicine in terms of:

1) Current scientific research in energy healing (Gerber, 2001, Reid, 1998)

2) The ancient chakra energy system of the body as linked to energy healing (Judith, 2001)

3) The role of awareness, intention, and consciousness in energy healing (Rand, 1998; Reid, 1998)

4) Quantum physics in relation to healing energies (Bohm & Peat, 1987)

5) The spiritual nature of healing (Dossey, 1999b; Grof, 2000).

6) Reiki history, training and practice (Rand, 1998)

Eastern and Western sciences differ in their paradigms. Western scientific experiments require control for placebo effect; Eastern sciences include the placebo effect (Peat, 1994, p. 251). Western science finds it difficult to study the *intelligence* in mind-body medicine as there is no object to study (Chopra, 1989), and Eastern traditions accept that women and men are created from spiritual and energetic intelligence, and are directed by these same forces (Peat, 1994, p. 250). Some researchers are calling for new scientific paradigms to ameliorate such differences (Archer, 1999; Heron & Reason, 1984). Feminist research methods may join these paradigms due to its emphasis on the subjective. Kabat-Zinn tells us to "take what's most valuable from all the various consciousness traditions, integrate them into Western behavioural science and mainstream medicine, and study them as best we can in terms of the most sophisticated and stringent scientific methodologies" (1993, p. 143).

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Literature suggests that Reiki has the ability to heal the body from symptoms of emotional and physical trauma; Reiki involves the client in his/her own healing and self-soothing abilities, it gives rise to increased self-esteem as well as decreased dependency on the conventional medical system; it increases parent-child bonding, and it increases a sense of spirituality and hope for the future. Reiki training may be used to empower individuals, potentially building a community of lay healers as they treat their families and friends (Epstein, 2000). As a result, healthcare can be a mutual, collaborative effort, with people helping each other to heal (Hunt, 1996, p. 107). To study Reiki requires an appreciation of both allopathic and holistic paradigms of healing.

2.2 Overview of child sexual abuse

2.2.1. Definition.

The National Centre on Child Abuse and Neglect adopted the following definition of sexual abuse:

> contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another child (James & Nasjleti, 1983, p. xii)

Schachter defines sexual abuse as "an unwanted sexual experience involving physical contact between an adolescent or child, and a person who is at least 5 years older" (Schachter, et al, 1999, p. 24).

The central factor in CSA is the use of power differential (Herman, 1997). Sexual abuse in our society is tolerated as women are socialized to believe in the power

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and authority of the father, and in the submission to males in authority (Bolaria & Bolaria, 1994, p. 67). In conclusion, CSA is a symptom of the powerlessness of women amidst patriarchy, androcentric treatment settings, and our capitalist social system (Newton, 1989). CSA requires a Gender and Development Assessment (GAD) approach to health to ensure the inclusion of social and economic relationships in health development (Horne, et al, 1999; Geller and MacNeill, 1996).

2.2.2. Occurrence.

Sexual abuse occurs intergenerationally and creates treatment needs for victims, families and communities (Herman, 1997). Belenky et al states that sexual trauma is "far more serious a problem than is acknowledged by the medical and psychiatric establishment and the public at large" (1997, p. 59). On the other hand, governments and citizens from local to global levels are increasingly aware and concerned about the extent of violence and sexual abuse perpetrated against women and children. The World Conference on Women in Beijing identified violence against women as a global epidemic (Beijing Declaration and Platform for Action, 1995). Badgely's 1984 study of child sexual abuse (as cited in Newton, 1989) reported that 25% of all Canadian women were sexually abused in childhood. Schachter et al states that, "in Canada and the United States, 20% - 30% of females and 10% to 15% of males are sexually abused prior to the age of 18 years" (1999, p. 248). Forty-six percent of Saskatchewan women have experienced at least one incident of physical or sexual violence since the age of 16, and eighty-five percent of sexual assault victims were women and girls (Health Canada, 2000). Elliott (1997) concludes that women are at greatest risk for sexual abuse in the

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family home. Herman is concerned that women's silence regarding sexual abuse furthers women's oppression, and creates a hidden reality (1997).

2.2.3 Symptoms.

Sexual abuse has political, biological, psychological, and social interconnections of trauma, creating 'psychological trauma with physiological effects' (Herman, 1997). Repeated, severe, or prolonged childhood trauma alters states of consciousness, creating a wide array of symptoms that Herman classified into Complex Post Traumatic Stress Disorder (PTSD) (1997, p. 86). These symptoms are: self-injury, transient dissociative episodes, sense of complete difference from others, isolation and withdrawal, and a sense of hopelessness and despair (1997, p.156). Traumatized women cycle through re-experiencing the trauma, followed by avoidance or repression of the traumatic memories and a numbing of emotions (Matsakis, 1996, p.15). Schachter et al reports that lower back pain, chronic pelvic pain, gastrointestinal disorders, chronic headaches and general medical problems have been repeatedly demonstrated as resulting from traumatic childhood experiences (1999, p. 249). Herman claims the "mental health system is filled with survivors of prolonged, repeated childhood trauma…displaying significantly more insomnia, sexual dysfunction, dissociation, anger, suicidality, self-mutilation, drug addiction, and alcoholism than other patients" (1997, p. 123). A 1998 study estimated the economic burden of mental health problems to be one of the costliest conditions in Canada, with depression ranking as the foremost problem (Stephens & Joubert, 2001, p. 1).

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2.2.4. Treatment.

Treatment issues for survivors of CSA are complex. The symptoms of CSA demand physiological and psychological attention. In our patriarchal and capitalistic society, contemporary allopathic and androgenic health professionals respond to CSA by:

1) Medicalizing women through the unprecedented use of psychotropic drugs (Harding, 1991, p. 160; Herman, 1997, p. 116). Antidepressants are prescribed for women twice as often as for men (Harding, 1991, p. 162).

2) Providing counselling services that produce power differentials between therapist and client (Dickinson, 1994, p. 191). The Canadian Mental Health Association identified women as the majority of users of mental health services (cited in Bolaria & Bolaria, 1994). Women are subordinated in patriarchal medical institutions where therapists remain in authority, furthering women's oppression (Muszynski, 1994).

3) The admission of women to psychiatric institutions at a higher rate than men is a form of medicalized social control and maintains capitalist class relations (Dickinson, 1994, p. 187). In Saskatchewan there is a higher female involvement in psychiatry, and institutional psychiatry furthers abuse for survivors (1994, p. 187). These treatments ignore the major equity issues of context, capacity and power that are found in CSA (Mitchinson, 1993, p. 392). Dickinson states that, "despite emancipator intentions, the actual practice of psychiatry has non-emancipator social control effects" (1994, p. 199).

The majority of women are financially limited in treatment choices since physician referral is required for services to be insured under Medicare (Mitchinson, 1993, p. 392). These economic constraints reduce access to complementary care

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methods, and the lack of involvement of women and the marginalized in health development is a barrier in adding such services to our insured healthcare benefits (Elliott, 1997).

Healthcare is a right and is dependent on the voices of women in developing treatments methods appropriate to women's needs, treatments that are evidence-based and affordable (Horne et al, 1999). Our Canadian Charter of Rights and Freedoms (1982) and the Canada Health Act (1984) determine that women have a right to health, and the right to *substantive equality*, ensuring that men and women are equal recipients of the benefits and burdens of society (Sheehy, 1999, p 63). Women are the majority of users of the healthcare system, yet they are further marginalized with the erosion of Medicare as a result of the Canada Health and Social Transfer (Kent, 1997, p. 5). The erosion of political space due to Globalization has convinced Rebick that the only method to create policy changes in government that reflect the needs of women is through grassroots organizing (2000, p. 119).

Victims often seek treatment for various symptoms of sexual trauma without conscious recognition of the abuse, or without reporting the abuse (Herman, 1997, p. 84). A variety of reasons may account for this problem:

1) Survivors may remain silent due to the influence by doctors and police, as they are most often the first contact after assault (Watkinson, 1994).

2) Survivors may be passive and not express their feelings to professionals in situations they perceive to be out of their control (Schachter et al, 1999, p. 254).

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3) Pert states that the mainstream medical model is least effective in dealing with "the bruised and broken emotions that most people stagger under without every saying a word" (1999, p. 265).

4) Victims may remain silent for fear of being blamed for either provoking the abuse or for accepting it, as if it was their choice (Herman, 1997, p. 116).

Without disclosure there is inadequate or no treatment for survivors. Victims are often misdiagnosed and mistreated when sexual abuse is reported. Geller notes that there is psychiatric refusal to "acknowledge multiplicity as a condition that some survivors of sexual abuse are living with [and] the accompanying lack of acknowledgement of the skills of other professionals" (1996, p. 46). Professionals often conceptualize symptoms of CSA as psychosomatic disorders, flaws in the woman's character, resulting in inappropriate assessment and treatment (Herman, 1997, p. 116).

Our inadequate knowledge in the field of Psychology can result in misdiagnosis and lack of understanding of CSA (Harding, 1994). Without proper disclosure and acceptance the following responses to trauma may occur:

> if what some of us experience is not taken seriously, is misnamed or remains unnamed, and is not given a place in a vision of reality, three things can happen: (a) we stop having that experience and thereby lose some of life; (b) we become estranged from our own experience and live inauthentically; and (c) we contort ourselves in an effort to make our experiences conform to what counts as a "real experience" in the prevailing system (Ochs, 1983, p. 25).

Psychological trauma can overwhelm ordinary coping skills, disconnecting trauma from its source, allowing trauma to take on a life of its own, and creating intense symptomatology that traditional approaches find hard to treat (Herman, 1997, p. 111). Allopathic medicine identifies trauma from CSA as underlying psychopathology rather

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than a response to an abusive situation (1997, p. 116), keeping sexual crimes invisible in women's lives (Elliott, 1997, p. 35).

Survivors are institutionalized at a high rate. The percentage of psychiatric inpatients reporting histories of physical or sexual abuse or both in childhood is 50-60%, and those of psychiatric inpatients reporting CSA is 40-60% (Herman, 1997, p. 116). The co-morbid diagnosis associated with PTSD can result in chronic mental illness that is "superficially indistinguishable from other chronic patients" (Friedman, 2000, p. 8). There is an unprecedented use of pharmaceuticals to treat depression and anxiety in survivors (Harding, 1994, p. 160; Herman, 1997, p. 116).

Feminists believe that the form and content of social structures need to be taken into account when working with psychosomatic problems, and assume/assert that "the essential problem is external to the individual" (Harding, 1994, p. 189). "It is not that the woman is crazy but rather her responses are rational and understandable reactions to the madness-making experiences and conditions of women's lives at the margins of society" (Dickinson, 1994, p. 190). Felten laments that "medicine is becoming more high-tech at a time when people are crying out for caring, someone to listen, and someone who will sit down and hear how their condition affects them in their social environment and with their family and friends" (1993, p. 218).

Women are increasingly aware of the androcentric bias in medicine, of the lack of knowledge regarding psychological problems, and of the lack of suitable women-directed treatments. There are high dropout rates in counselling as women experience professional dominance (Newton, 1989; Matsakis, 1996). Women require therapists

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who decrease power differentials, listen respectfully, and do not minimize the extent to which they have been wounded (Dickinson, 1994, p. 191).

The feminist movement in mental health has responded to these problems by promoting an egalitarian relationship between therapist and client, and a cooperative and human community-healing program (Dickinson, 1994, p. 195). Feminist researchers oppose the social control of women through medicalization and promote women-directed, evidence-based forms of treatment (Horner et al, 1999). It is increasingly apparent to social scientists that "people are and always will be the experts in themselves, their situation, their relationship, and what they want and need" (Barter, 1999, p. 13). Women want a gentler, participatory, and more caring approach to healthcare (Coward, 1989, p. 153), an approach found among the complementary care methods of healing such as Reiki (MacDermott, 2000; Harris, 1999, p. 186). Women healers are involved in a more human, empirical approach to healing (Coward, 1989, p. 153) and they allow survivors a share in the control of the treatment (Schachter et al, 1999, p. 254). There is a further need for groups or collectives where sharing, openness and respect occur towards learning and teaching ways that are inspired, rigorous, humane, and healing (Dickinson, 1994, p. 194).

Feminist research projects and methodologies are required to give voice to women and their experiences within the mental health services system, and to enhance women's power and responsibility in health development (Dickinson, 1994, p. 198). An Ecological Feminist framework postulates that women have a unique relationship to nature grounded in their intuitive ethic of caring and preserving. In its early inception Eco-Feminism reclaimed a spiritual relationship with the earth, connecting the life

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support system of nature with women's innate life support systems and nurturing beings (Baker, 2002).

2.2.5 Summary.

A review of child sexual abuse literature revealed a global epidemic created through globalization, patriarchy and capitalism (Herman, 1997; Beijing Declaration and Platform for Action, 1995). Our professionally dominated androcentric and allopathic healthcare institutions and treatment methods further women's oppression (Mitchinson, 1993; Muszynski, 1994). CSA produces symptoms categorized as Complex PTSD (Herman, 1997) that are poorly understood and often lead to chronic health conditions, burdening our healthcare system and impacting families and communities (Dickinson, 1994). Feminists recognize that the central factors in CSA are context, capacity and power (Mitchinson, 1993). They work towards egalitarian treatment models where survivors are respected and are given a central position in their own treatment, a substantive right to health, involvement in health development, and evidence-based treatment methods (Horne, et. al, 1999). Social workers can assist in promoting best practice methods and advocate for program changes that meet the needs of survivors.

2.3 Reiki healing

Reiki, a Japanese word that means "universal life energy," is an ancient Tibetan healing system that uses light hand placements to channel healing energies (ki) to the recipient (Harris, 1999, p. 295). Gerber claims that 'laying-on-of-hands healing' is the

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oldest form of vibrational therapy used today (2000, p. 369). The purpose of Reiki treatment is to heal emotional, physical and spiritual levels by connecting humans in a more direct way to the universal energy source called *ki* (Harris, 1999, p. 295). We have scientifically measured the energy field around the body that is referred to as *ki*.

Reiki is classified as a form of *energetic/vibrational healing*, one of the seven typologies of complementary care recognized by Saskatoon District Health (Epstein, 2000). Reiki uses conscious intention and visualization to rebalance energies for healing of body, mind, and spirit. "All the different hands-on-healing approaches share the commonality that the healing practitioner actively facilitates some kind of energy flow between the universe, the healer, and the patient in order to rebalance and recharge each patient's physical and spiritual energy system" (Gerber, 2000, p. 396).

Reiki is growing locally and internationally in terms of its organization, training, recognition, and treatment. "It is distinctive among alternative therapies in its emphasis on self-healing, its five spiritual principles, and its accreditation of healers through a system of initiation" (Frey, 1999, p. 2462). The teachings of Reiki are passed on through oral teachings and attunements from a Reiki Master. Survivors of CSA can benefit from Reiki's ability to self-heal, to reduce pain and anxiety, and to increase sense of well-being.

2.3.1. History of Reiki.

Gerber claims that Reiki descends from the mystical teachings of ancient Tibetan Buddhism (Gerber, 2000, p. 390), however Stein traced the roots of Reiki as coming from pre-patriarchal India, from the goddess Shiva. Shiva is said to have

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incorporated Reiki into "the genetic coding as a birthright of all people" (Stein, 1997, p. 8). A modern day comparison of this theory may come from Jung who believed that we all possess universal knowledge that he called the collective consciousness. CAM practitioners theorize that intelligence is unfolding and enfolding throughout history via universal cosmic energy. Reiki practitioners believe that Reiki is a 'gift' to be accessed by anyone.

Our modern discovery of Reiki as a healing technique has been attributed to Dr. Mikao Usui of Japan. In the mid-1800's Dr. Usui undertook a lengthy search for the ancient methods by which Jesus and Buddha provided hands-on healing. "Usui was told by Buddhist monks that the ancient spiritual healing methods had been lost, and that the only way to approach them was by entering the Buddhist teachings, the Path to Enlightenment" (Stein, 1997, p. 9). Buddha (Gautama Siddhartha) was born in 620 BCE and through enlightenment discovered that "attachment to worldly things and even to people, with the greed and negativity that such attachments inevitable cause, are the source of human suffering" (1997, p. 9). Actions based upon these attachments produce karma, both positive and negative that holds the person's spirit to the Earthplane. Karma causes people to be reborn again and again, for the purpose of resolving the situations. Reiki adheres to Buddhist teaching, employing the principles of "compassion for all living things, nonagression towards people and animals and no killing of people or animals, and loving nonattachment while helping others (1997, p. 9).

Buddhists believe healing must first be spiritual and include the mind, emotions, and the body. Buddhists see the world as "illusion, a creation of Mind

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derived from the Void" (Stein, 1997, p. 10). Reiki arose from the Buddhist Tantra teachings that include the development of psychic abilities and healing skills, and utilizes the chakra system and meridians found in acupuncture (1997, p. 10).

Stein reported that the Christian church suppressed much of the scholarly information regarding Jesus life in Indian, and his access to Buddhist training (1997, p. 12). "By the Fifth Century, the crucial concepts of rebirth and karma were dropped from Church canon, and Jesus' healing method – which could have helped so many – was also lost to the developing West" (1997, p. 12). The healing remained active only with the Buddhist monks who used it but did not publicize its existence and passed the information orally. Reiki adheres to Buddhist teachings by honouring all living things, including the earth. It is taught that Reiki must be given with love, caring, and compassion. Evidence of this philosophy is found in the Reiki prayer that is repeated daily: 1) don't get angry today, 2) don't worry today, 3) be grateful today, 4) work hard today, and 5) be kind to others today (Rand, 1998, p. 20).

Dr. Usui read the Zen Buddhist Sanskrit texts that described Reiki healing. These texts did not reveal information on how to activate the energy and make it work as this was transferred orally. He fast and prayed on Mt. Koriyama in Japan for three weeks and he experienced a vision of the Reiki symbols and was given the information about each of them to activate the healing energy (Stein, 1997, p. 12). Dr. Usui named the healing energy *Reiki*, which means universal life force energy, and practiced it in the slums of Kyoto. Dr. Usui attuned sixteen or eighteen Reiki Masters before his death in 1930. One of these Masters taught Reiki to a Hawaiian, Mrs. Hawayo Takata in 1936 after she came to Japan for healing. The events of World War II made Reiki go

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underground in Japan due to changes in government, however Mrs. Takata took it to Hawaii where she developed healing clinics and trained other Reiki Masters, and in this fashion it spread throughout North America. Reiki was traditionally taught in an oral fashion and the Reiki symbols have only been made public through recent literature (Stein, 1997).

2.3.2 Reiki healing and its treatment for symptoms of CSA.

Reiki can be used for self-healing or to assist others. Survivors of CSA can use Reiki to reduce the physical and emotional symptoms resulting from Complex Post Traumatic Stress (MacDermott, 2000). Reiki healing occurs when a trained practitioner acts as a channel for *ki* that is taken into the healer's body from the surrounding environment and then directed to herself or to a recipient. The practitioner uses twelve hand positions placed lightly on the clothed body for approximately three to five minutes per position, and "becomes a conduit for the Reiki energy to flow" (Epstein, 2000, p. 121) (Appendix P). Reid describes the hand chakra where healing energy flows:

> the palm of the hand is used to guide energy, and to sweep energy from one part of the body to another. The hand chakra is located in the centre of the upper surface of the palms, exactly one inch down from the slot between the third and forth fingers. This point is one of the most powerful transmitters of energy in the body, and it is the point that master chi-gung healers usually use to emit healing energy into the bodies of ailing patients. Scientific equipment can detect and measure the energy that streams from this point, indicating the presence of infrared waves, alpha waves, and energies very similar in nature to laser beams. In Master healers, the magnitude of these energy emissions is over one hundred times stronger than in ordinary people (1998, p. 138).

Reiki hands transmit and rebalance energy fields for the recipient, releasing energy blocks to promote healing at the cellular level (Reid, 19998). During Reiki

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healing the client is covered with a blanket. When energy moves through channels, especially along the surface of the body, the client may suddenly feel a chill shivering up and down the spine, or raising goose flesh on the arms of legs. "This is a physiological reaction to energy surging through channels that have long been blocked, and it usually disappears after the nerve in those parts of the body become accustomed to the new stimulation" (1998, p. 266). Reid notes that, "when the client rises from a session she may experience dizziness due to the loosening or elimination of toxic particles, particularly heavy metals, that tend to accumulate around nerve tissues, which are most densely concentrated in the head and neck" (1998, p. 269). *Ki* drives toxic elements and stagnant energy from the internal organs and sometimes these are expelled as burps, coughs and intestinal gas (a *healing crisis*). This is a normal sign of detoxification (1998, p. 269). Clients may fall into a *Reiki slumber* caused by the enhanced secretion of hormones and neurotransmitters (1998, p. 268). Recipients can experience sensations of heaviness or lightness as energy is assimilated, and may result in a feeling of floating. Reiki recipients may experience unusual reactions and sensations, and the degree of sensitivity to energy is individual (1998, p.270). Reiki may also be given in a group setting where participants take turns lying on a table for many hands to give healing.

Practitioners try to keep their mind clear of thought patterns during treatment, shutting off the "incessant chatter that spouts from the cerebral cortex" (Reid, 1998, p. 139). "This permits the more subtle, deeper faculties of prenatal or spirit, such as intent, intuition, and visualization which operate at lower frequencies and express themselves as images rather than word-thoughts, to rise to the force of the mind and

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manifest their powers" (1998, p. 139). These faculties can be used to modulate and guide energy (1998, p. 139).

During Reiki healing, the practitioner employs special Japanese symbols (drawn by hand motions through the air) that give greater power to hands-on healing as well as distance healing. These symbols are passed down orally during training and are memorized by the student. "An imprinting takes place that links the image the student has been shown to the metaphysical energies the symbol represents. Whenever the student thinks of the symbol, the energy that the symbol represents automatically begins to flow" (Rand, 1998, p. 117). Gerber postulates that Reiki symbols function by "activating and tapping in to certain healing thought forms and healing spiritual energies that have been built up on the higher planes through many years of Reiki healing" (Gerber, 2000, p. 390). These archetypal symbols include symbols for increasing power and emotion, and symbols for absent healing.

Practitioners and clients can use visualization to enhance healing. By visualizing energy as radiant light with the mind's eye, "intent may be invoked to guide it wherever the mind intents it to go" (Reid, 1998, p. 140). "Simply visualizing energy immediately amplifies its magnitude and [with intent] you can guide it to any organ or tissues you wish" (1998, p. 141).

Herman believes that healing from Complex PTSD needs to occur through altering states of consciousness where dissociated traumatic memories are more readily available (Herman, 1997, p. 186). The mind must become silent of thoughts, emotions, and fears in order to alter and transcend states of consciousness. Reiki alters states of

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consciousness through deep relaxation. The resulting calmness and well-being allows energies to rebalance and the body to heal itself. Reid explains that,

> when body, breath and mind enter a deep state of calm during practice, sudden movements of the head, limbs, torso or whole body may occur spontaneously without any volition by the practitioner. This indicates that deep-seated imbalances within the energy system are being corrected, and that stagnant energy is being driven out of the system through various channels and paths. Energy obstructions may suddenly erupt as energy pushes through and opens circulation (1998, p. 271).

Negative thoughts are transformed, and healing energy flows along energy pathways, dislodging areas of energy imbalance due to past injury. Healing occurs through one mode of consciousness (the mind) to spontaneously correct the mistakes in another mode of consciousness (the body) (Chopra, 1989). For survivors of sexual trauma this non-invasive, gentle, natural intervention decreases anxiety and depression, contributing to the treatment of trauma and stress illnesses (Quinn, 1983).

Survivors often engage in self-destructive behaviours to "regulate intolerable feeling states in the absence of more adaptive self-soothing strategies" (Herman, 1997, p. 166). Learning self- Reiki empowers women to reduce or eliminate such self-destructive habits. The very respectful, non-threatening Reiki healing reduces power imbalances and the feelings of lack of safety found in traditional healing approaches for traumatized women. Through self-healing there is an increase in self-esteem and confidence, and a reduced dependence on medical professionals (MacDermott, 2000).

Herman states that survivors of trauma need to reconstruct their trauma story in order to transform memory from shame and humiliation to that of dignity and virtue (1997, p. 184). "The hard part of this task is to come face-to-face with the horrors on the other side of the amnesiac barrier and to integrate these experiences into a fully

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developed life narrative" (1997, p. 184). But many disturbances may continue even after full reconstruction of the trauma narrative. Reiki has been found to diminish or eliminate these physiological changes suffered by chronically traumatized people such as sleep disturbances, eating and hormonal disturbances, and somatic and pain perception disturbances. MacDermott (2000) reported statistical and clinical significant improvements in the following areas: sleeping, eating, trust, guilt, body pain, headaches and posttraumatic responses. Kennedy (2001) used Reiki to reduce the symptoms of post-traumatic stress and vicarious traumatization in staff and patients in a Sarajevo hospital, producing positive changes. She advises the use of Reiki for traumatized patients.

Clients may have verbal, emotional, or physical responses as memories are released (Nield-Anderson & Ameling, 2000). "As deep-seated imbalances within the vital organs and their associated energies are being successfully rebalanced, there may be sudden outburst of laughter or weeping or spontaneous bouts of shouting. Grief may be expelled from the lungs by sudden outbursts of weeping" (Reid, 1998, p. 271). Clients may alternately experience sensations of warmth, tingling, and a glowing radiance as energy pathways are cleared (Gerber, 2001). Reiki practitioners trained in counselling may form a healing loop through therapeutic dialogue concerning the client's reactions, thereby speeding trauma recovery (Curtin & Prebluda, 2000, p. 3). The combination of counselling with Reiki allows the client to "experience and understand the multidimensional changes they are making in the therapeutic process [and synthesizes] some of what we have found to be the most helpful and exciting

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innovations in the fields of psychotherapy, spiritual integration, and energy healing" (Curtin & Prebluda, 2000, p. 3).

Kennedy discovered (2001) that Reiki is helpful in combating the vicarious traumatization that professionals experience when counselling trauma survivors. As counsellors provide Reiki to clients they simultaneously experience relaxation and healing, relieving emotional and physical symptoms of vicarious trauma.

It is claimed that by opening up energy channels, the body absorbs universal energy and the energy knows where to go and how to heal. "For many people, being touched with hands that channel unconditional love evokes memories beyond words, from times and places when we still knew everything was taken care of" (Verheijden, 1994, p. 84).

Reiki requires no medical equipment or highly trained personnel, it is easy to learn, and it can be done anywhere. "It is simply passed on from Master to student and then one has the ability to use Reiki energies" (Innes, 1996, p. 20). Gerber (2000) and Krieger (1992) believe healing is an innate human skill that can be learned by anyone. Reiki practitioners are not required to diagnose and the recipient does not have to define the problem in order for healing to occur. This construct makes Reiki ideal for those survivors who have repressed trauma memories, or do not want to speak about the trauma. The therapist does not direct Reiki, it cannot be misused, and it is directed by universal life force energy to 'go where it is needed' (Rand, 1998).

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2.3.3 Reiki training.

Usui Traditional Reiki is taught in three degrees with Reiki III as the Master/Teacher level (Rand, 2000). The first two degrees involve learning the "history of Reiki, the concepts involved, hand positions, and becoming initiated into Reiki through a series of visual symbols that are considered to be sacred, and thus not revealed in the literature" (Mansour, et al, 1999, p. 155). There are variations in levels of Reiki training, as well as teaching methods and the passing of attunements (Stein, 1997, p. 14). Each successive degree requires an attunement and represents an increasingly higher level of complexity, "balancing the students' personal energy fields and empowering them to transmit universal life energy to the client" (Mansour et al, 1999, p. 155).

Reiki teaches control over the healing process. Reiki students learn self-treatment procedures, an experiential component of training to cultivate healing abilities (Epstein, 2000, p. 119). Reiki is mutually empowering and healing for both practitioner and recipient. Epstein defines empowerment as a "multi-level construct that relates closely to both self-care and mutual aid….a process of outcome which involves people assuming control and mastery over their lives in the context of their social and political environment" (2000, p. 120).

Reiki attunements involve "transmissions of subtle energy to the Reiki students (from the Reiki master) that are supposed to open up their inner healing channels and to allow more universal life energy to flow through them" (Gerber, 2000, p. 390). This cleansing process "works through the physical, emotional, mental, and spiritual levels, often resulting in self-healing, detoxification, and the releasing of old energy blocks"

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(2000, p. 390). Reiki rapidly relieves pains and acute symptoms of illness, while having a positive influence on spiritual growth in both healer and healee (2000, p. 390). At the end of the session the practitioner clears the patient's auric field with sweeping motions of the hands.

Advanced Reiki practitioners appear to be capable of producing significant distant-healing effects, elements of bioenergy healing and spiritual healing that are used by natural healers. This form of healing is known as nonlocal healing, beyond space and time (Dossey, 1999a, p.102). Experiments have demonstrated that our minds can observe and even influence individuals, objects, and events widely separated from the observed by distance and time (Gerber, 2000, p. 371). Healing might be triggered by an act of consciousness distinct from the inner healing effects of the placebo effect or faith in a particular treatment (2000, p. 383). Whether healing occurs from the energy emission of healer's hands or from prayer, Gerber believes the effects occur because of a "subtle energy that remains elusive to most scientific investigators" (2000, p. 383). He theorizes that the healing from both prayer and laying-on-of hands healing might be produced by the divine energies of the Creator (2000, p. 390).

2.3.4 Research in Reiki healing.

The concept that the hands function as transmitters for healing energy has been increasingly accepted through research. "In a few decades scientists have gone from a conviction that there is no such thing as an energy field around the human body, to an absolute certainty that it exists" (Rand, 2000, p. 1). Rand believes that the biomagnetic fields around the human body that we have measured scientifically is "the same field

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that sensitive individuals have been describing for thousands of years, but that scientists have ignored because there was no objective way to measure it" (2000, p. 1).

There is a growing body of research that tends to validate some of the physiological changes and healing benefits claimed through vibrational healings such as Reiki. The earliest pioneering scientists to study the physiological effects of hands-on healing was Dr. Bernard Grad who used water that was treated with energy healing, resulting in healthier and faster plant growth (Appendix K). He "produced real, measurable effects in living systems above and beyond any possible psychological effects that might have been due to the power of belief" (Gerber, 2000, p.371).

Therapeutic Touch (TT), an offshoot of Reiki, has been the most widely researched form of energy healing due to its broad usage by the nursing profession. Dr. Dolores Krieger developed TT in the1970's after nine years of research on healing, based on the premise that the ability to heal is innate (Gerber, 2001, p. 377). Spence and Olson's meta-analysis of quantitative research on Therapeutic Touch concluded "there is evidence to support the practice of Therapeutic Touch for the reduction of pain or anxiety" (1997, p. 183).). Specific studies in TT demonstrate:

1) Reduction in pain and anxiety (Spence & Olson, 1997)

2) Reduction in anxiety (Quinn, 1983; Krieger, 1981

3) Increased relaxation (Krieger 1976)

4) Increased Haemoglobin levels (Wetzel, 1989; Heidt, 1981; Krieger, 1976)

5) Accelerated wound healing (Wirth, 1991, Grad, 1961)

6) Improved immune functioning (Quinn & Strelkauskas, 1993)

7) Decreased pain (Olson & Hanson, 1997)

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8) Decreased stress (Krammer, 1990)

Research results from Therapeutic Touch can be transferred to Reiki healing because they both rely on moving and rebalancing energy fields with the use of hands. In general, these studies on vibrational healing have demonstrated reduction in anxiety, tension, and confusion (Lafreniere, et al, 1999).

Recent research demonstrated paradoxical findings in the experience and outcome of Reiki healing, suggesting that previous measures to investigate touch therapies, including the linear model of relaxation, are not complex enough to capture the experience of the recipients (Engelbretson & Wardell, 2002, p. 50). "The subtle fluctuations may be a re-patterning of individual functions so that the body can self-correct, and warrants further exploration that could advance the understanding of the body's complex system of self-regulation" (2002, p. 52).

Research on the outcome of Reiki healing for PTSD is in its infancy (Kennedy, 2001). MacDermott's research on Reiki demonstrated relieved depressive symptoms, improved blood pressure, improved sleeping, alleviated sinus infection, improved asthmatic conditions, increased independence, decreased suicidal feelings, more energy, more self-esteem and more self care (2000). While working as a nurse/therapist in Sarajevo, Kennedy determined that the use of Reiki positively benefited victims of torture, and recommends Reiki as a treatment for other traumatized patients (2001).

Appendix K provides a summary of some of the research done with subtle energy, as well as theoretical observations. To find the mechanistics for hands-on healing we need to use both scientific instrumentation and clairvoyant observation to closely scrutinize what really happens during the healing process. "As we continue into

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the millennium, increasing interest along with more sensitive equipment will allow science to more completely understand, validate, and accept the reality of Reiki" (Rand, 2000, p. 4). The research that has been completed has identified the laying on of hands as a powerful phenomenon with healing effects not easily explained.

2.3.5 Benefits of adding Reiki as a complement to traditional group therapy.

Traditional group talk therapy is a mainstream treatment offered to survivors of child sexual abuse. It combats the helplessness and isolation that are core experiences for survivors, and provides empowerment and reconnection in recovery (Herman, 1997; Ornish, 1993). Engagement in a healing group assists in the development of commonality, self-acceptance, self-esteem and acceptance of others (Herman, 1997). Newton states that feminist principles of self-help, mutual support, shared power and a woman-centred perspective are most helpful in the treatment of sexual trauma (1989). A loving and caring women-centred community creates the context for healing (Elliott, 1997). While there has been a steady growth of democratic therapeutic communities (Manning, 1989), Herman states that group therapy used in isolation is poorly matched to chronic anxiety and fear (1997). Herman notes that survivors wish for methods that stimulate self-healing, empowerment, and holistic attitudes, as well as attitudes that resist blaming the victim (1997).

There are increased benefits to survivors by adding Reiki to talk therapy groups: 1) As traumatic memory blockages are released during Reiki healing, a healing loop can be formed through shared dialogue, increasing feelings of love, acceptance, and a non-

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judgemental attitude towards each other in group members (Curtin & Prebluda, 2000, p. 3).

2) In Reiki exchange groups Reiki is given by all group members to one participant at a time (Appendix Q). The Reiki session takes far less time and the recipient experiences a very strong burst of energy (Stein, 1997, p. 50). Group healing is fun and can create a social membership.

3) Group Reiki healing lends itself to community empowerment and the view of healing as a journey where the cultivation of health beliefs and healing knowledge is shared (Epstein 2000, p. 120).

4) The notion that Reiki must be given with love, caring, compassion and good intention fosters group interconnectedness and support.

5) By combining Reiki with group treatment it is possible to mushroom women into effective healthcare helpers for each other, their families and community. It becomes a whole process, promoting informal supports and a sense of community.

6) Reiki training taught to family members in a hospital setting can result in increased participation by family members in the care of the patient, offering a tangible method to actively express their care and concern (Brill & Kashurba, 2001, p. 4).

2.3.6 Summary of Reiki healing.

Reiki is an ancient system of healing based on the Eastern Tantra tradition (Judith, 2001). CAM identified Reiki as one of the energetic/vibrational methods of healing (Gerber, 2000), although Shannon (2001) classified it as a spiritual touch therapy. Saskatoon District Health classified Reiki as a form of complementary care (Epstein,

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2000). The resurgence of Reiki as a method of hands-on-healing occurred in Japan and its use is growing internationally. Reiki healing is passed orally by a Reiki Master through a process of attunement that connects the practitioner to archetypal symbols that in turn stimulate an energy flow (Rand, 2000). Universal energy flows through the practitioner's hands to rebalance energy fields in and around the recipient's body, releasing energy blockages and restoring health. Anyone can learn Reiki regardless of intellect or skill, it requires no equipment, and it purported to do no harm. These qualities are well suited to lay healing. Reiki can be used for self-treatment as well as treatment for others, reducing the need for formal medical interventions.

Survivors of CSA exhibit symptoms of Complex PTSD that often lead to the chronic health problems that allopathic medicine finds difficult to treat (Felton, 1993). Such conditions can be alleviated through Reiki treatments (MacDermott, 2000). Changes in consciousness during Reiki treatments dislodge areas of energy imbalance and produce sensations of peace and calm (Lubeck, et al, 2001). By learning Reiki, survivors can self-soothe, relieve anxiety and pain, reduce self-destructive habits and increase sense of well-being. Such abilities empower women to treat themselves and their children and families, and make Reiki an excellent adjunct to traditional methods of treatment for survivors of CSA. Reiki healing fulfils many of the goals in feminist therapy in that it is egalitarian, empowering, compassionate, and de-medicalizing, and provides a method for women to gain some responsibility for their own healing and that of their families. Reiki promotes love, compassion and acceptance.

Although Reiki research is in its infancy, evidence of its effectiveness for healing has been demonstrated (Kennedy, 2001, MacDermott, 2000). Much of the mechanistics

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of energy healing are not known (Dossey, 1999a). What can be studied are the psychophysiological effects produced in the practitioner and in the recipient during Reiki healing (Dossey, 2002). We do not know what happens at the nonlocal level between the healer and healee. By studying the efficacy of Reiki healing for survivors of CSA, and acknowledging Reiki as a lay healing technique, Reiki may prove to be an effective complement to Social Work interventions.

2.4 Western strides in mind/body medicine

Our orthodox Western scientific system of inquiry is based on the Cartesian split between mind and body, and on the Newtonian mechanical and bio-chemical models of the world and of the body (Heron & Reason, 1984, p. 87). This reductionist model focuses on body parts and how they impact each other rather than on the whole person, the self-determining person. It views disease as being caused by objective agents that can be treated with pharmaceuticals or technological interventions. This allopathic emphasis in medical research and healthcare has alienated the patient from her own body and from decisions about treatment (1984, p. 87). Yet statistics show that fifty to eighty percent of all human illness is attributed to psychosomatic, stress-related origins (Chopra, 1990; Quinn, 1983), and that mental health care in Canada is one of the costliest conditions (Stephens & Joubert, 2001). This recognition is slowly returning Westerners to the connection of mind/body/spirit in healing (Chopra, 1998, p. 18).

American consumers utilize CAM practitioners more than their primary care physicians (Harris, 1999, p. 185; Gordon, 2000, p. 26). Some medical doctors (Ornish,

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1993) and scientists (Peat, 1994) are warning consumers and medical professionals to be open to other systems of knowledge:

> the sociological lesson tells us that if a new phenomenon falls within the current scientific paradigm, then it becomes relatively easy for it to be considered objectively, but when it falls outside, or in some way offends the beliefs and values of influential scientists, it becomes very difficult for anyone to take it seriously (Peat, 1994, p. 246).

This literature section will present and critique various mechanistics and theories in an attempt to understand the dynamics involved in holistic (mind/body/spirit) healing:

1) Psychoneuroimmunology (PNI) defines *emotion* as the link between mind and body, and emotions carry information in the body through neuropeptides (Pert, 1999, p. 184)

2) Quantum physics studies *particles and energy fields* that create matter and contain *intelligence*, outlining *energy* as the template for human and cosmic existence, for disease and health, and for chaos and order (Baum & Peat, 1987)

3) Both recent and ancient philosophies and science identify *spirit* as permeating all things, and that spirit embodies concepts of consciousness, love, compassion and acceptance.

4) Spirit balances and harmonizes through *energy and intention* (Chopra, 1989).

2.4.1 Psychoneuroimmunology.

Psychologists, neurologists, and immunologists used a multi-disciplinary approach to study how the mind links to the body, and they called this new science Psychoneuroimmunology (PNI). Thoughts, memories and intelligence are contained in the body as well as the mind (Pert, 1999, p. 187). This occurs through the immune

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system which links to the mind and brain through various neuropeptides and hormones (Kemeny, 1993, p. 199). Emotions are created and stored through neuropeptide ligands that are released in the body and carry information that links all major body systems into one 'body-mind unit' (Pert, 1999, p. 189). "These neuropeptides and receptors, the biochemicals of emotions, translate information into physical reality, literally transforming mind into matter" (1999, p. 189). This new insight identified how emotions are registered and act in the body, but it left the question of the origin of emotion (1999). Pert wonders if emotion may in fact be an "extension of cosmic consciousness" (1999). Dossey warns not to go too far in making such statements (1999a, p. 17). His concern is that if we find an explanation for everything at the subatomic, neurological, or biochemical level, and never at the level of thought or behaviour, that we are let off the hook in terms of taking responsibility for thoughts and behaviours (1999a, p. 17).

The findings of PNI created new understandings regarding repressed traumatic emotions and traumatic memories that are "recorded and stored in tissue throughout the body via the immune system (Felton, 1993, p. 229). Pert explains that stress creates limited movement in the molecules of emotions and "the largely autonomic processes that are regulated by peptide flow, such as breathing, blood flow, immunity, digestion, and elimination, collapse down to a few simple feedback loops and upset the normal healing response" (1999, p. 191). Repressed emotions result in blockages and insufficient flow of peptide signals that further reduce cellular functioning and can create disease (1999, p. 193). Pert claims that these emotions can be stored indefinitely at the cellular level, causing massive disturbance of the psychosomatic network (1999,

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p. 192). "When a new or similar trauma is experienced, our reactions stem from the initial hurt, and may be outside of mental awareness or control" (Felton, 1993, p. 222), and become largely automatic reactions.

Various therapies purport to free up emotions that are lodged in the psychosomatic network (Pert, 1999, p. 147). There is scientific evidence to support the view that therapies using consciously controlled breathing patterns, such as Chi-Gung and meditation, are effective in healing (Reid, 1998, p. 97). These therapies use the peptide-respiratory links that are found throughout all body tissues (Kemeny, 1993, p. 199). Reid explains this physiological process (1998). Through deep relaxation, the parasympathetic nervous system is activated, stimulating the production of neurochemicals to boost immunity and vitality. These hormones continue production of calming parasympathetic neurotransmitters, "establishing a cycle of biofeedback that enables the body to heal itself naturally" (1998, p. 98). Reiki practitioners claim that deep relaxation releases negative emotion that was previously locked in body tissues in the same manner. By learning to control our mind, through activities such as Chi-Gung, meditation, or Reiki, the parasympathetic system is stimulated to rebalance the body's energies, and promote healing without assistance from drugs and doctors (1998, p. 97).

2.4.2 Quantum physics and healing.

Our fundamental assumptions in conventional medicine about health and illness were based on Newtonian or classical physics where "billiard balls of particles careen off each other at the subatomic level" (Dossey, 1999a, p. 12). Such theories have given way to modern physics where "the energy and matter in the body is in continual change,

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overlapping and interacting, and where everything is interconnected" (1999a, p. 103). In order to explain the mechanistics of energy/vibrational healing, CAM practitioners adopted the language, elements and theories found in modern physics, particularly quantum mechanics and relativity theory. Quantum physics studies particles at their smallest indivisible unit in which waves may be emitted or absorbed (Chopra, 1989, p. 18). CAM practitioners claim that this "interaction of energy and vibration with molecular structure and organismic balance produces healing," and which Gerber defines as Einsteinian medicine versus Newtonian medicine (2001, p. 65). Western doctors generally avoid the field of modern physics, whereas CAM practitioners embrace it to explain the mechanics of mind/body/spirit healing (Dossey, 1999a, p. 14). They claim that healing works at the subtle energetic level of the body (Gerber, 2001, p. 60). Dossey is concerned that CAM only take from modern physics those areas that are actually proven and are relevant to healing, and to not embellish half-truths (1999a, p. 103).

Quantum is defined as the smallest indivisible particle-like unit in which waves may be emitted or absorbed (Chopra, 1989, p. 18). By breaking the body down into molecules, then atoms, then subatomic particles, we see that these particles are separated by huge gaps, making every atom more than 99.999 percent empty space (1989, p. 96). This subatomic quantum world is divided into potentialities (wave functions) and particles (actualities), and the point where energy becomes matter is a vibrational point. CAM practitioners believe that healing occurs by raising the vibrational levels in the body through various energetic healing techniques, and that these bundles of vibrating energy move at lightening speed and "carry information from

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unseen intelligence that can be expressed as thoughts or molecules" (1998, p. 16). The following excerpt is an example of how CAM uses quantum physics to explain the mechanics involved in energy healing:

> experiments in Particle Physics demonstrate that electrons display the complementary behaviours of both waves and particles simultaneously. Two mutually exclusive properties of energy and matter coexist within a single electron. At the point of conversion from energy to matter, the photon (a quantum of electromagnetic energy or light) slows down to become a particle. In doing so it attains some of the properties attributable to solids (mass) and yet still retains some of its wave-like properties. This particle of frozen light is a miniature energy interference pattern or a microcosmic energy field occupying an infinitesimal space. The minute particles that fill the empty space in the atom is in fact frozen packets of light. When viewed from the microcosmic level, all matter is frozen light. The cellular matrix of the physical body can be seen as a complex energetic interference pattern interpenetrated by the organizing bioenergetic field of the *etheric body*. This understanding of matter as a specialized energy field is a revolution in thought (Gerber, 2001, p. 60).

It has been difficult for scientists to study this point where energy becomes matter and vice-versa because the particles immediately transmutate. Dossey explains that these particles are not hard bits of matter but "evanescent phenomena that cannot be pinned down to specific points in space and time [and] show only tendencies to exist more at one point than another" (Dossey, 1999a, p. 102). It is this concept of particles moving back and forth in time, where things that happened in the past can be altered by energy events in the future, that CAM has adopted to explain the mechanics of *nonlocal healing* (Chopra, 1998, p. 30). But Levin believes that there are limits to what we can understand through naturalistic science, as it may be that the mind is not inside the body, and the best way to tap into universal truth is likely through meditation and intuition (1999, p. 81).

The idea of nonlocal healing has been difficult to conceptualize. It applies to the space between the healer and the healee where healing takes place (Dossy, 2002).

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Examples of nonlocal or distant healing are intercessory prayer, non-directed prayer, energy healing, and Shamanic healing (Targ, 1999, p. 30). Reiki practitioners believe that through distance healing we can return to a previous trauma to change the emotional and physical outcome, skills that cross time and space as we perceive them (Gerber, 2001, p. 60). We have experimentally confirmed that nonlocal events show "when particles that have been in contact are separated, when one is changed the other changes also – instantly and to the same degree, no matter how far apart they may be" (Dossey, 1999a, p. 103). But he warns CAM not to assume that subatomic nonlocality is related to human nonlocality, as it is unproven and would be going too far (1999a, p. 103). Equally important is the scientific responsibility to search for nonlocal events at the human level, as "some day we may hear physicians proclaiming that nonlocality is the greatest discovery in the history of medicine" (1999a, p. 104).

Chopra uses theories found in quantum physics to label the body, mind and spiritual transformations resulting from vibrational healing as *quantum healing*. He views such transformations as "movement directed to the source of the body's existence in time and space, where reality is discarded" (1989, p. 96). Dossey (1999a) objects to CAM practitioners using the language of physics to describe healing in an attempt to increase credibility (p. 102). What we do know from modern physics is that "the void is charged with invisible potentials just waiting to happen…matter cannot come to nothing; it can only be transmuted into energy, and vice versa" (1999a, p. 106).

Quantum physics is also used by CAM to explain how the body is organized by universal intelligence, however the notion of intelligence as carried in energy systems is controversial in science. Chopra criticizes mainstream science for its reluctance to use

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the term *intelligence* (1993, p. 115). Peat and Bohm theorize that just as the universe has an implicate order (the whole is enfolded within each part) and an explicate order (what is immediately perceived by our senses), so does our own internal human process (Peat, 1994, p. 7; Bohm & Peat, 1987). Whether intelligence in the human body originates in the energy in the universe or through some other means, we do have scientific evidence that it occurs. DNA, as well as every cell, knows how to repair itself and expresses self-organizing properties (Chopra, 1998, p. 115). Evidence of the expression of information and intelligence in the human body can be found in the studies of:

1) Metabolic energy extracted from the foods we eat

2) The electrical energy carried through our nervous system

3) The tiny integrated circuits of electricity between cells (bioelectronics)

4) The light communication systems where the cells of our body emit extremely weak burst of ultraviolet light (Gerber, 2000, p. 13-15)

2.4.3 Summary.

Positivistic inquiry forms the basis of our Western androcentric medical paradigm and has resulted in an allopathic healthcare system based on reductionism, where the mind is viewed as separate from the body (Heron & Reason, 1984). Recent scientific evidence shows that the immune system links the mind to the body, and traumatic memories are stored in body tissues and create disease processes (Pert, 1997). CAM therapies such as Reiki produce a relaxation phase to activate the parasympathetic nervous system that in turn increases immunity and vitality (1997). Energy rebalancing

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and relaxation release negative emotions previously locked in body tissues (Chopra, 1989).

CAM practitioners use the language and theories found in Quantum physics and Eastern Esoteric philosophies to explain the mechanistics of healing at the subtle energetic levels of the body. While there is scientific evidence of the body's ability to heal itself, the notion of universal intelligence found in energy systems being responsible for human healing is unproven (Dossey, 1999a). CAM criticizes Western medicine for not using the term intelligence in healing (Chopra, 1989), and scientists criticize CAM for embellishing half-truths (Dossey, 1999a).

2.5 Subtle energy and the Chakra System

The idea that healing occurs through subtle energy systems in and around the body, and that healing occurs holistically through the mind, body and spirit, are central to CAM's belief system.

2.5.1 Subtle energy.

CAM practitioners theorize that by tapping into the universal energy source we can produce healing at the subtle energetic levels in the body. Many cultures have a name for *subtle energy*: the *chi* in Chinese, the *ki* in Japanese, and the *prana* in India. Ancient theories and philosophies regarding subtle energy flow have entered our Western medical world and society through the use of treatments such as acupuncture, acupressure, and Reiki. Stein defines *ki* in Reiki healing as subtle energy that is an "essential life force that radiates from all living things, with its source in the earth, the

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cosmos, and in the heavens," and is the source of life itself (1997, p. 17). While such terms "make sense in the particular way of organizing and constructing reality in which they originated," Dossey objects to making them synonymous for the scientific concept of energy (2002, p. 13). Gerber (2001) believes that there is an unseen form and laws of form that govern the construction of all life and matter. "The subtle energies that determine form exist as repeating geometric patterns and shapes that influence the expression of systems ranging form the tiniest atom to the greatest galaxy" (2001, p. 352).

Lubeck et al states we have scientific proof of the existence of subtle energy within humans and between humans through electric currents that flow through the body through the nervous system, circulatory system, and in and between cells, and through the perineurium, which surrounds the nervous system (2001, p. 71). Perineural cells are controlled by brain waves and are involved in the healing process as they direct repair cells to injury sites, and are sensitive to exterior magnetic fields. "The electric currents flowing in human beings generate magnetic fields called biomagnetic fields that penetrate and surround the human body…and can be measured by sensitive magnetometics' (2001, p. 71). Biomagnetic fields interact with each other (human to human, or human to environment), and decrease quickly in strength the farther you get form the source of the field.

One scientific explanation for the mechanics of energy healing is found in the *piezoelectric effect,* and refers to the application of vibratory or wave energy to a crystal structure in order to transform it into electromagnetic pulses (Reid, 1998, p. 68).

> "the human body contains a variety of tissues with crystalline structure within their matrix, particularly bone, connective tissues, and the electrolytes in certain

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> bodily fluids" (1998, p. 68). These crystalline structures have the capacity to transduce various types of high frequency wave energies to which they are exposed, such as light and sound, producing specific electromagnetic pulses that are conducted by the meridians and nerves and utilized by various organs and tissues of the body" (1998, p. 68).

As wave energies vibrate through the body "crystalline structures within the tissues transform them into pulsed currents that are then conducted to various organs and glands, depending on the frequency and amplitude of the incoming wave signal" (1998, p. 68).

CAM practitioners state that energetic healing may be achieved through nonlocal or distance healing where the healer mentally influences the healing abilities of the recipient, and can be many miles away. Lubeck et al postulated that nonlocal healing can be scientifically understood through the study of scalar waves (2001). When two magnetic fields of the same frequency are out of phase, and cancel each other out, scalar waves are created. "Scalar waves do not interact with electrons as magnetic fields do, but with atomic nuclei" (2001, p. 75). They cannot be blocked, they propagate to any distance without decreasing in strength; and they can effect biological tissue and can promote healing (2001, p. 76). Gerber summarizes distance healing processes by stating, "the time for magnetoelectric energy to move from the mind of the healer to the experimental setup (or patient) is limited only by the speed of thought, and are reflections of the higher vibrational characteristics of consciousness at the etheric, astral, and higher dimensional levels (2001, p. 316). Current research demonstrated increased healing through distance healing such as clairvoyance and prayer (Dossey, 1999a).

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Reiki practitioners experience subtle energy as a range of kinaesthetic sensation in their hands, such as warmth and tingling sensations. Lubeck et al states that this healing energy in the hands is partially generated by the perineural system, and is called ki (2001, p.71). Reiki training claims that the awareness of *ki* can be experienced by anyone (2001, p. 71). The procedure outlined in Table 1 is an exercise that can be done to open the hand chakras (energy centres) and experience this subtle energy.

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Table 1 – Hand chakra

Extend both arms out in front of you, parallel to the floor with elbows straight.
Turn one hand up and one hand down. Now quickly open and close your hands a dozen times or so.
Reverse your palms and repeat. This opens the hand chakras.
To feel their energy, open your hands and slowly bring your palms together, starting about two feet apart.
When your hands are about four inches apart you should be able to feel a subtle ball of energy, like a magnetic field, floating between your palms.
If you tune in closely, you may even be able to feel it spinning.
After a few moments the sensation will subside, and it can be repeated by opening and closing the palm again, as above. (Judith, 2001, p. 20).

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Reiki and Chi-gung are treatments that use wave energies emanating from the healers' hands. These energies were scientifically found to have "the same frequency range as brain waves; and they sweep back and forth through the full range of therapeutic frequencies, thus being able to stimulate healing in any part of the body" (Rand, 2000, p. 1). Reid explains that these wave energies are "transformed within the body to produce healing energy pulses that rebalance the whole system and can be used both to cure and prevent disease and heal specific organs" (1998, p. 68).

CAM practitioners criticize medical science for not recognizing energy and force fields in human health and believe there is a "stubborn dependence on chemical and technological approaches, which only further aggravate imbalances in the human energy system" (Reid, 1998, p. 75). However Levin (1999) and many other complementary healers do recognize the limitations of the concept of subtle energy. Levin claims it is a useful metaphor but "ultimately the idea that everything can be explained by or understood in terms of some type of physical energy – as opposed to, say, consciousness or spirit – will hold us back" (1999, p. 84). Bruyere states that while some elements of energetic healing can be scientifically isolated and proven, we do not have the philosophical background for a broad account for subtle energy (1994, p. 30). CAM practitioners have used Eastern mystical philosophy to fill this gap. The belief is that universal energy acts in harmony with the body to preserve and protect health (Rowland, 1998, p. 2), and it can be regulated through intention (mind force) (Stein, 1997, p. 79). Dossey considers how we have "fallen for subtle energy as a mediator for the distant effects of consciousness, [and] it is used to take the place of matter, which was explained away by modern physics" (1999a, p. 107).

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2.5.2 The Chakra System.

The ancient chakra system is widely used to explain the transmission of subtle energy in healing (Appendix O). Each major chakra is associated with a different frequency and quality of energy (Gerber, 2001, p. 352). The chakra system arose from the Tantric tradition in India and forms the basis of various cultural ways of health and healing. It weaves "the polarities of spirit and matter, mind and body, masculine and feminine, Heaven and Earth, into a single philosophy of many philosophical strands" (Judith, 2001, p. 10). Within this system, it is claimed that subtle energy *(ki)*, life force energy, flows through pathways of chakras, nadis, and meridians (2001, p. 24). Chakras receive, assimilate and transmit life energy, and are vortexes of energy. They map onto the body through the nerve ganglia. In addition, the chakras connect the physical body to "higher and deeper non-physical realms" (2001, p. 17).

In these traditions, there are seven basic chakras, which exist within the *subtle body*, interpenetrating the physical body (Appendix O). Within each chakra are seven levels related to "the seven levels of the human energy field and also of several vortices, each connected to a different organ or system of the body near to the chakra" (Starn, 1998, p. 579). In health the chakras are open and spin in a clockwise position, receiving energy from the universal energy field (1998, p. 579). The seven chakras are located near the seven major nerve ganglia that emanate from the spinal column (Judith, 2001, p. 11). They absorb and distribute ki to cells, organs, and body tissues.

Starting from the base of the spine, the chakras are: root centre, sacral centre, solar plexus centre, heart centre, throat centre, brow centre, crown centre and an eighth chakra that Gerber (2000) and Myss (1996) call the transpersonal point. The

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transpersonal point "sits directly above the head and acts as a connecting link between the soul and the ego or conscious personality... the soul or higher self views life from the causal plane perspective" (Gerber 2000, p. 72).

The chakras form a vertical column in our bodies called *sushumna*. This column is an integrating channel where energy travels, connecting chakras and their various dimensions (Judith, 2001, p. 127). Traveling beside, around, and through the sushumna, there are thousands of nadis, subtle energy conduits within the subtle body. It is believed that the chakras generate the shape and behaviour of the physical body. At a level deeper than the sushumna is the haric level, which runs through the middle of each person's body, and "connects one to the core of the earth and up to spirit" (Starn, 1998, p. 580). "The hara line supports the level of intentionality to be here and to accomplish one's life task or purpose" (1998, p. 580).

Through involvement with the outside world, patterns within the chakras tend to perpetuate themselves and it is common to be trapped in any one of these patterns, or habitual behaviours (Judith, 2001, p. 17). The object is to clean the chakras of old, non-beneficial patterns so that their self-perpetuating actions have a positive influence, and our life energy can continue to expand to higher planes (2001, p. 24). Chakras are gateways between various dimensions, "centres where activity of one dimension, such as emotion and thought, connects and plays on another dimension, such as our physical bodies... and on our activities in the outside world" (2001, p. 17). Each of the seven chakras processes and remembers different emotional events and traumas that affect us throughout our lifetime, and are each connected to specific body organs and tissues (Gerber, 2000, p. 18). Disease or health challenges can be created when there is a

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chronic problem in dealing with the emotional and spiritual issues associated with a particular chakra and its associated body zone (2000, p. 19).

In 1996 Hunt corroborated the presence of the chakras and the human energy field through the use of a Fourier analysis, sonogram frequency analysis, and a healer's self-report of her high sensory perceptions of the chakras (Starn, 1998, p. 579) (Appendix K). By "adding the contribution of the chakas to the total energy equation of the body's physiological systems, scientists may eventually gain a clearer understanding of the diverse energy factors that regulate our organs and our immune system and that may lead to stress-related illnesses" (Gerber, 2000, p. 21).

2.5.3 The subtle body – Aura.

The *subtle body* (aura) is believed to be the non-physical body that is superimposed on our physical bodies as cited in esoteric literature (Gerber, 2001, p. 153; Judith, 2001, p. 11). The aura has been photographed through a controversial process called *Kirlian photography*, a photograph of the emanations of the subtle body in both plants and animals. "The energy field appears as a soft glow around the physical body, often made of spindle-like fibers" (Judith, 2001, p. 11). It can also be measured as electromagnetic force fields within and around all living creatures.

Zimmerman used a SQUID (Superconducting Quantum Interference Device), a sensitive magnetic-field detector, to measure the energy of a *Therapeutic Touch* practitioner's hands. He found magnetic fields several hundred times stronger than background noise and in the same frequency range as the alpha and theta wave range seen in the brains of mediators. These emissions swept back and forth through the full

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range of therapeutic frequencies, capable of stimulating healing in any part of the body (Rand, 2000, p. 1). Through the SQUID instrument, Hunt observed the transmission of a blue-violet-white field from the healers' hands after eliminating a patient's red pain vibrations during healing (1996, pp. 314-348).

Kirlian photography can record changes in fields by healers who are "running energy" or are engaged in mental processing, and the changes in the energy fields of clients before and after a healing (Starn, 1998, p. 578). Gerber theorizes that, "the primarily magnetic astral and etheric energies flowing through the chakras would create associated electrical field effects" (2001, p. 152). Judith identified chakras as the psychic energy generators of the auric field (2001, p. 17).

Gerber claims that the etheric body (aura) is an invisible duplicate "that occupies the same space as the physical body but at a higher vibratory rate or energy frequency than the physical" (2000, p. 23). Distortions in the etheric body patterns create a dysfunctional growth template that might eventually lead to abnormal structures in the cells and tissues of the physical body (2000, p. 25). Etheric body disturbances appear to precede the appearance of physical disease, making such diagnosis ideal in the prevention of disease (2000, p. 19). Gerber theorizes that the subtle energy connections within and around our bodies provide the physical-etheric interface coupled with the chakra system, and that "there occurs a continuous stream of higher energetic input to our final physical expression and consciousness" (2001, p. 157).

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2.5.4 Intention/awareness/consciousness/love.

It is well established in the field of holistic medicine that the patient is a potential self-healing agent (Heron & Reason, 1984, p. 88), as opposed to our Western methods that impose treatments on patients. It is claimed in vibrational healing and mind/body medicine that we can use our *intention* to heal, and that this occurs by bringing our *consciousness* into *awareness,* with the end product being *love.* The literature examines these elements in relation to healing.

The conventional view of *consciousness* is that it is local and "confined to specific points in space (the brain and the body) and time (the present moment)" (Dossey, 2002, p. 15), even though there is no proof of how consciousness could be produced this way (Grof, 2000, p. 208). CAM practitioners use consciousness, intelligence, and energy interchangeably, although there is no proof of such a connection (Dossey, 1999a). Judith states that "the unconscious holds body wisdom, the conscious contains the intellect and our belief system, and superconscious our awareness of the divine" (2001, p. 319). Grof defines human consciousness as part of cosmic consciousness and permeates all existence (2000, p. xi). Chopra states there is a universal intelligence found in the energy existing at all levels of the cosmos (Chopra, 1998, p. 230). Pert's studies in psychoneuroimmunology brought her to the question of, "maybe it's that we don't have consciousness, but consciousness has us" (1999, p. 259). This idea that we are all consciousness and energy, condensing as matter, is a theoretical conclusion that requires a leap of faith. Dossey states that few physicists believe that consciousness is a meaningful factor in how the physical world unfolds at the human level, "making it reckless for anyone to use physics to prop up the power of

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consciousness in healing" (1999a, p. 14). "We are appallingly ignorant about the connections between consciousness and the brain" (Dossey, 2002, p. 16).

Treatments such as Reiki postulate that flows of energy and consciousness move through the body (Bruyere, 1994, p. 27). In Reiki, this energy flows in the Tantric chakra system (Appendix O). The levels of consciousness are said to increase as we travel up the sushumna from the root chakra to the transpersonal point, where the spiritual level of consciousness originates.

Consciousness treatments claim to clear, free, melt, dissolve or release us from blockages created through distress and trauma (Coward, 1989, p. 102). "Techniques of relaxation, release and insight, can be used to heal imbalances in the mind-body systems through awareness of blockages manifested as pain, numbness, spasm, inflexibility and trauma" (Chopra, 1998, p. 97). In the relaxation response, the automatic nervous system switches to the parasympathetic to balance endocrine system and activate internal healing mechanism (Reid, 1998, p. 61). It is plausible that healing can also occur without the conscious mind "ever figuring out what happened" (Pert, 1999, p. 147). For example, a Reiki recipient may not be aware of physical/emotional distress until the point of release of blocked energy, felt as an emotional or physical event. Different chakras relate to different emotions or bodily functions, and are unblocked by either increasing its energy or reducing its energy (Judith, 1996, p. 18).

Recipients and practitioners can use their *intention* to consciously intervene. "Intent is the agent that allows us to exercise volitional control over body, breath and mind" (Reid, 1998, p. 62). For example, patients can use conscious intention to affect cellular function in directly controlling the immune system (Pert, 1999, p. 191). By

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focusing on the area of discomfort the practitioner and client can move energy around the body.

Reiki and other therapies produce a relaxation phase to clear the mind and produce a sense of peace and calm. Many Therapeutic Touch and Reiki research studies have identified increased relaxation as an outcome of these therapies (Appendix K). At the point of relaxation there is a *change in consciousness*, "allowing the universal life-force energy to enter the body's energy system and affect change at the cellular level" (Chopra, 1998, p. 182). Chopra describes this point as "the silent, empty void that is the womb of all matter and energy, [where] pure awareness exists in the gap between thoughts; it is the unchanging background against which all mental activity takes place" (1998, p. 163). By quieting the mind, consciousness is transcended for a period of time, producing states of tranquility and inner peace (Ornish, 1993, p. 105), a sanctuary from turmoil, trauma and hurt (Chopra, 1998, p. 182). This experience of inner peace has a "profound impact on recipients who have never allowed themselves to relax at this level" (1998, p. 182). It is here where blocked emotions and energy are released, resolving the layers of conflicts and contradictions that are restrictive (1998, p. 182).

The relaxation phase can be used to intentionally focus on any discomfort in the body, and begin to control brain centres that determine our activity, making automatic processes into conscious ones (Chopra, 1998, p. 19). For example, focusing on the experience of pain allows you to release the pain as soon as it occurs. "This release occurs naturally – it is what the body wants to do – and attention is the healing power that triggers it" (1998, p. 187). By placing *attention* on feelings we become witnesses,

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"observing the pain without getting wrapped up in all the secondary blame, avoidance, and denial that usually follows" (1998, p. 187). Through this act of witnessing, insight is gained, insight into the notion that "no one can hurt you today without triggering a hurt from your past....you have to see that in order to find yourself" (1998, p. 187). Ornish believes that the use of intention, consciousness and awareness in healing culminates in the belief that we have some control over our lives and our behaviour, which will directly affect our mind and body (1998, p. 97).

Chopra claims that by quieting the mind and body, we can focus it and look inward for a search for the essential self, the self that says, "I am love" (1998, p. 185). He identifies this layer of consciousness as where the deepest human values are known, evoking love (1998, p. 185).

Reiki practitioners prescribe to using Reiki with love, caring and compassion, and for healing to go to the recipients' highest good. Levin laments "there is literally no research literature on the impact of the basic personal resources such as love, hope, forgiveness, gratitude, [as] if they don't exist" (1999, p. 79). Reid claims that, "the specific energy frequencies and wave patterns that arise in the human system under the influence of love have extremely powerful healing properties" (1998, p. 143). Dossey notes that experiments with spirituality and medicine, where prayer was shown to have a positive effect on the healing process, depend on the individual doing the praying. If the individual praying has a feeling of genuineness and compassion, there are positive effects, otherwise the experiments often fall flat (1999b, p. 103). "We have arrived at a point in history where science has actually begun to confirm that love is indeed a healing energy and that it can produce measurable, healing effects, both within

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ourselves and in those around us" (Gerber, 2001, p. 532). Dossey endorses bringing the power of thought, intention, compassion, caring, and love into the healing process (1999b, p. 102). Levin hopes that "some day scientists will ask people about love and that it will be sought in medical history taking and included in clinical study protocols and other research designs along with social support and cholesterol and everything else ...one of those things we normally think of as having to do with our health and well-being" (1999, p. 81).

2.5.5. Spirituality.

Eastern and Western sciences differ in terms of the "sacred or spiritual dimension of existence" (Grof, 2000, p.209). Myss (1996, p. 9) claims that spiritual ideas have no authority in conventional science, whereas Peat states that, "Indigenous societies cohere and have their being through the power of spirit...it is the source of their existence, the meaning that lives within them, and the balance they must maintain" (Peat, 1994, p. 151). Western medicine's reluctance to embrace concepts of spirituality may be a result of difficulty in definition due to cultural and social values. If it is impossible to define the term, then it is not possible to research the phenomenon directly. We may also be reluctant to challenge ourselves and reflect upon our own belief processes (Rankin-Box, 1998, p. 155). Chopra, a CAM practitioner, views spirit as "knowledge inherent in the universal energy field that surrounds us, permeates us, and directs healing, and is found at the junction point between mind and matter, the point where consciousness actually starts to have an effect" (Chopra, 1989, p. 20). Grof defines spirituality as a "domain that belongs to a superior order of reality, one which is

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sacred and radically different form the material world" (2000, p. 210). CAM practitioners defend spirituality by pointing out that renowned physicists such as Einstein, Niels Bohr, and Erwin Schrodinger have voiced a mystical reverence for their discoveries (Chopra, 1998, p. 28).

Research on health determinants has linked increased spirituality to increased physical health and well-being (Health Canada, 2000; SDH Call to Action, 2000). It is possible to study the effects of spirituality on health and disease (Grof, 2000, p. 213). Recent experimentation in the use of prayer for patients healing from heart problems demonstrated remarkable healing power in patient progress (Ornish, 1993, p. 87). Ornish claims that such studies have not impacted medical practice because Western medicine has not broadly accepted the idea of prayer or other distant healing events as healing tools (1993, p. 87). Levin cautions us that there are limits as to how fully we can understand the idea of some type of loving spirit or consciousness that creates and permeates everything through the methods of naturalistic science (1999, p. 80). He proposes that the "best way to tap into universal truth is probably through meditation and intuition" (Levin, 1999, p. 81).

Ancient mystical traditions acquire knowledge of human consciousness and spiritual realms, exemplified in the Tantra, by "inducing transpersonal experience, [and using a] systematic collection of data, and intersubjective validation" (Grof, 2000, p. 213). The Tantra maps subtle energy movement in the body through its psychic centres (chakras), and provides a "deep understanding of the human psyche and an extraordinary spiritual vision of existence in the context of a comprehensive and sophisticated scientific worldview" (2000, p. 213). Westerners who have direct

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spiritual experiences may be judged mentally ill, while many other cultures hold these states in "high esteem trying to develop effective and safe ways of inducing them, and use them as the major vehicle of their ritual and spiritual life" (2000, p. 218). Carl Jung struggled against Western judgement when he proposed sub-conscious insight into our collective conscience. Grof supports Jung in the view that archetypal phenomenon and symbols "appear to unfold or explicate from another level or order of reality" (2000, p. 210). Archetypal symbols are deemed to be present in the unconsciousness and represent the original pattern of all things of the same type. Westerners experience confusion after visionary states, such as near-death experiences, and these experiences are "so convincing and compelling that the individuals who have had them have no other choice than to incorporate them into their worldview" (2000, p. 218). Chopra thinks that by probing our own spirit, we come to understand spirit in its larger sense, that it co-creates our personal reality (1998, p. 28).

Reiki makes use of archetypal symbols to connect the body to spiritual life-force energy for healing. Our right cerebral hemisphere is our intuitive and artistic side that Gerber believes is connected to the higher dimensional level through symbolic communication (Gerber, 2000, p. 72). Although this theory is unproven, advanced energetic practitioners do develop "symbolic vision" (2000, p. 73).

In Reiki, healing energy is viewed as spiritual in nature, coming from universal life-force, and Reiki is required to be given with love, compassion, forgiveness, hope, and faith (Smucker, 1998, p. 96). Recent research in the study of the development of spirituality in TT demonstrated that upper-level classes of TT had higher scores on the Spiritual Perspective Scale than the lower levels (Wardell, 2001, p. 71). Wardell stated,

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"this suggests that there is a heightened sense of spiritual awareness in those in the higher levels of the program, [and] it may be that involvement in an energy-based therapy is one way to develop spiritual awareness" (2001, p. 71).

2.5.6 Touch.

Many vibrational healing techniques involve the use of touch. "Clients for Alexander technique, Shiatsu, or even a simple massage, all describe the experience of 'knowledgeable' hands holding, exploring, guiding and shaping the body, providing a wonderful sense that something is being done to help your body and overall well-being in a most tender and comforting way" (Coward, 1989, p. 71).

Western professionals have regarded touch as controversial, especially when dealing with previously sexually or physically traumatized individuals (Schachter et al, 1999). Pert believes that this exclusion of the element of touch in healing creates a healing gap (1999, p. 274):

> in the case of treating mood disorders and other mental unwellness, the *mainstream misses* a lot by *excluding touch*, by *ignoring the fact that the* body really is the gateway to the mind, and by refusing to acknowledge the importance of emotional release as a mind-body event with the potential to supplement or even sometimes replace talk cures and prescription pills (1999, p. 274).

Visual images related to trauma can rise to the surface as a part of emotional release when various hands-on treatments are used on survivors. Pert believes that simultaneous access of emotions through various kinds of body work has the potential to "enlist the power of the mind through talk," and result in a loop of healing (1999, p. 274). Recent experimentation in the use of physiotherapy with survivors of sexual abuse advises practitioners to be versed in *sensitive treatment practices*, and to work

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with the client's perceptions and reactions, using gentle and explanatory approaches (Schachter et al, 1999). By using touch therapies we can gain somatic-emotional release, and in doing so can complement the mainstream in avoidance of medication as the primary healing modality (Pert, 1999, p. 273).

Gerber questions whether the capacity of human beings to heal one another is an inherent aspect of merely touching another person with loving compassion (2000, p. 396). Brill and Kashurba (2001) studied the effect of 'Reiki touch' for patients in hospitals. They viewed caring as expressed through "many diverse and unique approaches including presence, listening, and touch" (2001, p. 1). Reiki is as "a planned departure from the isolation of technology and a return to therapeutic, physical contact," and it is useful not only for patients, but for co-workers for relaxation, reduction of pain, and increased healing (2001, p. 3). "I think a physician can get caught up in the tests and the drugs and the surgeries and forget how delicate the balance of hope can be, and how important the spirit is, and how much it can mean to just reach out and hold somebody's hand and touch them with love" (Harris, 1999, p. 63).

2.5.7 Summary.

CAM practitioners explain that Reiki uses a subtle energy force called ki to rebalance energy fields and bring healing to the body. Dossey warns CAM only to take from science what is proven and not to cite this physical energy force as an explanation for everything because there may be other sources of healing as yet unidentified (1999a). Yet, there are some things about subtle energy that have been scientifically

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proven. The flow of energy within and between humans can be measured and technologically used in healing interventions (Gerber, 2000). Wave energies (sweeping back and forth through the full range of therapeutic frequencies) emanate from the hands of Reiki and Chi-gung practitioners (Reid, 1998).

Reiki uses the chakra system as the route for energy healing. Ki flows through seven major chakra pathways to receive, assimilate and transmit life energy, affecting physical and mental health. As energy channels are cleared, old behavioural patterns and traumatic memories are released, improving the state of health (Reid, 1998). CAM claims there is an energy field surrounding the body called the aura or etheric body that is an invisible duplicate of the body and is generated by the body's energy system as well as energy from astral planes (Gerber, 2001). It is believed that disease presents itself in the aura prior to the physical body, and that such disease can be diagnosed and impacted by healing hands (Gerber, 2000).

CAM focuses on consciousness as an interactionary vehicle for energy and intelligence in healing, although there is no proof (Chopra, 1989). Western medicine views consciousness as a purely physiological process in the brain, but there is no proof (Dossey, 1999a). Reiki practitioners believe that levels of consciousness increase as energy pathways are cleared, culminating in spiritual levels of consciousness (Bruyere, 1994). Through meditation or relaxation it is believed that we can use our intention to consciously move energy around the body to release discomfort and improve health. In doing so a sense of inner peace is created, pain disappears, and insight is gained, resulting in greater control over our lives and our behaviour (Ornish, 1993; Chopra, 1998). This process involves the use and development of feelings of love, compassion

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and acceptance for self and others. A sense of spirituality increases as a result of touch therapy training (Wardell, 2001).

Western medicine has not broadly adopted the importance of spirituality in health even though a direct correlation has been scientifically proven (Myss, 1996). Experiments on the use of prayer as well as Reiki distant healing have demonstrated healing power, although we do not understand how this occurs (Ornish, 1993). Reiki uses archetypal symbols to connect the body to spiritual life-force energy (Reid, 1998).

The use of touch in healing is controversial in Western medicine (Schachter et al, 1999). A healing gap can be created when professionals ignore the therapeutic benefits of physical touch (Pert, 1999). Many survivors are uncomfortable with physical touch and a sensitive approach is required. The variables in Reiki healing are unknown and unproven; healing may result form an energy transfer, from touch, or from the placebo response (Brody, 2000).

2.6 Summary of the literature review

Child sexual abuse is a global epidemic resulting in major psychological and physiological disturbances (Herman, 1997). Trauma from child sexual abuse becomes entrenched in body tissue memory (Pert, 1999). Failure to adequately diagnose and treat the symptoms created by such trauma is of major concern (Herman, 1997). Traditional treatment methods comprise of talk therapy, group support and pharmaceuticals that often result in the medicalization of survivors and place a heavy burden on the healthcare system (Herman, 1997).

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The use of complementary care methods for healing has dramatically increased in North America yet our current medical system has remained largely uninvolved (Gordon, 2000; Ornish, 1993). Reiki research has demonstrated a reduction in the symptoms of post traumatic stress (MacDermott, 2000, Kennedy, 2001). By combining group support with Reiki training and healing a more comprehensive treatment program can be designed. However, the use of Reiki as a complement to the treatment for survivors of child sexual abuse remains at the experimental level. Western scientific methods have largely been unable to isolate the various elements or mechanistics in Reiki healing (Dossey, 1999a). An holistic and multi-disciplinary approach to research is required (Lubeck et al, 2001).

A subjective feminists study of the effects and benefits of Reiki for treatment of survivors is an alternative to attempts to prove the mechanics of energetic healing. CAM practitioners often adopt the language and postulates of quantum physics to prove the mechanistics of energetic healing (Dossey, 1999a). Many of these postulates are not adequately proven. A qualitative analysis can provide evidence that Reiki works, not *how* it works.

An overview of Reiki research demonstrated reduction in the symptoms generated through trauma, making Reiki useful for healing (MacDermott, 2000; Kennedy, 2001). It is an economical layperson's treatment and can be learned by anyone. It requires no equipment and can be done anywhere. Reiki training and healing involves the development of awareness, intention, and consciousness to produce healing and results in an increased spiritual connection to the world (Wardell, 2001). It promotes the use of touch, love, and compassion in its delivery, empowering both

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practitioner and recipient (Rand, 1998). Reiki benefits individuals and communities when healers use their skills in self-healing, and healing for family and friends. Reiki fulfils many of the goals in feminist therapy in that it is egalitarian, empowering, compassionate, de-medicalizing, and provides a method for women to gain some responsibility for their own healing and that of their families (Myszynski, 1994).

CAM is cautioned not to take the effectiveness found in research to support theory, and not to use the language of quantum physics and the language of metaphysics to describe Reiki healing (Dossey, 1999a). Research has not determined the mechanistics of Reiki healing, only that healing occurs.

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3 RESEARCH METHODS

3.1 Introduction

This chapter describes the methods and the process involved in setting up this research project. The purpose of this research was to examine the *experience* and *benefits* of Reiki when used as a *complement* to group therapy for *mothers* healing from *child sexual abuse*. The *experience* of Reiki refers to the wide array of perceptions and sensations during Reiki healing and training. The *benefits* of Reiki refer to positive changes in the physical, mental and spiritual states of the participants, as well as their inter-relations. Reiki is identified in literature as a *complementary therapy* that is meant to support existing traditional therapies, not to take their place. The *mothers* involved in the project were survivors of CSA and/or had children who were survivors, and/or had children who were sexual perpetrators. *Child sexual abuse* produces a broad range of symptoms generated by the trauma of CSA, identified by Herman as Complex Post Traumatic Stress Disorder (1997).

The research participants belonged to two groups. Group I, the Mothers' Group, comprised of participants in group therapy with Joyce Tremmel and Edith Nelson of Mental Health Service Saskatoon. Reiki healing and Reiki Level I training complemented group talk therapy. Group II, the Reiki Exchange Group, was organized by the group facilitator/family therapist to be led by a Reiki Master (a previous Mothers' Group graduate). Participants received Level II Reiki training and met weekly for Reiki exchange. I joined the Reiki Exchange Group as a means of immersing myself in the Reiki experience and to further my bonding with the participants, and am included in the Group II (n=5).

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This project came about as a direct result of previous observations by Joyce Tremmel, Social Worker/Family Therapist at Child and Youth Services, Mental Health Services, Saskatoon. Ms. Tremmel offered individual, family, and group treatment to families affected by many years of sexual abuse. From this clinical experience she learned that it is very hard, if not impossible, for people to 'walk through the pain of the past' and heal from the negative effects of trauma without good quality support. She believed that trauma affects all aspects of the person's mind/body/spirit, and was concerned that the physical and spiritual aspects of healing were not being properly addressed through talk therapy. In 1997 she introduced Reiki to her Mothers Group, a group comprised of women survivors of child sexual abuse, or mothers who had children who were sexually abused or became sexual offenders. Ms. Tremmel believed Reiki could function as the *anaesthetic*, so to speak, for the *emotional surgery*. She was aware that the negative effects of trauma could get lodged in the person's body. Ms. Tremmel was impressed with the gentleness, the respect, and the power of Reiki to heal, without the person ever having to share their story, or even describe or name their problem. She experienced Reiki as very non-threatening. She believes that all a person needs to do to benefit from Reiki is to have a desire to receive treatments and leave the Reiki to do the healing. Ms. Tremmel thought Reiki would be a powerful complementary therapy. She submitted an application for a Health Promotion Grant to fund the teaching and practice of Reiki in the Mothers' Group. The women in the project evaluation expressed the view that Reiki was very helpful in healing. As a result, one of Joyce's recommendations was that Reiki healing be researched further to determine its impact (J. Tremmel, personal communication, June 6, 2000).

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The inadequacy of traditional treatment methods for child sexual abuse, my own history of childhood sexual abuse, and my continued work with survivors of sexual abuse drew me to this research. I was initially sceptical because I did not know what Reiki was. I had never experienced a treatment and I knew this type of research could push at professional and educational conventions. My nursing background added to my scepticism as I was trained not to accept treatments that were not scientifically proven. On the other hand I had personally experienced gaps in talk therapy. While therapists may listen and hear the story of sexual abuse I believed the flashbacks and intrusive memories were a life-long yoke for survivors. The idea that Reiki could release traumatic memory was intriguing. I wanted to experience and learn this body-mind treatment.

The group facilitator gave me my first Reiki treatment in September 2000. As many survivors, I was in constant 'flight or fight' mode, resulting in an auto-immune disorder called Fibromyalgia. A state of constant anxiety and hypervigalence is common to survivors and over time results in diminished immune system functioning, leading to chronic health problems such as Fibromyalgia. During my first Reiki treatment I became deeply relaxed, sensing a calm where I had no thoughts or feelings, a state of mind that I had not previously experienced. For the next two days I did not have the 'brain-fog' that accompanies Fibromyalgia and I experienced a nightly deep sleep. I was hooked. I wanted to study Reiki and examine these benefits. I took Level I Reiki training to become educated in Reiki healing for the purpose of the research project. In October 2000 I received Level I Reiki attunement by Reiki Master Rita Novakowski, and Level II Reiki training May 2001 from Reiki Master Berni

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Heimbecker. By receiving Reiki healing and training I heightened my awareness and sensitivity to the subjective experiences of the research participants, fusing the personal with the professional. "This blurring of the disconnection between formal and personal relations, just as the removal of the distinction... between the research project and the researchers' life, is a characteristic of much, if not all, feminist research" (Reinharz, 1992, as cited in Neuman, 2000, p. 83). Using my own subjective experiences with Reiki enabled me to more fully understand the experiences and benefits of Reiki as described by the participants, adding to the research data.

3.2 Research design

The purpose of this research was to examine the experience and benefits of Reiki as a complement to group therapy for survivors of CSA. My hypothesis, as a result of the observations from the group therapist and from the information gleaned from the literature, was that the addition of Reiki to group therapy treatment would intensify and increase the therapeutic process, it would reduce symptoms of Complex PTSD, it would increased parent-child bonding, and it would empower women towards self-healing and community building.

The research subjects were derived from two groups of survivors. The *Mothers' Group*, a talk therapy group with Reiki added, was identified as *Group I,* and was co-facilitated by therapists Joyce Tremmel and Edith Nelson of Saskatoon Mental Health Services, from September 2000 until May 2001. *Group II, the Reiki Exchange Group,* was led by Reiki Master Berni Heimbecker, and met from September 2000 until June 2001, and these participants were graduates of a previous Mothers' Group.

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Group I participants were referred to the family therapist through collateral therapists at Child and Youth Mental Health Services Saskatoon in September 2000. Women accepted into the group were mothers who had been touched in some way by the negative effects of CSA. They were given the option of participating in Reiki training and/or the Reiki research project. The group ran from September 2000 until December 2000 using traditional talk therapy methods, with six participants consenting to research. Five of the six women continued as research subjects. Reiki was introduced to Group I in January 2001, and Level I Reiki training was provided by the Reiki Master in January 2001. The Mothers' Group ended May 2001. Group I was researched using open-ended multiple in-depth interviewing with each participant based on their perceived experience and benefit form Reiki healing. The Genogram was completed during the first interview (Appendix H) to provide the context for CSA. The second interview uncovered the impact of Reiki on their healing and their lives. Interviewing took place mainly between April 2001 and March 2002. The STAI was completed prior to Level I training and at various intervals after training. The group therapist provided two questionnaires for participants to complete: "using the gift of Reiki" and "weekly Reiki chart." I interviewed Ms. Tremmel in her capacity as group facilitator and therapist. Prior to the women signing up for the Reiki training in January 2001, all women interested were given a Reiki treatment as well as information on Reiki in order to make an informed decision. It was made very clear that they would not be excluded from the group if they did not want Reiki treatment or training.

Group II ran from October 2000 to June 30, 2001. Participants received Level I Reiki training in September and October 2000, and Level II Reiki training May 7, 2001,

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with five participants, including myself, and the Reiki Master, consenting to research. Interviewing of participants mainly occurred between April 2001 and June 2001, with the STAI given prior to Level II training, and at various intervals after training. The Genogram was used in the first interview, and the second interview focused on the participants' experience and benefits of Reiki healing. In May 2001 I joined the Exchange Group as a participant, and received my Level II training from the Reiki Master at the same time as the other participants. This group was given options in terms of research methods and it was their desire to use the same format as Group I, that is, the multiple in-depth interviews, the STAI, and the two questionnaires that the therapist provided. My participation in this group added my voice to the other members to describe the impact of Reiki. I interviewed Berni Heimbecker in the capacity of her role as Reiki trainer and support group leader.

The following chart represents the research design, using multiple interviews and the STAI questionnaire for anxiety. The questionnaires the therapist provided to the group were not included in the research results as only one mother completed them. By triangulating feminist grounded theory, feminist interviewing, and feminist action research, as well as the STAI, there was increased reliability of response, validity, and interpretation.

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Table 2 – Research design

Group I

Participant	Mothers Group 27/9/00	Introductory letter, consent, and group interview	Level I training Jan 30/00	STAI	End of Mothers Group May 3/00	First Interview	STAI	Level II training	Second Interview	STAI	Transcript Release
AC	Yes	Yes	Yes	9/1/00	Yes	30/4/01	5/1/01	Yes	22/3/02	27/3/02	21/3/02
AE	Yes	Yes	Yes	9/1/00	Yes	11/6/01	26/7/01	Yes	22/3/02	21/3/02	22/3/02
AD	Yes	Yes	Yes	9/1/00	Yes	3/5/01	1/5/01	Yes	7/6/01	7/6/01	21/1/02
AB	Yes	Yes	Yes	9/1/00	Yes	26/4/01	7/6/01	No	7/6/01		18/1/02
AA	Yes	Yes	Yes	9/1/00	Yes	8/5/01	26/1/02	No	26/1/02		26/1/02

Group II

Participant	Reiki Exchange Group	Level I training	Level II training	Introductory letter, consent, and group interview	STAI	STAI	STAI	STAI	Transcript Release	First Interview	Second Interview
BD	10/00	9/00	7/5/01	19/2/01	16/4/01	5/8/01			21/3/02	25/4/01	22/5/01
BC	10/00	9/00	7/5/01	19/2/01	16/2/01	16/4/01	10/6/01	20/2/02	20/2/02	30/4/01	10/6/01
BB	10/00	9/00	7/5/01	19/2/01	9/1/01	19/2/01	16/4/01	24/1/02	24/1/02	23/5/01	26/2/02
BE	5/01	10/00	7/5/01	19/2/01	16/4/01	18/3/02	25/3/02		N/A	N/A	N/A
Berni	Leader	N/A	N/A	19/2/01	N/A	N/A	N/A	N/A	1/2/02	16/5/01	14/6/01 7/4/02

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Reiki literature and research describes Reiki healing as an individual and paradoxical experience that is difficult to quantify, and leads to scepticism about the benefits of healing (Engebretson & Wardell, 2002; Benor, 2001, p. 252). I hoped a qualitative subjective analysis would uncover and provide an understanding of treatment effects within the situational, cultural, and social context of the participants (Harding, 1991, p. 142). The use of a feminist framework could also empower the research participants by collaborating with them and valuing their knowledge, intelligence and intuition (Reinharz, 1992, p. 426). As a survivor myself, it is my belief that we know when we experience relief and under which circumstances, and I trusted that the participants could subjectively identify if Reiki healing has lessened their symptoms of Complex PTSD.

Feminist researchers use interviews to gather data about individual experience. Rothe cites the value of using interviews as a research method:

> because interviewer-participant bonds are held dear, feminist researchers believe that multiple in-depth interviewing with each woman develops trust. They may share the interview transcripts or notes with the interviewee and then invite the *interviewee to participate in analysis and interpretation* – *not unlike action* research. By returning transcripts, interviewees are able to exert control over the researcher's interpretations, an act which feminists believe provides for more accurate and sensitive descriptions of feelings, emotions, thoughts and processes as they unfold (1994, p. 72).

I met with each group prior to individual interviews to provide an opportunity for participants to identify what they wanted to know about their own Reiki healing and training. This information assisted in the development of my research interview questions (Appendix M). Questions that arose during group interviewing were:

> "Does Reiki have lasting effects?"
> "At what point does one feel healed, no longer looking back but looking forward?"

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> "How does Reiki affect the mother-child and family relationships? If we could prove it is effective we could get it funded as a complementary therapy."
> "Why isn't this taught in school for younger people? What are the benefits of Reiki for children?"
> "What is Reiki, is it all in my own head? Is it a spiritual experience? Is there something to Reiki beyond the placebo effect?"
> "Does Reiki help relationships – couple relationships? Can it find a match for me, someone who will not victimize me again?"

Through multiple in-depth interviewing I hoped to build trust with the participants, to hear their stories of abuse, and to generate the data required for analysis.

During the initial interview I used the Genogram (Bowen, 1974) to uncover the context and symptoms of CSA in each respondent. Such context is important for transportability of the research findings. Transportability in qualitative research is equivalent to external validity in positivistic research (Rothe, 1994, p. 71). The Genogram is a tool generally used in family assessment (Bowen, 1974). It visually, structurally and systemically provides information on each family across three generations citing intergenerational relationships, important events, emotional cut-offs, family characteristics, role assignments and communication patterns. I was skilled in the use of this tool and I believed it to be a more natural, richer and sensitive method for survivors to tell their story of abuse and its consequences than would have occurred through a questionnaire. With this tool I was able to gain in-depth information more rapidly than through general interview styles. Additional interviews provided information from the participants regarding their experience and benefits associated with group membership, Reiki healing and Reiki training.

Through the use of the State-Trait Anxiety Inventory-Self Report (STAE-SR, Spielberger, 1983) I hoped to assess state and trait anxiety of the participants prior to

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Reiki training and throughout their group experience. Generalized anxiety and hypervigalence are common symptoms in traumatized people (Herman, 1997). The STAI has been used extensively in Reiki and TT research to identify changes in levels of anxiety as a result of healing intervention (Heidt, 1981; MacDermott, 2000). The S-Anxiety scale consisted of twenty statements that evaluate how respondents 'feel right now'; and the T-Anxiety scale consisted of twenty statements that assess 'how people generally feel'. S scores increase in response to physical danger and psychological stress and decrease as a result of relaxation training. The T-anxiety scale assesses clinical anxiety, and is used to evaluate the immediate and long-term outcome of psychotherapy, etc. (Spielberger, 1983). MacDermott (2000) demonstrated a reduction in T-Anxiety, while Shannon (2001) states that most research results from TT studies show a decrease in S-Anxiety. Bonadonna states that, "the effect of TT on reducing anxiety is one of the most validated findings in the literature, yet caution should be used when generalizing about efficacy" (2001, p. 238).

I used content analysis to categorize and code the information gleaned through the interviews. Content analysis is useful for studying phenomena that has a limited source of information, such as Reiki (Berg, 1998, p. 225). It uses objective and systematic counting and recording procedures to produce a quantitative description of the symbolic content in a text, revealing aspects of the texts content that are difficult to see (Neuman, 2000, p. 151). It uncovers theories for future research to build on, and it is appropriate for exploratory study for assessing events in social groups. Archer subscribes to the use of content analysis in researching holistic methods of healing as it

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gives rise to "innovative directions and greater understanding, not just of treatments for illness, but of well-being" (1999, p. 110). Content analysis is cost effective.

The process of content analysis involves a system of data analysis that is based on data reduction and interpretation, and on the creation of a matrix to display the information systematically. The first pass through data is called open coding where themes are located and labels are assigned to condense the mass of data into categories (Neuman, 2001). I coded the information gleaned from the Genograms of each participant into a matrix of symptoms and effects from CSA. This list was matched to Reiki literature and research findings on Reiki healing elements in order to produce the units of analysis used to operationalize my content analysis (Table 3) (Creswell, 1994, p. 154). I classified the remaining data from the interview material into Initial Reiki experience, Level I Reiki training, and Level II Reiki training. I wanted to determine how the experience and benefits of Reiki changed in relation to increased Reiki training. Axial coding is the second pass through the data to examine the initial codes and move towards organizing ideas or themes and identify the axis of key concepts in analysis (Neuman, 2001). Through this process I matched the elements of Reiki healing to the participants' experiences and benefits of Reiki. Neuman advises the development of categories that are mutually exclusive and exhaustive (2001). Researchers begin with preliminary coding rules and continue to refine coding. Neuman (2001) suggests that a good thematic code captures the qualitative richness of the phenomenon, and it is usable in the analysis, the interpretation, and the presentation of research. It is through the process of induction and deduction that these abstract categories are produced, and lead to theory building.

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3.3 Method

3.3.1 Site selection/sample.

Consistent with feminist egalitarian and democratic approaches, research participants were given the option of where they wished to be interviewed. Interviews occurred at various venues, including Child and Youth Services, Mental Health Services Saskatoon, restaurants, and in the participants' homes. The five research participants in Group I were in the current Mothers' Group, and four of the participants in Group II were graduates of the Mothers' Group. I participated in Group II but was not a graduate of the Mothers' Group (n=5).

The therapist obtained Group I members through an internal referral memo inviting other clinical staff to refer participants. The memo indicated that they might be invited to be a part of a research project by an MSW student, dependent upon Ethics approval (Appendix G). Group facilitators interviewed Group I members prior to joining, and provided them with an outline (Appendix F). They were informed that refusal to participate in the research would not affect their ability to be a group member or to receive treatment. Of the six subjects who signed consent forms, five carried through with the research. Participants in Group I gained Level I Reiki training in January 2001.

Group II participants were self-selected form the therapist's client caseload. Almost all had been in a previous Mothers' Group and had requested Reiki training. This therapist acted as a consultant in setting up the support group with the Reiki Master who had previously taught them Reiki level I in September 2000. Four

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participants (including myself) and the Reiki Master consented to participate in the research. (n=5). This group met weekly in the home of the Reiki Master.

3.3.2. Data collection.

Ethics approval was gained from the University of Regina, University of Saskatchewan, and Saskatoon District Health Ethics Committee, citing the project as medium in risk to human subjects (Appendix I). Participant interviewing began on April 25, 2001 and continued until March 2002. Most interviews were completed by June 2001. Each participant had a connection with a therapist and was advised to use this service should the interview be upsetting in any way. The respondents were advised that the information was confidential and their participation voluntary, and that they would be able to read the interview transcripts, editing unwanted material, and sign a release form. They were also advised that their names would not appear on any research information.

The initial interview was used to create a three generational Genogram that exposed the context of child sexual abuse and it's intergenerational impact. The use of the Genogram was beneficial in that participants found a natural flow to describe past abuse. This information included the type of abuse, onset of abuse, symptoms of abuse and treatments taken. Participants were asked to describe their first Reiki experience as well as continued experiences with Reiki healing and training (Appendix M). The second interview took place at a location of the participant's choosing. Open-ended questions were asked regarding the experience and benefits of Reiki healing and training (Appendix M). The State-Trait Questionnaire was given to each participant of

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Group I prior to Level I training, and to Group II prior to Level II training, as well as various intervals after training.

3.4 Strengths and limitations of the study

The following section discusses the strengths and limitations in the research methodology, transferability and applicability of the results.

1) The placebo condition.

Benson (as cited in Shannon, 2001, p. 5) identified "three components to the placebo response: belief and expectancy on the part of the patient, belief and expectancy on the part of the caregiver; and belief and expectancy generated by the relationship between the patient and caregiver." This study employed the subjective analysis found in feminist research as a method of addressing placebo response.

Positivistic research eliminates or controls for placebo effect through randomized control trials and criticizes CAM research for its lack of placebo control. Spence and Olson's meta-analysis of TT research suggests that the placebo effect be eliminated in further research (1997, p. 188). One Reiki study is attempting to control for placebo by developing a placebo Reiki standardization procedure (Mansour et al, 1999).

Shannon (2001) and Archer (1999) identify an emerging paradigm in science that brings new challenges to our current scientific method of randomized, placebo-controlled crossover studies. Shannon challenges us to explore "adapting the scientific method so that it can accurately test and explore the provocative theories that flow from the new [holistic] paradigm" (2001, p. 542). He states that, "the

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power of our mind to heal us or keep us ill cannot be ignored even from the most biochemical of perspectives" (2001, p. 5). Conventional medicine does recognize the value of placebo in healing and this recognition is a factor in bringing it closer to CAM (Brody, 2000; Weil, 1995). Reiki literature and research demonstrates that placebo is integral to the production of change, and that *intention* is used on the part of the healer and healee.

2) Outcome research.

This qualitative project focuses on the outcome of Reiki healing and training rather than on its mechanistics. CAM literature and its critics identify our inability to directly observe the healing phenomenon involved in energy healing. It is "currently not conceptually or operationally defined by concrete linear terminology" (Spence & Olson, 1997, p. 188). Dossey concurs that while the psychophysiological changes in healer and healee can be studied, we have no means of identifying or studying what happens between the healer and healee (2002). But we can identify its effectiveness.

3) Triangulation of quantitative methods with qualitative methods.

The State-Trait Anxiety Inventory (Spielberger, 1983) added to the rigor of research findings, demonstrating a reduction in state and trait anxiety for survivors. This result is consistent with previous TT and Reiki research (Spence & Olson, 1997; MacDermott, 2000). Lewith and Holgate advise the use of both quantitative and qualitative methods for CAM research (2000, p.19).

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4) Lack of a multidisciplinary approach.

A limitation to this research project is the lack of a multidisciplinary approach. Literature suggests that a multidisciplinary approach to researching Reiki and therapeutic touch would "expand strategies, triangulate designs, and provide more significant and meaningful results in areas appropriate to both qualitative and quantitative concerns" (Spence & Olson, 1997, p. 189). Their view is consistent with that of Lewith and Holgate who advocate for a multidisciplinary research team for robust, high quality work (2000, p. 22). It was not possible within time and cost limitations of this project to construct multidisciplinary research in Reiki healing. There is little research in CAM that is multi-disciplinary, and few clinical studies have been done to uncover Reiki healing as a complement to mental health or health care treatment in general. Social workers have a role to play in such research as they begin to appreciate the healing qualities found in complementary care.

5) Need to research practitioners.

Spence and Olson (1997) stated that it would be useful to research TT practitioners, as well as recipients, through qualitative methods. This research was designed to focus on the participants' experience and benefits of Reiki, but there is some inclusion of interview material from the Reiki Master and the group facilitator/counsellor. Their observations and experiences added to the research design and outcome.

6) Generalizability and sample size.

This study is not generalizable due to its small sample size (n=10). Positivistic ideals support a "verifiably large aggregate of data and the statistical testing of

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empirical hypotheses" (Berg, 1998, p. 11). This study was an exploratory examination of the addition of Reiki healing as a complementary care to group therapy and of necessity employed a small number of participants. While content analysis reveals the content in text, it does not allow for interpretation of the significance of the content (Neuman, 2000, p. 293).

7) Methodological problems.

My initial research design included two self-reports that were to be completed by the participants as they experienced Reiki and did Reiki on family members. Only one participant completed the reports, demonstrating that the research design did not include the necessary supports for their completion. Many mothers had too many responsibilities to allow for this type of reporting. The fact that the mothers were in various stages of healing and had received various types of services for treatment of CSA may have confounded the research results.

While the STAI demonstrated a reduction in anxiety, not all participants completed the 3rd and 4th STAI forms, and the 2nd to 4th STAI were completed at irregular intervals, reducing the accuracy of the reduction of anxiety post-training, as well as the on-going levels of anxiety.

3.5 Ethical considerations for social workers

The following section outlines various ethical factors for social workers to consider when researching energetic/vibrational healing. It is of interest that there are no published studies regarding the moral and ethical issues of TT. Such attention would

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strengthen the foundation of TT and enhance its acceptance as a treatment (Peck, 1994, p. 368).

l) Touch.

There is a concern among professionals that the act of touching during treatments may be misinterpreted as sexual in nature, or create distress in previously traumatized people. It is important to provide an informed consent prior to Reiki treatment. Reiki is deeply relaxing, the person might fall asleep, and the laying down position makes recipients more vulnerable to exploitation, or the fear of exploitation. Flashbacks may occur. Those who are uncomfortable in a lying position can sit in a chair and receive Reiki without being physically touched. There is a need for the practitioners to be sensitive to the results of trauma, and to demonstrate respect and compassion to the recipient. This will enhance the quality of the recipient-practitioner relationship. Trust is a significant factor in the level of comfort a client feels during Reiki, and a trusting relationship can ameliorate such discomfort. The client-practitioner relationship is important (Schachter, et al, 1999).

Clients are protected through the Social Work Code of Ethics that states, "a social worker shall not exploit the relationship with a client for personal benefit, gain or gratification" (1994, p. 13). Reiki training teaches that healing go to the recipient's highest good. The practitioner cannot determine where Reiki should go as it goes to where it is needed. Social workers are trained in sensitive interview techniques that can also be applied to Reiki healing situations. Some of the participants in this study were initially uncomfortable with being touched during Reiki healing but quickly gained trust as they enjoyed the benefits.

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2) Religion.

Reiki is not attached to any religion although Reiki healing is considered to originate from a higher spiritual intelligence (Benor, 2001, p. 251). Benor defines spiritual healing as "a systematic, purposeful intervention by one or more persons aiming to help another living being by means of focused intention, hand contact, or passes to improve their condition" (2001, p. 250). Reiki practitioners believe that the healing energy exchanged with the recipient comes from the universal energy field, and that practitioners can act as a conduit for this energy. These beliefs may be in direct conflict with those who adhere to Biblical teachings that state that healing intent must come from God (Acts 3, 1-12; 9,34; 19,12) (Peck, 1994, p. 368). One research participant rejected Reiki training, as she believed that healing can only come from Jesus. A social worker's duty is to maintain the best interest of the client (Social Work Code of Ethics, 1994, p. 10). Reiki participants who discover they cannot accept Reiki treatment or training must be treated with respect and acceptance, and the social worker is required to assist them in gaining treatment options that fit within their individual needs.

3) Unproven mechanistics.

Many CAM practitioners inappropriately use unproven theories of modern physics and Eastern philosophy in order to explain the mechanistics of healing energy, or they use the effectiveness in research to support theory. However some mechanistics have been scientifically proven. This research design focussed on the effectiveness of Reiki as a means to provide evidence for its inclusion as a treatment option for

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survivors, thus maintaining competence in treatment offerings (Social Work Code of Ethics, 1994, p. 12).

4) Skill and health of practitioner.

It is important for Reiki practitioners working with trauma victims to understand the effects of trauma, and to be connected with a professional in order to assist the recipient. Like any healer or therapist involved in treating survivors, Reiki practitioners require a caring, compassionate and sensitive approach, and must be prepared to deal with intense release/reactions when and if they occur. Schachter (1999) developed sensitive touch practices for professionals working with survivors. Sensitive touch training is provided at Tamara's House, Saskatoon as a result of Reiki research. There is a need for counsellors to be attached to Reiki healing, to form a healing loop, assisting recipients in working through such intense reactions (Curtin & Preblunda, 2000). One research participant experienced an intense reaction that lasted two days and required additional counselling support.

Reiki teaches that the healing energy comes from universal energy, passing through the practitioner's to the recipient. Since the practitioner acts only as the conduit for ki, the healing power is not dependent on the health of the practitioner. However the health and sensitivity of the practitioner is important in terms of sensitive and caring treatment (Schachter, et al, 1999). The social work code of ethics states that, "a social worker shall maintain an acceptable level of health and well-being in order to provide a competent level of service to a client" and that she "shall have and maintain competence in the provision of a social work service to a client" (1994, p. 12). It is incumbent upon

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social workers that employ Reiki as a healing option to do so with adequate training, sensitivity and personal health.

5) Side effects.

There is an unproven concept in Reiki training that Reiki can do no harm. Since Reiki research is extremely limited, its mechanics remain a mystery. Reiki teaches that it cannot be used negatively, and if practitioners claim credit for healing the Reiki will not work. It is taught that Reiki practitioners must also have positive intention for healing to occur.

There is a concern in Therapeutic Touch research that experienced practitioners produce better research and treatment results. Heidt (1981) reported that although there is essentially no risk to using TT it is possible to make patients acutely uncomfortable with pain or nausea if the practitioner is poorly trained. In my own experience if I sharply took my hands out of the energy field of the recipient the energy appeared to pool in that area, creating momentary discomfort. Continued Reiki treatment alleviated the problem.

Research results of this project demonstrated a need to assess the mental stability of healees. Through Reiki training a mentally unbalanced healer may coerce others into believing she has power over them, and can control them. For example, a mentally ill mother may give her child the idea that she has power over him, abusing him through these means. Reiki Masters have the right, and perhaps obligation, to refuse to train individuals they are concerned about.

The ability to use Reiki to heal others may present a risk to some practitioners if they have a heightened vulnerability in taking on other people's pain. Under these

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conditions it is wise for the practitioner to continue in counselling and in Reiki training to gain confidence in her own abilities for healing others and self. The primary obligation of a social worker is to maintain the best interest of the client (Social Work Code of Ethics, 1994, p. 10), implying the need for continuous assessment in regard to the appropriateness of treatment options for clients.

6) Legal implications.

It is important for recipients to give informed consent in writing and to receive proper explanation of Reiki healing prior to consent. Practitioners can purchase liability insurance through the Association of Massage Therapists.

7) Ethics approval.

Ethics approval for this project was given on the basis that it required a medium degree of sensitivity due to the nature of the emotional condition of survivors. Reiki is a form of healing that includes physical contact and it required ethical approval from Saskatoon District Health as well as the University of Regina and the University of Saskatchewan.

3.6 Summary

This study used qualitative feminist research methods to establish the experience and benefits of Reiki when used as a complement to group therapy for mothers healing from the negative effects of child sexual abuse. Two groups of survivors were studied (n=10). Group I, the Mother's group, were currently in a talk therapy group where level I Reiki training was added (n=5). The Reiki Exchange Group, Group II, were graduates from a previous Mothers' Group and met weekly (n=5). They were trained in Level II

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Reiki. Semi-structured, multiple in-depth interviews were conducted to generate data. The Genogram was used as an interview tool to uncover the context and symptoms of CSA. The participant's subjective experience and benefits from Reiki as a treatment complement were revealed. Content analysis generated categories and themes from the data through a process of inductive and deductive coding. Previous TT and Reiki research demonstrated a reduction in the levels of anxiety. The STAI was given as a quantitative measure to triangulate this research result.

This project was exploratory and descriptive, aiming to uncover the outcome of Reiki healing and training. Subjective studies cannot identify causal relationships but this study was useful in the exploration of Reiki as a potential treatment option.

Reiki is considered to be a safe therapy but this is unproven. It is important to consider the ethics involved in Reiki healing and to adhere to the Social Work Code of Ethics (1984). Clients may object to Reiki on the basis of their religious convictions (Peck, 1994), and it is important to assess the mental stability of clients who are receiving touch therapy (Shannon, 2001). Informed consents and proper liability insurance is required.

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4 ANALYSIS OF DATA

4.1 Introduction

The research data was collected by means of multiple in-depth interviews from five participants in Group I, and five participants in Group II (including myself and the Reiki Master). The STAI was administered prior to and after Reiki training (Spielberger, 1983). A table of the characteristics of the research participants (n=10) was created from the Genogram (Appendix L). The age range of group participants was 23 to 53 years, with the average being 38. Six of the women had partners and three were single parents. Five women were of aboriginal ancestry, the remaining from Irish/English/French/Scottish/Norwegian ancestry. Six of the women had children from different fathers. Two of the nine women held a full time job, and three were full time homemakers.

Semi-structured multiple in-depth interviewing was completed using standard questions arising from the group interviews. The Genogram provided a three generational picture of their family, reporting family history and the history of abuse (Appendix N). Sensitive interview techniques were used and the participants were instructed to speak to their therapist should the process create discomfort. Group members who were initially uncomfortable with the process did not sign up for the research. Two participants required the support of their therapist after the initial interview. The data analysis of the Genograms provided demographics and stories of abuse that formed patterns common to families of survivors, and might be useful in the transportability of the research.

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The research question focused on exploring the experience and benefits of Reiki healing for survivors of CSA. The results of the Genogram demonstrated that seven of the ten respondents had multiple perpetrators of sexual abuse, and that a father or stepfather sexually abused four of the women. The average age of onset of sexual abuse was seven. Six of the subjects experienced physical abuse, with three subjects having been physically abused by both their father and their spouse. All subjects reported emotional abuse by multiple people, six by a parent or parents, and seven by a spouse. Physical and emotional symptoms resulting from trauma were numerous for each participant and fell into the symptoms that Herman categorized as Complex Posttraumatic Stress (1997). Three of the mothers had one child who was sexually abused, two children had sexually offended, and one was sexually acting out. Another mother suspected that a former husband sexually abused her daughter. Seven mothers had children who witnessed physical and/or emotional abuse of their mother, and one child witnessed her father kill himself with a gun. Seven mothers had children who demonstrated behavioural symptoms resulting from witnessing previous trauma, or due to previous victimization.

4.2 Coding

Interview transcripts were created for all participants in the Mothers' Group (Group I) and the Reiki Exchange Group (Group II) from the multiple in-depth interviews. Each participant was given a code to protect their identity.

The research question was, "what is the experience and benefits of Reiki as a complement to group talk therapy for Mothers' healing from the impact of the negative

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effects of CSA?" Berg advises researchers to categorize material consistent with "the questions asked... but also with a relation to the properties of the phenomena under investigation" (1989, p. 234). The literature identified symptoms of Complex PTSD (Herman, 1997) found in survivors, and I used this list of symptoms to extract the same from each Genogram. I was interested in finding out how Reiki healing and training affected the mother/child relationship in healing from the intergenerational effects of CSA. Previous research demonstrated a consistent reduction in anxiety and I wished to discover if this project would produce similar results. The symptoms of CSA determined from the Genogram easily matched the elements found in Reiki healing (Lubeck, et al, 2001; Rand, 1998), supporting my approach of using Reiki elements as the units of analysis for further coding of the interview material (Table 3). The purpose of using this design was to specifically determine if Reiki healing and training reduced the symptoms of Complex PTDS in the research participants, results previously determined through the research of MacDermott (2000) and Kennedy (2001).

I classified the remaining interview material into three categories: results from the initial Reiki experience, Level I training, and Level II training. I wanted to discover correlations in regard to the experiences and benefits of Reiki with that of increased Reiki healing and training. For example, a previous study demonstrated that spirituality increased with increased training in energy healing (Wardell, 2001).

Open and axial coding, integrated with theory, grounded the data which I coded in matrix form (Berg, 1989, p. 242). Through this process of induction and deduction I developed conceptual clusters representing the elements of the research question,

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Table 3 – Elements of Reiki healing matched to symptoms of Complex PTDS

Elements found in Reiki healing	Symptoms of the trauma of CSA
Emotions surface, allowing them to be expressed and dealt with	Flashbacks, intrusive memories
Decreased stress	Stress, tension
Decreased pain	Aches & pains, headaches, lower back pain
Decreased anxiety, agitation, rapid relaxation response	Anxiety, panic attacks
Improved sleep patterns	Sleep problems
Increased sense of peace and calm	Anger, risky behaviour, addictions
Release from fear and denial	Fear, denial
Increased focus, alertness	Numb, foggy, confused, dissociative
Well-being and acceptance of self	Self-blame, depression
Increased control and power in lives	Helpless, doormat, can't say 'no'
Increased self-love, unconditional love	Low self-esteem, repeated victimization
Increased interconnectedness in childbearing families	Emotional/physical distance from children; poor parenting
Spiritual transcendence (seeing oneself as part of a greater force); seeing colors, light during treatment	Rejection of religion, lack of spirituality
Increased responsibility for the healing process	Symptom reduction through medicalization creating a heavy cost to healthcare system
Space for inner reflection	Running from self
Easier labour and childbirth	
Egalitarian relationships	Fear, intimidation, or rejection of authority
Warm, tingling sensations, increased energy	
Nurturing, soothing feelings, feelings of safety	Feeling unsafe, hypervigalence
Sending Reiki	
Touch	Fear of being touched, fear of touching others

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eventually forming themes regarding the experience and benefits of Reiki for survivors (Table 5, p. 114), as well as themes regarding the specific experience in the Mothers' Group

and the Reiki Exchange Group. Group I commented on their participation in the Mothers' Group while Group II participants were able to describe the benefits of both the Mothers' Group and the Reiki Exchange Group. I specifically wanted to understand if Reiki complemented traditional group talk therapy, and if Reiki exchange promoted the development of a community of healers.

The themes that emerged form the data on the experience and benefits of Reiki appeared to be simpler at the initial stages of Reiki healing, growing more complex as increased healing and training occurred. It appeared that Reiki healing was a process enhanced by the combination of training and receiving further Reiki healing. When inconsistencies in patterns emerged I discussed them in order to explain whether they had invalidated overall patterns (Berg, 1989, p. 243). While content analysis is ineffective for testing causal relationships between variables, it is particularly beneficial for exploratory or descriptive studies (1989, p. 245).

4.3 Themes uncovered in Reiki healing and training

Open and axial coding of the research categories resulted in the following themes found in Reiki healing and training for Mothers' healing from negative effect of CSA.

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1) The initial experience of Reiki may stimulate emotional and physical release of traumatic memory, followed by a period of deep relaxation.

Axial coding demonstrated that the initial reactions of participants who received Reiki ranged from total relaxation to intense re-experiencing of previous trauma. Five of the ten subjects initially experienced increased physical and emotional pain that subsided by the end of the treatment, except for one participant who continued to have releases over the next two days. Many participants expressed their surprise at such reactions. Their experience was consistent with Reiki literature that describes how repressed emotions are brought to the surface through energy rebalancing (Lubeck et al, 2001; Shannon, 2001). Weil notes that we know little about how the mind affects the body, and that science denies the possibility of non-physical causation of physical events (1995, p. 242). It is believed that Reiki energy knows where the negative energy exists and flows to these areas where it raises the vibration level until the negative *ki* cannot hold on to the area it is attached to and is released (Lubeck et al, 2001, p. 69). Five of the ten subjects experienced only a deep relaxation during their first Reiki treatment.

Participants experiencing emotional and physical release made the following statements. "It was emotionally painful. It brought up other issues of being emotionally abandoned by my parents and the other abuses." "It was like a release of something, I cried." One mother stated she experienced increased carpal tunnel pain during her first treatment, and the pain disappeared the following day and has not returned. Another mother cried when she experienced the touch of Reiki stating "this is what my mother should have given to me – but I have it now."

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At times the lack of previous awareness of emotional pain displayed itself. "Reiki was connecting to something and created more tears. I still don't know why I cried. It must have been a showering of the soul, I was disconnecting from the dysfunction." While most participants appeared to cope with these releases, one mother who had experienced severe trauma re-lived this trauma for a couple of days.

When I received my first Reiki treatment I experienced intense relaxation and I had not remembered ever relaxing to that degree in my life. Some participants only experienced deep relaxation without any obvious emotional or physical release. "It was like being hypnotized for the first time. I have never felt so totally relaxed before." Four of the five participants who experienced emotional/physical release enjoyed a subsequent calmness and relaxation. "I fell into a very deep relaxed state, somewhere between sleep and being awake. I had never allowed myself to feel this relaxed in my life."

As Reiki training and healing progressed it appeared that recipients gained more trust in the treatment process and learned to use relaxation for continued emotional release. "Now in treatment I immediately release, let go, get really deeply relaxed. This is the only thing that has gotten me to relax – I have trouble relaxing." The mother who experienced the most intense negative emotional and physical reaction in her initial treatment stated, "I was not afraid to return for more Reiki because my body told me what I had gone through was essential."

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2) Reiki decreases tension and stress, and creates a sense of calm and well-being.

Seven of the ten participants initially experienced a temporary release from tension and stress, and expressed feelings of lightness, well-being and calm. Bonadonna reports that, "during and after receiving TT, people commonly report feelings of relaxation, lightness, tingling, or heaviness" (2001, p. 234). "I felt light, unstressed." "I was anxious as I did not know what Reiki was. I fell into a very deep relaxed state, somewhere between sleep and being awake. I had never allowed myself to feel this relaxed in my life."

As Reiki healing continued, there appeared to be an overall reduction in response to daily stressors, and an increased confidence in positively handling on-going situations. One mother stated, "just over time I realized I changed in terms of things not bothering me." Another stated, "I am not reacting to the littlest things." These results are consistent with TT and Reiki research that demonstrated a consistent decrease in state anxiety, as measured by the Spielberger State Trait Anxiety Inventory (Bonadonna, 2001, p. 235). State anxiety evaluates how the person feels 'right now.'

It appeared that the relaxation the participants experienced during and after Reiki impacted on-going levels of anxiety (trait anxiety), and in this study statistical significance was reached in terms of reduced trait anxiety through t-test analysis. Panic attacks were reduced as well as generalized anxiety and worry. "I don't panic anymore unless there is something to panic about. Before, I would panic about everything. I did not know how to relax."

Participants appeared to be in greater control of negative emotions and experienced an increased belief in self, perceptions and feelings. "I'm not worrying so

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much about things, and not hanging on to certain stuff that you don't have to hang onto, that you should just throw away. I am happier." "I had a good cry afterwards from all the tension that was let go – a cry of release." "It was like a weight had been lifted."

3) Reiki increases the quality of sleep, resulting in increased energy and mental focus.

Four of the ten participants emphasized an increased quality of sleep and a resulting increased energy, mental focus, and problem-solving ability. "Totally relaxing, I fell asleep." "My mind feels orderly, I don't worry about how things may be." "I noticed I slept less and had increased energy." "When it was over I felt calm, clear-headed." "I ended up having top marks in both my classes. I stayed focused. The information was there, I just needed to bring it forth."

After Reiki training seven of the participants spoke about an increased quality of sleep induced through the learning of Reiki self-treatment, or by Reiki healing in the group setting. Many assisted their families towards a good sleep. There appeared to be a direct correlation between further training and healing with the quality of sleep both for the participant and their family members. "My son wants it every night now and says he sleeps better." "I use it to sleep as well as I have trouble sleeping, almost every night." "After the first day of attunement I went home and I did it on myself and I fell right to sleep. I usually don't fall right to sleep."

The literature identified how the parasympathetic nervous system is stimulated in reaction to relaxation, increasing immune responses and producing calming hormones (Pert, 1999).

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4) Reiki increases self-confidence and emotional strength, resulting in increased power and control for survivors.

All ten participants gave statements reflective of an increased self-confidence and emotional strength as Reiki training and healing progressed. These statements ranged from feelings of increased contentment to increased assertiveness and an ability to protect and defend themselves. "I was more at ease with my self and my surroundings, more connected." One mother noted she had "changed, I am strong and have lots of friends." They felt more able to ask for help, had increased self-expression, and felt more able to shield themselves against further victimization. "When I am threatened I make the power symbol and see myself shielded. I visualize the aggression bouncing off me and back to them." "I am more outgoing, and I am standing up for myself."

Two of the participants displayed further emotional control of past trauma by learning they could send Reiki to past abusive situations, lessening the intensity of the trauma. "I found out you can send Reiki to your past. I want to send it to the time when I was 11 and my step-dad began sexually abusing me, but instead I started sending it pre-birth."

It appeared that Reiki provided a sense of power and control that survivors generally do not feel (Herman, 1997). "As long as I stay in control I realized I could let go of all the worry. When things come into your mind you brush them away and breathe from your diaphragm." "It was like I had my own strength, abilities back. That I can do a lot of things for myself and my family."

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Participants often stated that Reiki produced a sense of peace and calm in themselves and their children. "I don't get as angry anymore – the one emotion that Reiki has helped the most. My depression comes out as anger rather than sadness." "I noticed a real change in my son, he is calmer, and the violent physical reactions are nonexistent." "I released some anger or something because ever since then I have been calm."

5) Reiki increases parent-child bonding, improves parenting skills, and can provide mothers with the capacity to assist their children in physical and emotional healing.

Coding of the interviews demonstrated that six of the participants experienced an increased bonding with their children, it created a calm atmosphere, it provided parents with the ability to take leadership in parenting situations as well as the ability to assist children to get rid of the effects of abuse. It gave them a choice of something they could do rather than dumping their emotions on to the child. Reiki training in Level I and II provided the mothers with a belief that they could help their children in various ways, and it helped them change some negative parenting approaches. "I feel better able to deal with things in a more constructive way, especially with the children. Before Reiki I used to yell and scream at my daughter. It is very emotionally damaging to be yelled at." "I do Reiki on my son whenever I can, and now he goes to bed easier. There is no fighting with him hopping out of bed." "If you are in a tense situation – kids crying and whiny, and you respond with Reiki or a hug instead of anger - instantly it calms my son." "He is a very angry ADD child. We don't give medication, just words and Reiki."

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These results are consistent with TT research where feelings of an increased bond to children was reported (Quinn & Strelkauskas, 1993, as reported in Shannon, 2001, p. 235). It appeared that with increased Reiki training these mothers gained the ability to soothe their children and to react in a more positive manner in parenting situations.

6) Reiki empowers mothers to take responsibility for self-healing, and to assist others in healing.

Reiki training taught the mothers how to heal themselves from illness and pain, resulting in increased medical independence for themselves as well as family members and friends. The resulting reduction of the duration, frequency and intensity of pain and illness appeared to be one of the major benefits of Reiki, consistent with TT and Reiki research results (Bonadonna, 2001, MacDermott, 2000). "I give Reiki to any part of my body that aches at the time – feet, head, back. I have lots of aches and pains. I get headaches from emotional problems." "I get very serious headaches when I am emotionally overwhelmed and Reiki takes the pain away."

Many participants gave Reiki to their family and friends for pain and illness. "My mother-in-law gets terrible sinus headaches. I gave her Reiki and it took her pain away for two days when medication was not helping." "My husband gets really bad headaches, but Reiki will put him to sleep."

Participants were encouraged by the results when they helped others through Reiki. "When you see it in your kids, it heals the pain, you realize you can heal your

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own pain." "I really feel empowered when I can help someone else." "I use Reiki on my cat who is old and losing all his teeth. He can eat now."

Reiki appeared to increase a sense of responsibility for self-healing. "I never thought that 'I come first', but Reiki helped me realize that I am number one, and if I can't take care of myself, then I can't take care of anybody else." "I can help myself feel better. I used my fire finger on my belly to help my whole body. When something would happen I felt better able to deal with it in a more constructive way."

Only one mother verbalized vulnerability in taking on other people's pain. "I am not only afraid of what I can pick up, but just being a magnet has scared me into leaving things along for awhile." This mother appeared to have a heightened sensitivity to others. "When I use Reiki on others I find that I pick up on their feelings." She believed she needed more guidance in learning Reiki healing. Bonadonna cautions that, "for people with a fragile sense of self, such as those with severely disordered personalities or psychotic disorders, transpersonal experiences may be difficult to integrate" (2001, p. 237). He advises short sessions with gentle projection of peace and compassion toward the person (2001).

7) Reiki produces a sense of warmth, comfort, nurturance and soothing due to physical touch, and to sensations of energy moving in the body.

The participants' initial Reiki healing appeared to produce feelings of being nurtured in the majority of participants. "The first full treatment felt like how my mother's hands should have been on me, especially when she put her hands on the sides of my head and my sternum. I cried; that is how my mother should be. It felt very

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protective." "Reiki was like being tucked into bed – warmth, security, safe." "When [the practitioner] put her hands on the sides of my head it felt like the nurturing I had never received." "I felt sensations of heat and cold when her hands were on my forehead and the back of my head."

Three of the participants were initially uneasy with being physically touched, reactions that are consistent with CSA literature (Herman, 1997). "I was not open to people touching me and me touching other people. [The practitioner] sensed my apprehension so she just gave me a mini treatment." "[The Reiki Master] teaches you to give Reiki to children who are not close to you while sitting up so they don't get the wrong idea, for safety." "At first it was very uncomfortable, I didn't like to be touched – uptight."

It appeared from the comments of the participants that the relationship between the participants and group facilitators was significant in order for the participant to be open to receiving Reiki. Trust was significant. "I wanted hands on me, I trusted it to work, and really trusted [the Reiki Master] as she looked like a caring person." After moving past the initial reaction to being touched, these participants learned to relax and enjoy the benefits, feeling connected in a trusting way to the practitioner. Shannon states that, "clinical experience has shown that the TT practitioner and the person being treated often share moments of awareness that are intuitive, extrasensory, and synchronous" (2001, p. 235).

As participants learned to feel the flow of Reiki in their hands they made various comments. "When I give Reiki I get that pins and needle thing happening, as if someone is walking through me. It is like an energy field." "For me Reiki has been an

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answer to an energy that I always had but never knew what it was." This sensation of Reiki flowing appeared to increase with increased healing and training. "I can feel the Reiki flowing in my hands and feet at times when I think about it." "When I send Reiki I feel the burning, hot feeling in my hands." Literature states that the parasympathetic nervous system is stimulated through Reiki healing, creating feelings of wellness and relaxation (Pert, 1999).

8) Reiki increases spirituality, the sense of being connected to and impacted by a higher power.

Seven of the participants experienced spiritual sensations during Reiki, five of them visualized moving light and colour, colors that often moved and flowed. "I saw purple with a dark spot in the middle, like a tunnel." "My Level II attunement was like an acid high with all the different colors – yellow and blue, moving like an acid trip. The colors moved in and out."

As Reiki training and healing progressed, recipients claimed feelings of a connection to something higher, a stronger spiritual sense. Religious notions re-surfaced in some, and in others the sense of a spiritual nature to life was new, containing the notion that the recipient is not alone, but is being guided by a higher power. "Reiki opened up a direct connection in the attunement to the creator, God. It was very colourful white light, fringed and all of a sudden it was a slit of an eye – it opened up. I knew it was the creator. This was my first spiritual awakening as an adult." "Before Reiki I had bad experiences with religion, a hang-up with God. To this day I have a hard time going into a church – the church kept me silent, had total

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control." "Reiki has its own drive, it goes where it is needed and it is coming to a spiritual understanding. My spirituality is getting stronger." "I saw a yellow-whitish outline that looked like Jesus to me. I saw bright purple, yellows, greens and oranges." This sense of spirituality appeared to increase with increased training and healing. "I am connected to something I don't understand but it feels good."

Reiki appeared to be well accepted by the aboriginal mothers due to its spiritual nature. "Our Indian ceremonies are just for the spiritual. I know touch healers and I imagine it is the same force of healing that Reiki is. That is why I wasn't afraid of Reiki because my people do that all the time." One aboriginal mother enjoyed Reiki because "Reiki makes everyone the same." Another Aboriginal mother explained, "many counsellors are very directive, telling people how to feel, confronting. For Aboriginal people confrontation is wrong, you need to listen to a story and take what you want or need from that story. These methods are still cross-cultural barriers. In Reiki you don't have to tell your story. It's like God loves everybody and doesn't need you to confess it. This is where the shame is. The pain and shame are not mental issues; they are spiritual."

Of exception was one mother who refused to take Level II training and refused to use Reiki after her Level I attunement, even though she enjoyed the experience. She said it went against her religious beliefs. "Jesus is the only healer." This mother also stated, "I thought Reiki was cultish, and I was confused as it was wonderful." While she apparently enjoyed the effects of Reiki, she could not accept that humans have healing ability (Bonadonna, 2001, p. 234).

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4.4 Benefits of Reiki for participants in the Mothers' Group

Experiences of the benefits of Reiki in the Mothers' Group varied among participants, confounded by the lack of consistency in attendance. Some women came to each group session, while others came less frequently. The following themes were derived from coding:

1) Talk therapy groups are beneficial for building trust, learning from each other, feeling understood, and gaining knowledge in the dynamics of sexual abuse.

Five of the ten participants who were attending or had attended the Mothers' Group commented on how talk therapy increased their knowledge regarding sexual abuse, and increased their coping skills in dealing with abusers, and was a place to talk about abuse in general. "The Mothers' Group helped me, made me feel more like getting something off my chest." "I didn't know that was a form of sexual abuse, I always thought it had to be physical. I had the same emotions as the other women who had been sexually abused: anger, mad and not feeling good about myself, that this is my fault." "It raised my self-esteem, and gave me the confidence to face my dad and tell him that he hurt me with what he did and how he treated me. It gave me the courage to lay down boundaries – so he can't put me down, use his mind control, making you feel like crap." "The group helped me with increased understanding and realization of what I did and why I thought the way I did. The most profound realization was how subtle sexual abuse can be."

One participant appeared to be emotionally triggered when stories of abuse were shared. "At the Mothers' Group you either walked out feeling good or feeling shitty, depending on the topic, for example, letters to perpetrators." The group facilitator

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explained that, "hearing one another's stories offered them a kind of support that they couldn't get from individual counselling." One therapist made a referral to the Mothers' Group to enable her client to connect emotionally to issues of past abuse. "The therapist felt I wasn't connecting emotionally to the abuse, just factually, so she referred me to the Mothers' Group."

One participant expressed the need for on-going counselling. "If you have serious issues, especially with violence, counselling is something you still need – especially if you have no support at home. You need someone to steer you in the right direction if your thinking is off."

2) Reiki allows for deeper and faster healing, increasing the therapeutic effectiveness.

In describing a previous Mothers' Group where Reiki was not offered, one mother stated, "in the Mothers' Group it was hard for the others because things come out and they don't know what it is – they can't go forward because something is eating at them and they don't know what." Another mother stated that, "counselling was helpful to find a place to talk about the abuse, to compartmentalize the abuse, to create boundaries when dealing with abusive people and to continue to protect my children from similar abuses. But I still had the flashbacks and fears in certain situations." It appeared that talk therapy alone was narrow in its ability to meet the healing needs of the participants.

The introduction of Reiki to the Mothers' Group appeared to be appreciated by the two participants who had experienced a previous Mothers' Group without Reiki. "The second time I went to the Mothers' Group, Reiki was added. I was able to release

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more without having to say anything." "Groups should include Reiki because it is better having it in there – much more rewarding. I got further the second time and I only went half the time – I got through more stuff the second time." The Reiki Master explained that "in the first Mothers' Group I attended it was just talk therapy and I thought I worked at a phenomenal pace as I was determined to feel better. But if I had Reiki I would not have had to struggle so hard. The people I see now that had Reiki start speaking out sooner than I did. It was hard for me to say even small things. It would have given me the understanding that I would be ok anyways. It would have helped me open my mind further, go deeper and more quickly. It would have helped me feel that I did the right thing in confrontation, rather than worrying about it afterwards. Now, when tasks are hard, I send Reiki into it."

3) Reiki provides an anaesthetic for the emotional and physical release of traumatic memory.

The use of Reiki healing prior to talk therapy appeared to provide an emotional cushion or anaesthetic for participants to release painful material. One mother stated, "if we had Reiki first, I noticed that the women were much more relaxed. Instead of being overwhelmed, we could take it in and understand it instead of the emotions coming over and just exploding." The group facilitator coined the phrase "anaesthetic for the emotional surgery" (J. Tremmel, personal communication, June 6, 2000). My personal observation was that participants became relaxed and open after Reiki treatment, with increased verbal sharing regarding issues and needs.

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4.5 Benefits of Reiki for participants in Reiki Exchange Group

1) Reiki Masters can provide on-going healing from CSA after the professional services have ended.

I interviewed the Reiki Master who led the Reiki Exchange Group. She had been through the Mothers' Group herself, gaining experience and sensitivity in assisting others in healing from CSA. Although she was not a therapist, she confirmed that participants benefited from on-going connection with counselling, as well as their experience in the Mother's Group:

> people, who have been through the Mothers' group and feel that they accomplished a lot, but need to take the next steps, can benefit from Reiki Exchange. Someone like me comes along and says, I can give you Reiki to keep you well. Women think that they got it all out through the Mothers' Group, but they continue to bring things out that were undone, left behind. I would play a big role in helping the aftermath of counselling. Doing Reiki before counselling sessions is important as well as after, because it helps. The Reiki Exchange Group kept them feeling well, able to cope with life, calm in dealing with the kids, better decision-making, and saw that their lives were easier and they could challenge more things (B. Heimbecker, personal communication, June, 2000).

The Reiki Master was particularly concerned that mentally ill clients may not be suitable strictly for a Reiki Exchange Group, and noted that, "some clients who are mentally ill need a combination of Reiki and counselling in an on-going way." Her view is consistent with that of Bonadonna who cautions that using Reiki with emotionally fragile people requires sensitive skill (2001).

2) Reiki exchange groups combat isolation and provide long-term support.

All five participants of the Reiki exchange group described the communalism they felt. "I was nervous giving it to someone you don't know that well, and I loved receiving it. I liked the fact of having two people giving me Reiki. It was more

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relaxing, calmer, and I had an overwhelming sense of feeling good." "I enjoyed it, receiving treatment and giving treatments and the cooperation that we all had when we worked on one person. There was lots of communication with each other – learned that the power to heal is within us all and that we can help one another." "I enjoyed the communalism with the other women and felt connected. There was a sense of belonging, teamwork and practice. There is strength in numbers."

3) Reiki Exchange Groups reinforce Reiki as a healing option.

All five participants described their appreciation for the opportunity to practice Reiki through the Exchange Group, incorporating it as a healing option and a healing atmosphere for themselves and their families. "In the beginning I got out of the habit of Reiki so if I didn't have the support group I would not have kept going. It keeps it going and we learn so much from each other, talking about it, especially in the beginning." "In the beginning if I didn't have the support it would have fizzled out. You get new ideas. Practice, the more you use it the better you get." "Over the Christmas holidays by not doing the Reiki exchange I got lazy. Really missed it." "This is where I was able to practice Reiki, fine-tune my Reiki skills and knowledge, and help others feel better. Had I not had this experience I doubt that I would have pursued Reiki as a self-healing treatment or used it for the treatment of others." "I had no support group so I didn't practice much until I was invited to join the group." "[The Reiki Master] was able to explain various phenomena that occurred during treatments."

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4) Reiki creates a healing atmosphere within groups, families and the community.

Participants spoke about the Reiki Exchange Group as a source of empowerment and a place of support. "Reiki teaches that you first heal yourself to be able to parent". "The exchange group was empowering. It was a shorter 15-minute Reiki treatment, but an amazing experience to be a practitioner and you felt like a practitioner." The facilitator believed that the group "gives the mother support in order to have the energy to give support to their kids."

4.6 The State-Trait Anxiety Inventory

Table 4 represents the scores obtained through the STAI (Spielberger, 1983) given to all research participants except for the Reiki Master. All participants (n=9) completed the STAI prior to and after Level I or Level II training, six participants completed a 3rd STAI, and three completed a 4th STAI. The STAI has been used extensively in previous research to measure the reduction of anxiety when using Therapeutic Touch as a healing method (Spence & Olson, 1997), and in MacDermott's study (2000) to determine if Reiki reduced symptoms of anxiety. The STAI triangulated the qualitative findings.

Trait anxiety (T-Anxiety) refers to individual differences in reactions over time to stressful, dangerous or threatening situations (how they generally feel), whereas State anxiety (S-Anxiety) refers to the degree of anxiety experienced in the present moment (how they feel right now) (Spielberger, 1983). The STAI consists of 40 questions with possible scores ranging from zero to 80.

> the means S-Anxiety score for a group will be approximately equal to its mean T-Anxiety score when the S-Anxiety scale is given under neutral conditions.

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> The S-Anxiety scores are higher when this scale is given under stressful conditions and lower when it is given under relaxed circumstances, whereas T-Anxiety scores are generally not influenced by stress (Spielberger, 1983, p. 14).

Prior to Reiki training the Mean State anxiety score was 43 (SD 4.5), which is higher than the Mean score of 36.17 (SD 10.96) for working female adults in the 19-39 age group (Speilberger, 1983, p. 14). The Mean Trait anxiety score was 43.6, higher than the Mean Trait score of 36.15 (SD 9.53) for female working adults in the 19-39 age group (1983, p. 14).

After Reiki training the participants completed a second STAI. The Mean S-Anxiety score dropped from 43 to 37.8 (SD 3.2) and the Mean T-Anxiety score dropped from 43.6 to 36.7 (SD 2.9). The data was applied to the Statistical Package for the Social Sciences (SPSS), making pairwise comparisons between columns. Statistical significance was achieved at less than .05% for T-Anxiety, but no statistical significance was achieved for S-Anxiety. Statistical significance was achieved between the 1st and 2nd STAI for T-Anxiety at .004 (n=9), and the 1st and 3rd at .005 (n=5), and between the 2nd and 3rd STAI at .003 (n=5). Of those who completed the 3rd and 4th STAI's there appeared to be a continued reduction in anxiety that was unable to be statistically analyzed due to lost data. The sample size was too small and the number of variables too great to conduct a powerful test of statistical significance on state and trait variables (Ruben & Babbie, 20001, p. 690).

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Table 4 – Results of the STAI

	Participant	Age	1st STAI	2nd STAI	3rd STAI	4th STAI
Group I						
	AA	26	S 56 T 50	S 54 T 50		
	AB	45	S 47 T 38	S 33 T 28		
	AC	37	S 68 T 56	S 50 T 42	S 24 T 33	
	AD	41	S 27 T 28	S 30 T 29	S 32 T 24	S 23 T 28
	AE	46	S 45 T 42	S 45 T 33	S 30 T 32	
	Total (n=5)	**39**	**S 48.6 T 38.8**	**S 42.4 T 36.4**	**S 28.6 T 29.6**	**S 23 T 28**
Group II	BB	22	S 32 T 36	S 37 T 33	S 25 T 27	S 28 T 29
	BC	35	S 28 T 54	S 30 T 47	S 27 T 40	S 24 T 44
	BD	31	S 45 T 38	S 28 T 27		
	BE	53	S 39 T 51	S 34 T 42	S 25 T 35	
	Total (n=4)	**35**	**S 36 T 44.75**	**S 32.224 T 37.25**	**S 25.6 T 34**	**S 26 T 36.5**
	Total (9)	**37**	**S 43 T 43.6**	**S 37.8 T 36.7**	**S 27.16 T 31.83**	**S 25 T 33.6**

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4.7 Summary

The purpose of this research was to uncover the experience and benefits of Reiki as a complement to group talk therapy for women survivors. The research findings indicate that Reiki used as a complement in healing from the effects of CSA is more effective than group talk therapy alone. Research results demonstrated that Reiki brought issues of emotional and physical trauma to the surface and released them, culminating in more rapid and intense healing, and increased relaxation and control over traumatic material as Reiki acted as an anaesthetic to release the emotional pain. Reiki training and healing appeared to empower mothers for self-healing and soothing, reducing anxiety and pain, and increasing relaxation. Many mothers formed a closer and more positive relationship with their children. It appeared that the calmer the mothers became, the easier parenting became. A heightened sense of spirituality occurred as Reiki healing and training progressed, adding to the sense that the survivor was not alone and was being helped by a higher power. Through the Reiki exchange group it appeared that a sense of community had developed among the women as they shared in Reiki healing and assisted each other towards increased health.

The research results demonstrated the need for caution when using Reiki as a healing complement. One healee could not accept healing as coming from anyone except Jesus. Another difficulty lies in healees who are fragile emotionally and may require additional and simultaneous counselling to work through the stages of healing where emotions surface.

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5. INTERPRETATIONS AND DISCUSSION

5.1 Introduction

I began this research study by exploring the demographics and family histories of participants in the Mothers' Group and the Reiki Exchange Group. I was looking for trends and commonalities (Appendix L). I found a marginalized population with multiple problems resulting from their history of trauma. The average age of participants was 38, and the majority of mothers had children from different fathers, lacked full time employment, were sexually abused by multiple perpetrators, had children who witnessed physical and/or emotional abuse of their mother, had children with behavioural symptoms resulting from trauma or witnessing trauma, and all subjects were emotionally abused by multiple people. Two of the sexually abused children had sexually offended. All participants described symptoms found in Complex PTSD (Herman, 1997). This data included the Reiki Master and myself. By using myself as a participant in the Reiki Exchange Group I was able to glean more information and compare it with my own experiences and reactions.

All mothers, except for myself, had been through the Mothers' Group for the purpose of healing from CSA. Although I had not experience the Mothers' Group I had led survivor groups for foster mothers and teen mothers. I believed I understood talk therapy experiences. It appeared that trust in the group facilitators was an important factor for participants to agree to Reiki healing and Reiki training. Trust linked participants to the Reiki process. The interview results showed a direct relationship between increased Reiki training and treatment, and increased healing benefits.

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5.2 The experience and benefits of Reiki healing and training

Table 5 represents the eight themes uncovered through coding of the qualitative material.

Table 5

Themes regarding the experience and benefits of Reiki healing
1) The initial experience of Reiki may stimulate emotional and physical release of traumatic memory, followed by a period of deep relaxation.
2) Reiki decreases tension and stress, and creates a sense of calm and well-being.
3) Reiki increases the quality of sleep, resulting in increased energy and mental focus.
4) Reiki increases self-confidence and emotional strength, resulting in increased power and control for survivors.
5) Reiki increases parent-child bonding, improves parenting skills, and can provide mothers with the capacity to assist their children in physical and emotional healing.
6) Reiki empowers mothers to take responsibility for self-healing, and to assist others in healing.
7) Reiki produces a sense of warmth, comfort, nurturance and soothing due to physical touch, and to sensations of energy moving in the body.
8) Reiki increases spirituality, the sense of being connected to and impacted by a higher power.

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The most consistent benefits from Reiki healing appeared to be reduction in anxiety, reduction in physical and emotional pain, and the increased ability to relax. These benefits served to reduce the symptoms of hypervigalence, anxiety, depression, confusion, anger and addictions found in Complex PTDS (Herman, 1997).

As Reiki healing and training progressed there was a direct correlation in the participant's confidence to self-heal, and to assist others in healing their emotional and physical problems. Many survivors experience sleep problems and physical problems such as lower back pain as well as various other aches and pains (Schachter et al, 1999). It appeared that the ability to self-heal, and to heal others improved self-esteem and gave them a skill that they considered valuable and could share with others. Their sense of connection and contribution increased.

For many survivors there is either emotional and/or physical distance from their children (James & Nasjleti, 1983). This distancing results in less effective parenting. It is common for mothers to pull away from their children emotionally and/or physically when they reach the age that the mother was at when she was first sexually abused (1983). Reiki healing and training gave these mothers the ability to stay calm, and in turn calm upset or misbehaving children, to put them to sleep, and to nurture them with touch. The end result was increased parent-child bonding and increased positive parenting skills.

While some of the Caucasian participants found the sense of spirituality in Reiki healing a new or renewed phenomenon, all of the Aboriginal participants appeared to have a *spiritual knowing* and acceptance of the concept of spirituality in healing. Peat states that, "Aboriginal culture connects people to their spiritual origins and honours the

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various power and spirits that surround them" (Peat, 1994, p. 31). The idea of touch as a healing action due to an exchange of energy is common in Aboriginal culture. Two of the Aboriginal participants appreciated that they did not have to talk about their trauma in order to receive Reiki healing. One Aboriginal woman stated that pain and shame are spiritual issues, not mental issues. All participants described a spiritual connection that occurred as Reiki training and healing progressed. Recent research identified the need for spirituality in human wellness (SDH – Call to Action I, 2000).

Many survivors had discomfort and unclear boundaries around *touch* during their initial Reiki experiences. These feelings almost immediately gave way to feeling nurtured through touch as they received Reiki and as they experienced the flow of Reiki through their own hands during Reiki training.

There was one exception in terms of accepting Reiki as a healing agent. One mother found it to be in opposition to her fundamentalist religious beliefs. While she enjoyed Reiki treatments and training, and contemplated giving her son Reiki, she ultimately rejected Reiki claiming it was cultish and stated that, "Jesus is the only healer."

The research results demonstrated a caution for this treatment design for highly traumatized people. One participant and her children witnessed the suicide of the father. Her initial experience of Reiki stimulated intense flashbacks that required counselling assistance. This mother gave Reiki to her daughter who also experienced intense flashbacks. Counselling supports were not in place for her daughter and the mother experienced emotional and physical distress, fearing her own vulnerability in "picking up other people's energy." She wanted further training to reduce this effect.

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It would appear for some highly traumatized people that simultaneous counselling supports are essential in the beginning stages of healing.

Table 6 summarizes the themes developed from participation in the Mothers' Group.

Table 6

Themes arising from the Mothers' Group
1) Talk therapy groups are beneficial for building trust, learning from each other, feeling understood, and gaining knowledge in the dynamics of sexual abuse.
2) Reiki allows for deeper and faster healing, increasing therapeutic effectiveness.
3) Reiki provides an anaesthetic for the emotional and physical release of traumatic memory.

Participants in the Mothers Group appeared to be appreciative of the sharing of stories, and gaining knowledge and understanding regarding the dynamics and effects of CSA. These results are consistent with literature that values group sharing as a treatment modality. However the group facilitator recognized that talk therapy did not go far enough. The physical and spiritual side of CSA healing had been generally ignored in therapy (J. Tremmel, personal communication, June 6, 2000). Reiki addresses healing through body, mind and spirit, leading to holistic healing. The literature identified that trauma can be held in body tissue and remain there until it is transformed or released (Pert, 1997).

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The addition of Reiki to group therapy was based on Ms. Tremmel's recognition that Reiki could provide a kind of anaesthetic for the emotional and physical release of trauma. Through Reiki healing the participants experienced an increased relaxation and decreased anxiety that allowed them to more easily explore their trauma and its effects, allowing deeper and more rapid healing. The sense of well-being that occurs after Reiki treatment and the increasing belief in assistance from a spiritual power to carry them through cushioned their healing journey. The group facilitator witnessed a higher degree of group bonding than normally occurs, with increased demonstration among participants of caring and compassion. She also felt that her effectiveness as a therapist increased through the addition of Reiki (J. Tremmel, personal communication, June 6, 2000).

Table 7 summarizes the themes arising from the Reiki Exchange Group.

Table 7

Themes arising from the Reiki Exchange Group
1) Reiki Masters can provide on-going healing from CSA after the professional services have ended.
2) Reiki exchange groups combat isolation and provide long-term support.
3) Reiki Exchange Groups reinforce Reiki as a healing option.
4) Reiki creates a healing atmosphere within groups, families and the community.

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Other participants and I cited membership in this group as the major reason for the continued recognition and use of Reiki as a healing option. Research results showed that mothers easily lose their knowledge and connection to Reiki healing if it is not practiced. The busy-ness of my life as a student, and the complexities in the lives of the other participants can easily become barriers to on-going practice as well as continued learning of how and when to use Reiki. This group was significant in providing encouragement and increased learning.

The addition of Level II training enhanced our ability to use Reiki healing. We were trained in sending Reiki into past, present and future situations. By visualizing past traumatic situations, we were able to use guided visualization to change the emotional outcome, e.g. visualizing a white light surrounding ourselves. The ability to send Reiki to the past appeared to lessen the effects of abuse in two participants.

The Reiki Master observed that previous members of the Mothers' Group continued to release traumatic material while in the Reiki Exchange Group. It appeared that on-going healing was required. The Reiki Master's previous experience as a survivor and a Mothers' Group member gave her a high degree of sensitivity to the approach and the needs of the participants. Her dedication and nurturance provided a healing atmosphere, encouraging participants to move forward.

The sense of isolation and the marginalization that survivors commonly experience appeared to be alleviated through the support of the Reiki Exchange Group. The participants appeared to form a community of healers in that they were healing their families, friends, and other community members as well as themselves. All participants claimed improvement in many areas of daily living.

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5.3 STAI results

Results from the STAI (Speilberger, 1983) demonstrated a reduction in both state anxiety and trait anxiety levels after Reiki training, with participants dropping to the norms for their age group. Statistical significance was gained in the reduction of T-Anxiety score, consistent with MacDermott's study (2000). These quantitative results matched qualitative results in this study, demonstrating that Reiki healing reduces anxiety, a common symptom resulting from CSA.

5.4 Summary

Results from this research project supported the need for holistic healing of mind/body/spirit for survivors of CSA. The addition of Reiki to talk group therapy as a complementary therapy appeared to increase the rate and depth of healing from trauma, and reduce the effects from Complex PTSD.

Reiki appears to be a type of anaesthetic to release emotional and physical effects from trauma. Such releases occurred as healing crisis where emotions intensified prior to a state of calm and relaxation. Reiki healing appeared to occur without the participants' 'need to speak', and at times without prior knowledge of their own need to release. Two Aboriginal mothers appreciated that Reiki healing does not require disclosure of abuse, or telling their story. Although these women appreciated how Reiki can be used without verbalization, all participants disclosed their abuse, making it visible. Research results demonstrated a caution in the use of Reiki for highly traumatized or emotionally fragile healees that requires increased counselling, consistent with the views of Bonadonna (2001).

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Participants enjoyed an increased sense of self-control and self-confidence as their skill with Reiki increased. They were able to self-soothe, reducing their own pain and anxiety. They learned how to induce sleep for themselves and family members. Through the use of Reiki they were able to reduce the frequency and duration of various illness in themselves and their families, reducing their dependency on the formal medical system. With an increased quality of sleep and sense of well-being, these mothers appeared to have increased energy, and an increased ability to focus and problem-solve, and increased self-confidence in defending themselves and controlling their environment. These results combat the sense of powerlessness and lack of control that survivors often experience. The end result was an increased responsibility for self-care and care for others that may carry implications for cost-savings to health and social service systems. The reduction in anxiety is consistent with TT and Reiki research (MacDermott, 2000; Heidt, 1981).

Of interest was the increased sense of spirituality that occurred as Reiki healing and training progressed, a spirituality that appeared to support their 'healing journey.' During the attunements and Reiki healing many participants experienced colors and light that they often attributed to a higher presence in their healing. Some participants had turned away from religion as a result of abuse, and experienced a re-awakening of a spiritual presence. Aboriginal mothers resonated with the sense of spirituality associated with Reiki. Of exception was one mother who refused Reiki on the basis that Jesus was the only healer. The research of Wardell (2001) demonstrated increased spirituality with increased TT training.

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Survivors often have negative reactions to the experience of being touched. While a few participants were initially uncomfortable with Reiki touch, they quickly learned to enjoy the nurturing associated with it. The fact that participants had an initial positive and trusting relationship with the group facilitators made it easier for them to trust the Reiki process. The quality of the practitioner-client relationship appears to be of high importance in accepting Reiki as a healing modality. It is important for practitioners to use sensitive treatment practices (Schachter, et al, 1999).

Reiki healing positively impacted the mother-child relationship, increasing bonding, consistent with the research results of Quinn and Strelkauskas (1993). Many of these children had behavioural problems, were previously sexually abused, and two of them became sexual offenders. As mothers became calmer and more confident they were better able to respond to the demands of parenting. They calmed their children, put them to sleep, and healed their aches and pain. The result was increased parental effectiveness, interaction and bonding. They were able to touch their children more often and more naturally.

The addition of Reiki healing to group therapy appeared to provide the group facilitators with increased therapeutic effectiveness. Both leaders and members appreciated Reiki's non-hierarchical nature as this played a role in the empowerment of the mothers, placing leader and client on the same level.

The Reiki Exchange group research results showed that healing from CSA needs to continue even after professional services have ended. Continued release of emotional and physical trauma occurred. The Exchange Group allowed participants to practice Reiki in a group setting where they enjoyed a sense of communalism to combat the

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isolation that often occurs for survivors. They enjoyed a mutual healing atmosphere that reinforced Reiki as a healing practice. The Reiki Master was a community lay healer and demonstrated the powerful role that lay healers can play in the healing journey of survivors (Shannon, 2001).

Reiki is to be given with love, compassion, care, and acceptance. Survivors often have a depreciated sense of self, and the Reiki training and healing appeared to increase self-love and love for others. These mothers found they were reaching out to their children, families and friends in ways they had not done before.

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6. RECOMMENDATIONS AND DISCUSSION

6.1 Introduction

This research project had a major positive impact on the lives and health of the participants and myself. It appears that the foremost benefit from the inclusion of Reiki in healing from CSA is its empowering nature and its holistic healing. Results from this research point to the many ways in which Reiki can be used.

6.2 Practice and treatment recommendations for social workers

1) Recommendation for Reiki healing and training to be provided as a complement to group talk therapy for mothers healing from CSA.

Women want therapeutic measures that are gentle, safe, and egalitarian (Newton, 1987, p. 110). This research project demonstrates that the inclusion of Reiki as a complement to traditional counselling methods can enhance the therapeutic relationship and effectiveness, producing more rapid and deeper healing. It is empowering, holistic, and it places the client at the centre of the healing process. Symptoms of Complex PTSD are alleviated, reducing dependency on formal healthcare treatments. Reiki training assists clients towards self-care, and extends its benefits to the care of family and community. Reiki training increases parent-child bonding and promotes positive parenting styles. It is gentle, safe, and can be learned by anyone and done without any equipment. The addition of Reiki can improve the effectiveness of the clinician, and increase group bonding. It must be made clear that Reiki is a support for healing, not the total healing, and is not meant to replace regular medical and psychological treatment. The initial stages of healing from CSA require a combination of professional

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counselling support in conjunction with Reiki healing and training, working simultaneously to support the mothers. Social workers who are trained in counselling techniques for survivors of CSA can add Reiki training to their repertoire, increasing their effectiveness in the client relationship and in client healing.

2) Recommendation for agencies to provide funding to hire community Reiki practitioners to deliver Reiki services.

Therapists and other professionals who wish to incorporate Reiki into their services need funding to hire Reiki Masters. The group facilitator obtained health grants to deliver her program as a pilot. Marginalized clients are not generally financially able to pay for complementary services. The savings to the medical system in terms of more rapid and effective healing is significant when this treatment design is used. It is recognized that publicly funded agencies find it hard to justify the funding of health methods without evidence-based research. Social workers can advocate on behalf of the hiring of community lay healers, in recognition that humans can have a healing impact on each other without professional training, and toward the new paradigm of healthcare that connects community with professional with client (Shannon, 2001).

3) Recommendation that mental health agencies and social service agencies provide Mothers' Groups as well as Reiki Exchange Groups for healing from CSA.

It is recommended that mental health and social service agencies provide Mothers' Groups and Reiki Exchange Groups, and that training for Level I and II Reiki is

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included. Reiki Exchange Groups allow for continued healing after professional services end. They also encourage community building and a network of community lay healers. The end result is community-shared responsibility for improved healthcare and for building awareness and combating our major community problem of CSA. The role of the lay healer in mental health and healthcare needs to be recognized. There is a potential for the development of a healing atmosphere within the family home and community though Reiki training and healing, and this is an achievable goal in the treatment and prevention of chronic health conditions. Social workers can play a significant role in advocating for the inclusion of Reiki as a complement to traditional agency programming. The provision of Reiki healing can address the holistic needs of the mothers, recognizing that CSA impacts the physical, emotional and spiritual.

4) Recommendation for human service organizations to provide Reiki training to its users.

It is recommended, on the basis of research results, that the human service fields provide funding to train its users in Reiki healing. Marginalized consumers are unable to purchase complementary care methods that are not insured under Medicare, or through their employment insurance programs. Reiki is safe, easy to learn, requires no equipment, it can be done anywhere, and it can be used for self-healing. Training people in the use of Reiki would be cost-effective for our healthcare system that is overburdened with chronic health problems. The increased functioning of individuals, families and communities as a result of Reiki healing could impact social agencies as clients heal each other.

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5) Recommendation that human care services be holistic.

Holistic care provides healing of mind, body and spirit. Research findings demonstrated an improvement in physical, emotional, mental and spiritual well-being of the participants through Reiki healing and training. There is a need to recognize the power of the emotional mind to fix the physical body (Shannon, 2001; Weil, 1995). It is the belief of the group facilitator that "the development of spiritual intelligence will constitute a major trend to alleviate pain, to express ourselves, and to find a connection to something beyond ourselves. Everyone has a spiritual energy, and if we stay on our soul's path we get better and better" (J. Tremmel, personal communication, June 6, 2000).

The Social Work Code of Ethics commits social workers to promote excellence in the social work profession (1994, p. 23). The rising new paradigm attempts to join traditional views in healthcare to new views of holistic care, connecting mind with body and spirit (Shannon, 2001).

6) Recommendation that Reiki be used in a variety of human services settings.

It is recommended that Reiki be utilized in variety of human services settings for a variety of purposes. In my present counselling position at two inner city day cares I offer my clients the choice of Reiki and/or counselling. As a result, some of the parents requested Reiki training, recognizing the positive effects of Reiki on their emotional and physical health. Ten parents and staff received Level I Reiki training in one centre, and three in another. One mother has reduced the frequency and side effects from her son's epileptic seizures by giving him Reiki each night. The ability to bring Reiki

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training and healing to my counselling clients has expanded the effectiveness of my work. Daycare staff also use Reiki to calm children.

Reiki training and healing would be useful for troubled families connected with the Department of Social Services. Social workers could learn Reiki themselves or contract with Reiki practitioners to deliver services to clients, especially those clients who find it difficult to speak about their issues. Reiki is especially useful when talk therapy fails or does not go far enough. Children and emotionally fragile adults may not be able to express their concerns. Reiki can provide healing in spite of the lack of verbalization.

6.3 Policy recommendations

1) Recommendation for a Gender Analysis Development approach.

It is recommended that Saskatoon Health District and all government agencies use a Gender Analysis Development approach in all Health Canada's program and policy development work (Saskatchewan Women's Secretariat, 1998), and to develop more appropriate and evidence-based policies and services for survivors of CSA (Horne et al, 1999). Such approaches would give full recognition that women's issues are specific to biology and circumstances. At present there is a gap in terms of effective treatment for survivors. We know that traditional methods of treatment are inadequate and evidence is required to add effective treatments to our practice base. This study recognizes that survivors know when healing occurs and under what conditions, and it is our duty as social workers to advocate for the inclusion of treatment options that

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benefit society and are in the best interest of the client (Social Work Code of Ethics, 1994, p. 24).

2) Recommendation for the representation of marginalized healthcare users on healthcare boards.

It is recommended that marginalized survivors of CSA be represented on health development boards (Horne et al, 1999). Grassroots activism is required in order to create meaningful representation on health boards (Rebick, 2000), to organize and lobby for change in healthcare practices, and to develop services that meet the needs of survivors and that of their families (Newton, 1987, p. 115). Citizens are less able to advocate in the social service and judicial systems as they are government run burocracies that do not allow for citizen participation in program development. Social workers can advocate for citizen participation in these agencies.

3) Recommendation for evidence-based mental health and healthcare practices.

It is recommended that evidence-based mental health and healthcare practices be adopted (Horne et al, 1999). Previous research has identified the lack of success in traditional treatment methods for CSA as well as the positive benefits in the use of complementary care methods for treatment of CSA (MacDermott, 2000, Kennedy, 2001).

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4) Recommendation for a multidisciplinary approach in the treatment of CSA.

It is recommended that a multidisciplinary approach to treatment for CSA survivors is appropriate and necessary. CSA not only requires healing from the effects of abuse, but it is intergenerational and impacts healthcare systems, social service systems and judicial systems. Recognition of the value of complementary care methods and training in practices such as Reiki can occur within the Department of Social Services. The nursing profession has demonstrated the power of touch in healing, and Therapeutic Touch has been a part of many schools of nursing curriculum. Social workers in their daily work with survivors of CSA may be more effective if they are trained in the use of Reiki, or are permitted to pay for training for their clients. Programs targeted at training mothers in the use of Reiki healing benefits families and can alleviate some of the pain resulting from intergenerational CSA.

6.4 Suggestions for further research

1) Reiki research requires an interdisciplinary approach to uncover its mechanics and benefits.

2) Research is needed to further uncover the impact of Reiki to individual and family mental health and healthcare needs.

3) Research is needed to further identify the use of Reiki when healing from trauma.

4) Research is required to study the barriers and the effects of using community lay healers in healthcare services.

5) Research is required to understand the effect on the family when mom-is-healer. This may demonstrate increased bonding, increased family emotional and physical

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health, and a new way for the health system and social service systems to assess patient needs.

6) Research is required to study how training altruistic community members to be Reiki practitioners can impact community health. It would place the ability to heal in the hands of the public, and encourage the public to take responsibility not only for their own health, but the mutual health of all.

7) Research is required to study the effects of adding Reiki to care of the elderly.

8) Research is required to study the effects of using Reiki in the school systems and daycares in terms of benefits for children with behavioural problems or special needs.

9) Research is required to study the effects and benefits for male survivors of CSA.

10) Research is required to study the cost-benefits to the mental health and healthcare systems when Reiki is provided as a treatment complement.

11) Research is required to uncover any side effects of the use of Reiki in healing.

12) Research is required to study Reiki Masters and Counsellors for their reactions and experiences using Reiki healing from a practitioner's perspective.

13) Qualitative research "may provide a more thorough understanding of the healing experience" (MacDermott, 2001, p. 2).

14) A gender inclusive analysis is recommended in Reiki research, as proposed by the Saskatchewan Women's Secretariat (1998).

15) Research is required to study to use of Reiki in promoting the population's mental health through promoting resilience among individuals of all ages, and developing individual and community resourcefulness.

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6.5 Summary

This research project uncovered the participant experience and benefits of Reiki as a complement to traditional group talk therapy, demonstrating a more rapid and deeper healing for women survivors of CSA. The reduction of symptoms of Complex PTSD, increased confidence and self-control, increased ability to heal self and family members, and the development of a community of lay healers make this complementary care method an invaluable adjunct to treatment for CSA. The holistic nature of Reiki healing addresses our current healthcare needs for care of the mind, body and spirit.

Reiki training and healing would benefit consumers involved in all human service agencies as they learn to heal themselves and others from the effects of chronic mental, physical and spiritual conditions. The recognition and addition of Reiki as a healing adjunct crosses into a new paradigm for treatment issues, one that understands that the mind can heal the body, that lay healers have a role to play, and that Reiki can be cost-effective in that mental health issues constitute a major burden for our Canadian economy.

Further research is required to continue to study the effects and benefits of Reiki in healing. Evidence of its efficacy can support its inclusion as a complementary treatment modality. Social Workers have an important role to play in advocating for Reiki as a complementary care, and incorporating Reiki healing and training as a 'best practice method', for ensuring that services are based on evidence and on a gender development approach, and that there is citizen participation in program development.

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7. SUMMARY AND CONCLUSIONS

Reiki is promoted as a safe, gentle, and effective healing complement to improve mental, emotional, physical and spiritual health. It is easy to learn as it is orally transmitted and trainees are not required to be literate, it can be done anywhere as there is no need for equipment, and it does not impact on the health of the practitioner as the practitioner only acts as a conduit for universal life force energy to move through and into the recipient's body.

The symptoms of Complex PTSD are hard for the medical system to treat, and often result in chronic health problems that present a cost burden to our healthcare system. Research results from this project demonstrate relief from both major and minor symptoms of trauma that are experienced by survivors of CSA. In addition, healing can continue after professional services have ended through community lay healers. Mothers trained in Reiki not only self-heal, they have learned to heal their children, families and friends.

Reiki research is in its infancy, largely exploring the effectiveness of Reiki healing for health conditions as well as the conditions resulting from trauma. Research results demonstrate the need for Mothers' Groups that include Reiki as a complement, and for Reiki Exchange groups to practice and continue to develop a healing environment. Agencies require evidence-based treatment programs in order to provide funding and the results from this research as well as others provide the necessary evidence. Reiki healing and training can be a cost-saving endeavour in both preventative and rehabilitative mental health and healthcare. Training of the public in Reiki enhances individual and community responsibility for health. Reiki can be used

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in a variety of human service settings for adults, children and the elderly as a means to improve the quality of daily life. By teaching clients to give themselves and others Reiki, they would feel empowered, learning a method to soothe and heal themselves, and a means to assist family members in times of difficulty.

Barriers to the inclusion of Reiki as a complementary service for survivors of CSA lie in the lack of a GAD approach to healthcare policies and services (Horne, et al, 1999). Without representation of the marginalized on healthcare boards and government agencies the likelihood of the provision of services required by women who are traumatized is diminished, and the kinds of services provided are more representative of our patriarchal and reductionist medical system that reinforces power differentials in the healer-client relationship. Grassroots activism is required for meaningful change in human services that reflect women's needs for treatment for CSA (Rebick, 2000), and the public's desire for more holistic healthcare (Gordon, 2000). It is increasingly important to use a multidisciplinary approach to provide healing from CSA as well as in the research of methods appropriate to such healing. The stovepipes of bureaucratic organizations limit multi-disciplinary team development. Social workers can stress the importance of working with other disciplines to provide holistic care to clients and their families and advocate for the inclusion of complementary care methods in interventions.

Further research into the experience and benefits of Reiki for human health is required. This research project focused on the outcome of Reiki healing and training for survivors. An in-depth study of Reiki practitioners and group facilitators, both as lay healers and clinicians, could offer increased insight into the benefits and uses of

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Reiki. Continued identification of the reduction of Complex PTSD in survivors would increase the development of evidence-based mental health programming. A study on the effects of a Reiki healing atmosphere in families would be of interest to Social Service systems. Professionals, who use Reiki as a complement to their human service work, could be studied to uncover the benefits to children, adults, elderly and the special needs, across the systems of education, health, social services and justice. The greatest impact that Reiki may have is in its cost-savings to the many human service systems.

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Appendix A – Glossary

Allopathic – "refers to contemporary medical approaches which utilize multiple drugs simultaneously to provide multi-symptom relief and treatment of illness" (Gerber, 554).

Androcentric – male-oriented

Archetype – "the original pattern of which all things of the same type are representations; also an inherited idea or mode of thought in the psychology of C.G. Jung that is derived from the experience of the race and is present in the unconscious of the individual" (Bruyere, 1994, p. 253).

Attunement – a process where the Reiki Master utilizes Reiki symbols, intention and visualization to stimulate and impart healing energies to the recipient. After the attunement the recipient is able to heal self and others with Reiki. Attunements may also be used for continued healing.

Aura – is said to be the energy envelope that surrounds and interpenetrates the physical body. "The aura is made up of all the different energy shells that compose the physical, etheric, astral, mental, causal, and higher spiritual aspects of the multidimensional human form" (Gerber, 2001, p. 555).

-"a luminous radiation that emanates form all living matter; a distinctive atmosphere surrounding a given source; also a subtle sensory stimulus" (Bruyere, 1994, p. 254).

Cartesian split – dualism of mind and body

Chakra – is said to be "an energy centre in the body which is a step-down transformer for higher frequency subtle energies. The chakras process subtle energy and convert it into chemical, hormonal, and cellular changes in the body" (Gerber, 2001, p. 556).

-is considered to be "one of the energy centres within the body, the spinning of which generate an electromagnetic or auric field around the body" (Bruyere, 1994, p. 254).

Clairvoyant – a state of seeing and feeling that transcends the superficial senses. "It is an experience of reality beyond the confines of time and space boundaries, which can often allow one to experience the inter-connectedness of all things" (Gerber, 2001, p. 556).

- is said to be "the ability to perceive matters or images beyond the range of normal perception, including subtle body energies, chakras, and auric fields" (Bruyere,1994, p. 255).

Complementary and Alternative Medicine – was formerly considered to be fringe therapies that lie outside of conventional medicine, but now that CAM therapies are used more than conventional treatments it is considered to be an option in healthcare.

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Complementary therapies are meant to complement existing therapies, not to take their place. Alternative therapies are options to conventional medical treatments.

Complex Posttraumatic Stress Disorder – a collection of symptoms from the trauma of child sexual abuse that often lead to chronic health problems (Herman, 1997).

Eastern – Eastern in character, ways and ideas; of the Eastern part of the world.

Electromagnetic Field – is "the space around a charged object where an electric field exists in a perpendicular direction to a magnetic field" (Bruyere, 1994, p. 256).

Energetic healing – is thought to be healing that occurs as a result of an energy exchange at the cellular level

Etheric Body – is said to exist beyond the physical level, around the body. "Etheric energy or substance vibrates at speeds beyond light velocity and has a magnetic character" (Gerber, 2001, p. 558).

Healing crisis (catharsis) – an initial intensification of symptoms of physical, emotional or spiritual distress prior to the realization of healing or wellness. Is thought to be the reaction of the body when toxins or negative emotions are released.

Health determinants – The Saskatchewan Wellness Model emphasized determinants of health that included economic, social, political and environmental factors (Saskatoon District Health 2000).

Holistic – A synergistic approach which deals with the combined physical, mental, emotional, and spiritual aspects of human health and illness (Gerber, 2001, p. 558).

Ki – identified by the Japanese as subtle energy or universal life force energy that is contained in the earth, heavens and all living and non-living things.

Kirlian Photography – "An electrographic process, pioneered in Russia by electrical engineer Semyon Kirlian, which uses the corona discharge phenomenon to capture the bioenergetic processes of living systems on film" (Gerber, 2001, p. 559).

-"A method of capturing on a photographic plate an image of what is purported to be an aura of energy that emanates from animals and plants and that undergoes changes in accordance with physiological or emotional changes" (Bruyere, 1994, p. 257).

Magnetoelectric – A type of energy which vibrates at speeds faster than light velocity, has magnetic qualities, and negative entropic properties. It is predicted by the Tiller-Einstein Model of Positive-Negative Space/Time and is sometimes referred to as negative space/time energy or substance (Gerber, 2001, p. 559).

Mechanistics – mechanical theories explaining how things work

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Newtonian – (for every action there is an equal and opposing reaction). The use of medical treatments to combat various symptoms of disease.

Nonlocal healing – "a phenomena resulting from an interaction of our awareness with a nonlocal hyper-dimensional space-time in which we live" (Dossey, 2002, p. 13).

Piezoelectric effect – "a phenomenon observed in crystals whereby physical pressure is converted into electrical fields and vice versa. For instance, in a phonograph needle, a crystal translates vibrational pressures into electrical signals, which are then converted back into music and speech" (Gerber, 2001, p. 561).
- "electrical current generated by repeated mechanical bending or deformations of certain crystals such as germanium and silicon" (Bruyere, 1994, p. 259).

Placebo response – Three components to the placebo response:
Belief and expectancy on the part of the patient
Belief and expectancy on the part of the caregiver
Belief and expectancy generated by the relationship between the patient and caregiver (Shannon, 2001, p. 5).
- "a change in the body (or the body-mind unit) that occurs as the result of the symbolic significance which one attributes to an event or object in the healing environment" (Brody, 2000, p. 9).

Quantum healing – a controversial term coined by Chopra. It is said to be "the junction point between mind and matter, the point where consciousness [has a healing effect]" (Chopra, 1998, p. 163).

Quantum physics – "the branch of physics which studies the energetic characteristics *of matter at the subatomic level*" (Gerber, 2001, p. *562).*

Reiki – a Japanese form of spiritual touch therapy that originated in the Tantra.

Reiki Master – a Reiki practitioner who has been trained to teach Reiki healing.

Reiki Slumber – a phase of deep relaxation during Reiki healing that produces a change in consciousness where the healee appears to be half awake and half asleep.

Sensitive treatment practices – the development of an element of safety, positive rapport, a partnership, sharing of information, understanding survivors' attitudes about the body, working with clients on the physical factors, understanding and responding sensitively to triggers and dissociation, responding carefully to disclosure of abuse, and the practice of holistic healthcare with survivors of child sexual abuse (Schachter, et al, 1999).

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Subtle body – is thought of as "any of the subtle-energy bodies which exist in the higher frequency octaves beyond the physical, i.e. the etheric, astral, mental and causal bodies" (Gerber, 563).

Subtle energy – is said to be "energy that often exists outside the ordinary or positive space/time frame, i.e. magnetoelectric (ME) energy which moves faster than light" (Gerber, 563).

Sushumna – "the central vertical nadi that connects all the chakras" (Judith, 2001, p. 419).

Tantric tradition – is a "large body of teachings woven from many threads of Indian philosophy that became popular around c.e. 600 to 700" (Judith, 2001, p. 419).

Therapeutic Touch – "a term coined by Dr. Dolores Krieger denoting a type of hands-on healing technique, sometimes used interchangeable with the term psychic healing" (Gerber, 2001, p. 564).

Vibrational – "refers to subtle or electromagnetic energy in varying frequencies and amplitudes" (Gerber, 2001, p. 565).

Western – "a certain worldview that has come to dominate the globe, both economically and through science and technology" (Peat, 1994, p. 21).

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Appendix B – Executive Summary

Background

The epidemic of child sexual abuse (CSA) results in psychopathological symptoms that often lead to chronic health conditions, burdening our economy. These symptoms of Complex Post Traumatic Stress (PTSD) are not well addressed by conventional approaches, resulting in further marginalization and medicalization of survivors. The use of complementary, holistic and evidence-based healing methods within a Gender Analysis Development Approach (GAD) demonstrates treatment potential.

Purpose of this study

The focus of this study was to explore the experience and benefits of Reiki as a complement to traditional group therapy for mothers healing from the negative effects of CSA. Two previous research studies demonstrated promising results in that Reiki reduced symptoms of PTSD. Due to exceedingly limited Reiki research, this study drew from the broad research base of Therapeutic Touch (TT), a similar spiritual hands-on healing.

Literature review

Reiki healing is believed to a safe treatment that can be learned by anyone, requires no equipment, can be done anywhere and empowers practitioners to heal themselves and others. The deep relaxation producing in Reiki healing is said to release emotional and physical trauma that is trapped in the body's cellular tissues, creating a sense of peace and calm. The major benefits demonstrated in Reiki and TT research is

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the reduction of pain and anxiety. A previous pilot project indicated that a healing loop could occur when Reiki is combined with traditional mental health care approaches.

The mechanistics of energy healing are largely unproven and there are many competing theories. We do know that there is an energy field that exists inside and around the body, and that hands-on healers emanate a broad range of therapeutic wave frequencies from their hands. We do not know how healing occurs at the nonlocal level (between healer and healee) but we can study its effectiveness.

Research design

A qualitative thematic analysis combined with the quantitative State-Trait Anxiety Inventory (STAI) was used to explore the experience and benefits of Reiki for survivors. Five participants were engaged in a talk therapy group (the Mothers' Group) and received Reiki treatments and Level I Reiki training. Five survivors participated in a Reiki Exchange Group and received Level II Reiki training. The STAI was completed prior to and after Reiki training. Multiple in-depth interviews of the participants as well as interviews of the group facilitator and Reiki Master were completed.

Research results

Data from the interviews and the STAI questionnaire indicated that the complementary use of Reiki was more effective than group therapy alone for reducing symptoms of Complex PTSD, and that Reiki has healing qualities for mind, body and spirit. There appeared to be an increased rate and intensity of emotional healing, a reduction in anxiety and pain, and increased quality of sleep. Mothers were empowered to ease physical and emotional discomfort in self and others, and increased their

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parenting skills through a calm atmosphere. Self-confidence, self-control and sense of spirituality increased with increased treatment and training. The group facilitator believed that the addition of Reiki enhanced her treatment offerings, and the use of a community lay Reiki Master provided continued healing after professional services ended.

Discussion and implications

Reiki has a de-medicalizing potential in its self-soothing abilities and its ability to form a mutual healing environment, benefiting the survivor, her family and friends. The spiritual and egalitarian aspects of Reiki healing appeared to resonate with Aboriginal mothers. There are two cautions in using Reiki as a complementary treatment for survivors. Mentally unstable participants require extra and simultaneous counselling supports, and survivors who believe that Jesus is the only healer may reject Reiki.

Recommendations

Positive research results indicate that Reiki healing and training should be provided by mental health and social agencies as a complement to traditional group therapy for survivors of CSA. The inclusion of Reiki meets the need for evidence-based treatment options that fall under a GAD approach. It is recommended that community lay healers be utilized in our health and social service systems, joining community with client and professional towards a new paradigm of care. It is recommended that consumers be trained in the use of Reiki as a means of forming *communities of healers* for self and mutual healing benefits, resulting in greater

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individual and community responsibility for health, and greater de-medicalization of chronic conditions such as those arising from CSA.

Conclusions

Reiki research is in its infancy. Further research is required to determine its efficacy in the reduction of chronic health problems found in survivors of trauma. Healing from CSA requires holistic and multidisciplinary care that includes both professional and lay expertise. Reiki can be used in a variety of human service settings as a means to improve the quality of daily life, to increase responsibility and resilience in population health, and to act as a cost-reduction in health and social service systems.

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Appendix C - Consent form

M.S.W. Research: The Experience and Benefits of Reiki for Mothers Healing from the Impact of the Negative Effects of Child Sexual Abuse

Consent to Participate Form

I ______________________________________ have been informed of the nature of this research, and that the researcher will answer any questions regarding the procedures and goals of the research.
I am aware that my participation is voluntary and that I have the right to refuse to participate or withdraw at any time, for any reason, without penalty. My refusal to participate will not affect my ability to receive group treatment or any other services.
I am aware that this research involves my participation as a group member of the Mothers' Group, Child and Youth Services, Saskatoon Health District.
I am aware that I will complete a weekly questionnaire regarding my Reiki experience, one at home and one in the group session.
I am aware that I will be completing two research questionnaires, and that I will be interviewed twice at a site of my choosing. Each interview will be approximately two hours in duration and will not be audio-taped. I am aware that the interview results will be brought to me for any corrections, prior to being used in the data analysis.
I am aware that the research will take place from January 2001 until June 2001.
I agree to allow the researcher, Marilyn Magnuson to use the information obtained in this research for presentation and publication purposes.
I am aware that any written or reported results from this study are confidential and will not include any names or information that could identify me unless I agree in writing to permit the release of such information. Any third party identifying information will be struck from the records. If information provided by me concerns some illegal activity, the researcher could be compelled to produce this as evidence by a court of law. If the information concerns admission involving child abuse, I am aware that the researcher is required to report this information.
I am aware that I will have access to the final results of this study. I acknowledge that I have been offered a copy of this consent form.

With this understanding I agree to participate in this research.

Signature

____

Date:

____

If you have any questions regarding this project, please contact Ailsa Watkinson at the University of Regina, Saskatoon campus, 664-7374. This project was approved by the Research Ethics Boards of the University of Regina and the University of

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Saskatchewan. If research subjects have any questions or concerns about their rights or treatment as subjects, they may contact the Chair of the Research Ethics Board, U of R at 585-4775 or by e-mail: research.ethics@uregina.ca; or the Office of Research Services, U of S at 966-8576.
Researcher: Marilyn Magnuson, 107 Frobisher Crescent, Saskatoon phone 242-8961

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Appendix D – Introductory letter

"The Experience and Benefits of Reiki for Mothers Healing From the Impact of the Negative Effects of Child Sexual Abuse"

Introductory letter for an M.S.W. Thesis Research Study

Many social workers are employed in areas related to helping people heal from the after-effects of child sexual abuse. We are in constant search for tools and interventions to assist people in this healing. Research indicates that Reiki is useful as a complementary therapy for problems of anxiety and depression. As mothers engaged in healing from the impact of the negative effects of child sexual abuse, I am requesting your participation to study the experience and benefits of Reiki. Your information will be useful to policy makers and counsellors.

This study will use qualitative research methods of personal interviews (no audio tapes), and questionnaires. The interview consists of two two-hour time periods, meeting in a place of your choice. Two questionnaires are completed, at the beginning of the research, and at the end. Each week you will also complete a questionnaire in the group session, and one at home, specific to your Reiki experience. Qualitative research is useful for 'uncovering the words and voices of women.' There is little research on Reiki, and it is your personal experience of Reiki that brings new information.

I would like your feedback on the interpretation of the results of the research as a means of insuring "I am on the right track," and that no important areas have been missed. This includes ensuring that the information from the interviews is also accurate. You will have access to the final research results. You will be asked to complete a Consent Form, which will inform you of your right to refuse to participate in any part of this research, without penalty.

I am sensitive to the issues of child sexual abuse due to many years of helping survivors. It is my hope that we may work together in researching Reiki as a possible treatment complement.

Thank you for considering my request.

Yours sincerely,

Marilyn Magnuson
107 Frobisher Crescents
Saskatoon, Saskatchewan
S7K 4Y4
Phone 242-8961

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Appendix E – Referral memorandum to the Mothers' Group

CHILD AND YOUTH SERVICES
MENTAL HEALTH SERVICES
3rd Floor, 715 Queen Street
Saskatoon, Saskatchewan S7K 4X4
Tel (306) 655-7800 Fax (306) 655-7811

MEMORANDUM

To: Clinical Staff / Child and Youth Services
Tony Heit, Family Resolution Project, DSS (Fax 655-4042)

From: Joyce Tremmel, Child and Youth Services — **TEL 655-7843**
Edith Nelson, Adult Community Mental Health Services — **TEL 655-7830/8994**

Date: August 2, 2000

Re: **Referral for our up-coming Mothers Group**

We are in the process of organizing another Mothers Group that we hope to start on September 26, 2000.

As such please submit to Joyce Tremmel any referrals of mothers that you think would be interested in attending this group and who you feel would benefit from attending. We would like the referrals in as soon as possible and no later than August 25, 2000.* - We have extended this date

Who Qualifies:

a) Any interested mother who has a dependent age child who has been sexually victimized and/or
b) any mother who has been sexually victimized as a child and never had a chance to heal and where the negative effects are interfering with her ability to parent her children.

The group purpose and format:

1. This group is a support, educational, healing and empowerment group which promotes self-help and utilizes a solution focus which builds on the strengths of the individual. Each woman is responsible for her own healing and her own pace of healing. Each woman will however, be encouraged to tell her story.

2. This group will be a closed group consisting of a maximum of eight women. It will run for six months with weekly sessions, Tuesdays at 1:15 p.m. - 3:00 p.m. The group facilitators will be Joyce Tremmel and Edith Nelson.

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3. This year we hope to add Reiki, a form of healing touch, to the group and invite a Masters of Social Work student to research the effectiveness of Reiki in combination with a solution oriented approach in the healing from the negative effects of child sexual abuse. This aspect is not yet organized or approved by the SDH Ethics Committee. At any rate if it is approved and any of the women referred are not comfortable with Reiki or being part of a research project they would not be excluded from the group.

Referral Information Requested:
When you fill out an "Internal Referral Request" form, please provide the following information:

1. Name of the mother
2. Address and phone number
3. Marital status or situation (please embellish, i.e. does she have a live-in partner? Significant live-in relationship of her past? Etc.
4. If she has a partner, please add name and occupation of partner and approximate length of relationship
5. Occupation
6. Names and ages and whereabouts of her children
7. Name of registered child
8. Who was sexually abused in this family and by whom - a brief description of the duration and severity of the abuse.

Selection Process:
Once the referrals are in, Joyce and Edith will contact each woman referred for a half hour interview to give them more information about the group and to answer any questions they may have. If there are more referrals than we have openings for, we will prioritize on the basis of readiness, motivation, need and group composition. In other words, a referral to the group does not assure that we will be able to offer the mother a spot in the group. Also, if the mother requires some individual sessions during the course of the group, the referring clinician would be expected to see her or make arrangements for her to be seen by someone else.

Group Facilitators:
Joyce Tremmel, Social Worker - Child and Youth Services Phone: 655-7837
Edith Nelson, ~~Social Worker~~ [illegible] NURSE - Adult Community Mental Health Services Phone: 655-8994/7830

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Appendix F – The Mothers' Group outline

THE MOTHERS' GROUP
September 26, 2000 to March 27, 2001

Child and Youth Services
715 Queen Street, **Second Floor (Room 2137)**
Saskatoon, SK S7K 4X4

A. Purpose of the Group:

1. Support

We want to create a safe place

- a sacred place – as such confidentiality is very important
- the anesthetic for the emotional surgery
- support to stand up to the negative effects of sexual abuse / trauma
- to conquer the negative effects – for your children and/or yourself – you were a victim(s) of sexual abuse but do not have to remain a victim(s) of the negative effects

2. Education

Information will be provided by the group leaders on such topics as:
What is sexual abuse?
What are the indicators?
What is normal child sexuality?
How do children cope with this trauma?
How to help your child heal and/or yourself heal? etc

There will be guided group discussion, directed reading, video and audio tapes, journaling exercises, etc.

3. Healing

- that is not an advice-giving group
- each woman is in charge of her own pace
- we operate on the assumption that everyone has the resources within one's self to heal
- we encourage each group member to listen and share in a respectful and compassionate way – honouring one's own story and the stories of others
- we encourage you to use the pain as the fuel for the transformation
- we view healing as simultaneously experiencing your "wounded self" and your "normal self" – owning and claiming all your experiences
- we promote holistic healing – we encourage you to nurture all four aspects of your self: the emotional, spiritual, physical, and mental

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4. Empowerment

This group will focus on building your strengths.

- It is not the size of the steps that is important, but rather the direction of the steps.
- It is solution focused – meaning that the focus will be on conquering the negative effects of sexual abuse.
- We will be celebrating accomplishments.
- We promote self-help.

B. Group Format

Size: Maximum of eight women

Time: 1:15 – 3:00 p.m. every Tuesday for six months

Dates: The group runs from September 26, 2000 to March 27, 2001, as follows:
September 26
October 3, 10, 17, 24, 31
November 7, 14, 21, 28
December 5, 12, 19 (NOTE: No group December 26)
January 9, 16, 23, 30 (NOTE: No group January 2, 2001)
February 6, 13, 20, 27
March 6, 13, 20, 27

We ask that you try your best to be on time and to attend on a regular basis. If for some reason you are not able to attend a meeting, we would really appreciate you letting us know by calling one of the group leaders and leaving a message:

1. Joyce Tremmel, Social Worker – Phone **655-7837**
   Child and Youth Services, 3rd Floor, 715 Queen Street

2. Edith Nelson, Community Nurse – Phone **655-7830 / 655-8994**
   Adult Community, Mental Health Services

JT:kfw

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Appendix G – Ethics approval

Joanne Franko, M.Sc.,
Manager, Research Services Unit
Strategic Health Information & Planning Services (SHIPS)
Royal University Hospital
Box 16, 103 Hospital Drive
Saskatoon, SK S7N 0W8
Tel: (306)655-6796 Fax (306)655-6489

DATE: April 3, 2001

TO: Marilyn Magnuson
107 Frobisher Crescent
Saskatoon, SK S7K 4Y4

FROM: Joanne Franko
Manager, Research Services Unit

RE: **Research Project Ethics Committee (EC)#: 2001-01**
Project Name: The Experience and Benefits of Reiki as a Complementary Group Therapy for Mother's Healing From the Negative Effects of Child Sexual Abuse

---

Saskatoon District Health is pleased to provide you with operational approval of the above-mentioned research project.

Please advise me when the data collection phase of the research project is completed. Also, I would appreciate receiving a copy of the final report of this research project.

I would like to wish you every success with your project and encourage you to contact me if I can assist you with it.

If you have any questions, please contact my office at 655-6796.

Yours truly,

for

Joanne Franko
Manager, Research Services Unit

cc: Joyce Tremmel, Child & Youth Services
Dr. Tim Greenough, Mental Health Services
Dan Fofonoff, Mental Health Services

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UNIVERSITY OF REGINA

OFFICE OF RESEARCH SERVICES

MEMORANDUM

DATE: January 12, 2001

TO: Marilyn Magnuson
107 Frobisher Crescent
Saskatoon, SK S7K 4Y4

FROM: K. McNaughton, Ph.D.
Chair, Research Ethics Board

Re: **The Experience and Benefits of Reiki for Mothers' Healing from the Impact of the Negative Effects of Child Sexual Abuse**

Please be advised that the University of Regina Research Ethics Board has reviewed your proposal and found it to be:

✓ 1. ACCEPTABLE AS SUBMITTED. Only applicants with this designation have ethical approval to proceed with their research as described in their applications. The *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans* requires the researcher to send the Chair of the REB annual reports and notice of project conclusion for research lasting more than one year (Section 1F). **ETHICAL CLEARANCE MUST BE RENEWED BY SUBMITTING A BRIEF STATUS REPORT EVERY TWELVE MONTHS. CLEARANCE WILL BE REVOKED UNLESS A SATISFACTORY STATUS REPORT IS RECEIVED.**

______ 2. ACCEPTABLE SUBJECT TO CHANGES AND PRECAUTIONS (SEE ATTACHED). **Changes must be submitted to the REB and subsequently approved prior to beginning research. Please address the concerns raised by the reviewer(s) by means of a supplementary memo to the Chair of the REB. Do not submit a new application. Once changes are deemed acceptable, approval will be granted.**

______ 3. UNACCEPTABLE AS SUBMITTED. **Please contact the Chair of the REB for advice on how the project proposal might be revised.**

K. McNaughton, Ph.D.

Cc: Prof. Ailsa Watkinson, Social Work

GM/mvs/ethics2.dot

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UNIVERSITY ADVISORY COMMITTEE
ON ETHICS IN BEHAVIOURAL SCIENCE RESEARCH

NAME: A. Watkinson (M. Magnuson) **BSC#:** 2001-01
Faculty of Social Work
University of Regina

DATE: February 2, 2001

The University Advisory Committee on Ethics in Behavioural Science Research has reviewed the Application for Ethics Approval for your study "The Experience and Benefits of Reiki as a Complement to Group Therapy for Mothers Healing from the Impact of the Negative Effects of Child Sexual Abuse" (01-01).

1. Your study has been APPROVED subject to the following minor modifications:

   - As the study is to be conducted in Saskatoon, please provide information on the consent form appropriate to the University of Saskatchewan Ethics committee, in addition to that of the University of Regina.

2. Please send one copy of your revisions to the Office of Research Services for our records. Please highlight or underline any changes made when resubmitting.

3. The term of this approval is for 5 years.

4. This letter serves as your certificate of approval, effective as of the time that you have completed the requested modifications. If you require a letter of unconditional approval, please so indicate on your reply, and one will be issued to you.

5. Any significant changes to your proposed study should be reported to the Chair for Committee consideration in advance of its implementation.

I wish you a successful and informative study.

Valerie Thompson, Chair
University Advisory Committee
on Ethics in Behavioural Science Research

VT/bk

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Appendix H – Genogram

Genogram

The Genogram is a three-generational picture of the nuclear family (Harman, 1982). It visually represents intergenerational relationships, major family events, achievements, occupations, illnesses, losses, family relocations and separation, family constellation characteristics, identifications and role assignments, and communication patterns. Bowen states that it "identified intergenerational transmission process, family expectations and projection, family theses, emotional cutoffs (unresolved family issues), and interlocking triangles" (Bowen, 19). Because of the task-oriented nature of constructing the Genogram, workers obtain in-depth information more rapidly then through general interview style approaches. Because the family is it's own story-teller, worker subjectivity is minimal.

Bowen, M. (1974). Toward the differentiation of self in one's own family of origin. *Georgetown Family Symposium Papers I.* F Andres and J. Loris (Ed). Washington, D.C.; Georgetown University Press.

Hartman, Ann. (1982). *Finding families: an ecological approach to family assessment in adoption:* Beverly Hills, SAGE Publications.

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Appendix I – State Trait Anxiety Inventory

The State-Trait Anxiety Inventory-Self Report (STAI-SR) is a measure used to assess state and trait anxiety, and has been commonly used in complementary therapy research (Spielberger, 1977). "There is a marked increase in the number of studies using the STAI in investigations of psychiatric and psychosomatic disorders, and in the assessment of changes in anxiety in investigations of the treatment of these disorders" (Spielberger, 1983, p. 46). Spielberger identifies anxiety stated as characterized by subjective feelings of tension, apprehension, nervousness and worry, and by activation or arousal of the autonomic nervous system.

State anxiety is a twenty-question measurement of how the person feels right now. Trait anxiety is a twenty-question measurement of how the person feels in general. Possible scores range form zero to 80 and some items are reverse coded. "Trait anxiety (T-Anxiety) refers to relatively stable individual differences in anxiety-proneness, that is, to differences between people in the tendency to perceive stressful situation as dangerous or threatening and to respond to such situations with elevations in the intensity of their state anxiety (S-Anxiety) reactions" (Spielberger, 1984, p. 5). The STAI can be used to assess changes in anxiety over time.

Spielberger, C. (1983). *State-trait anxiety inventory for adults: Sampler set, manual, test, scoring key.* Redwood City, CA:Mind Garden, Inc.

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State-Trait Anxiety Inventory for Adults

Self-Evaluation Questionnaire

STAI Form Y-1 and Form Y-2

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January 19, 2001

Developed by Charles D. Spielberger
in collaboration with R.L. Gorsuch, R. Lushene, P.R. Vagg, and G.A. Jacobs

Published by MIND GARDEN
1690 Woodside Road Suite 202, Redwood City California 94061 (650) 261-3500

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SELF-EVALUATION QUESTIONNAIRE

STAI Form Y-1

Please provide the following information:

Name____Date______________S_____

Age__________________ Gender (*Circle*) **M** **F** T_____

DIRECTIONS:

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel *right* now, that is, *at this moment.* There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

	NOT AT ALL	SOMEWHAT	MODERATELY SO	VERY MUCH SO
1. I feel calm	1	2	3	4
2. I feel secure	1	2	3	4
3. I am tense	1	2	3	4
4. I feel strained	1	2	3	4
5. I feel at ease	1	2	3	4
6. I feel upset	1	2	3	4
7. I am presently worrying over possible misfortunes	1	2	3	4
8. I feel satisfied	1	2	3	4
9. I feel frightened	1	2	3	4
10. I feel comfortable	1	2	3	4
11. I feel self-confident	1	2	3	4
12. I feel nervous	1	2	3	4
13. I am jittery	1	2	3	4
14. I feel indecisive	1	2	3	4
15. I am relaxed	1	2	3	4
16. I feel content	1	2	3	4
17. I am worried	1	2	3	4
18. I feel confused	1	2	3	4
19. I feel steady	1	2	3	4
20. I feel pleasant	1	2	3	4

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SELF-EVALUATION QUESTIONNAIRE

STAI Form Y-2

Name____Date_________

DIRECTIONS

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you *generally* feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

	ALMOST NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS
21. I feel pleasant	1	2	3	4
22. I feel nervous and restless	1	2	3	4
23. I feel satisfied with myself	1	2	3	4
24. I wish I could be as happy as others seem to be	1	2	3	4
25. I feel like a failure	1	2	3	4
26. I feel rested	1	2	3	4
27. I am "calm, cool, and collected"	1	2	3	4
28. I feel that difficulties are piling up so that I cannot overcome them	1	2	3	4
29. I worry too much over something that really doesn't matter	1	2	3	4
30. I am happy	1	2	3	4
31. I have disturbing thoughts	1	2	3	4
32. I lack self-confidence	1	2	3	4
33. I feel secure	1	2	3	4
34. I make decisions easily	1	2	3	4
35. I feel inadequate	1	2	3	4
36. I am content	1	2	3	4
37. Some unimportant thought runs through my mind and bothers me	1	2	3	4
38. I take disappointments so keenly that I can't put them out of my mind	1	2	3	4
39. I am a steady person	1	2	3	4
40. I get in a state of tension or turmoil as I think over my recent concerns and interests	1	2	3	4

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Appendix J – Transcript release

UNIVERSITY OF REGINA

FACULTY OF SOCIAL WORK

MSW Research Thesis Data/Transcript Release

I have reviewed the final transcript and acknowledge that the transcript accurately reflects what I said, or intended to say. I am aware I have the right to withdraw any or all of my responses.

Signature ______________________________

Date ______________________________

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Appendix K – Energetic/vibrational research

Experiment	Method/results	Interpretation/theory
Grad (1963) (McGill University) used barley seeds to test the effect of psychic healing energies on plants.	Plants watered with healer treated saline solution grew faster and were healthier producing 25% more weight and having higher chlorophyll content.	Not only bioenergy, but also consciousness itself plays a critical role in the process of hands-on healing. The consciousness of the healer and the patient interact at some higher or nonlocal level of quantum reality (Gerber, 2000, p. 371). In addition to **confirming the non-placebo nature of psychic healing**, these experiments scientifically confirmed the ancient metaphysical understanding that **healing energies can be stored in water for future use** (Rand, 2000, p. 3).
Dr. John **Zimmerman** (U of Colorado) used a SQUID (Superconductin g Quantum Interference Device), a sensitive magnetic-field detector	Discovered that a huge pulsating biomagnetic field emanated from the hands of a TT practitioner (magnetic fields several hundred times stronger than background noise). They are in the same frequency range as the alpha and theta wave range similar to those seen in the brains of meditators. They sweep back and forth through the full range of therapeutic frequencies, thus being able to stimulate healing in any part of the body (Rand, 2000, p. 1). Specific frequencies stimulate the growth of nerves, bones, skin, capillaries, and ligaments.	Something unusual was going on at a subtle level in the healers' hands/something important is happening to healers at a very subtle vibrational and spiritual level when they begin to activate their special healing process, and that **subtle magnetic energy is a key factor** in this type of healing work (Gerber, 2000, p. 275). Something other than the placebo effect is responsible for the healing changes brought about by bioenergy healing, and answer more complex than a simple energy exchange (Gerber, 2000, p. 382). The **healers' energies** differ from conventional magnetic fields in that they are not only qualitatively different in their effects, but also quantitatively different in that the magnetic fields associated with healers are exceedingly weak, yet they **have powerful biological and chemical effects**" (Gerber 2001, p. 150)
Seto of Japan studied practitioners of various martial arts and other healing methods	The Ki emission from the hands is so strong that they can be detected with a simple magnetometer, and the pulsation frequency varies from moment to moment.	Medical researchers are developing **pulsating magnetic field therapies** and find these same frequencies are effective for jump starting healing in a variety of soft and hard tissues, even in patients unhealed for as long as 40 years (Oschman, 2000, p. 4).
Krieger built On Rogers theory (1990) that every person's body is considered to be an energy field that interacts with other energy fields and the global energy field, and developed	Practitioners are trained to use their hands to detect subtle differences in the feel of another person's energy field, reflecting blockages in subtle-energy flow to the body's tissues and localized areas of energy congestion. The disturbed areas may feel like regions of unusual heat, tingling, prickly sensations, coolness, or other subjective sensations that register as	The fundamental assumption upon which therapeutic touch is based is that "**a universal life energy sustains all living organisms** and that this universal life/energy field has order and balance...which, in health, flows freely in, through and out of the body in a balanced manner. In illness, the energy flow is obstructed, disordered, or depleted (Starn, 1998, p. 577). Healing is an innate human skill, it is learnable and can be taught to health-care professionals and interested laypersons (Gerber, 2001, p. 377).

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the techniques of Therapeutic Touch (Starn, 1998, p. 576).	energy differences from the rest of the patient's bioenergy field (Gerber, 2001, p. 380).	
Krieger 1979	Found that therapeutic touch fosters interconnectedness in childbearing families (Starn, 1998, p. 578).	TT **improved family interconnectedness**
Krieger 1979	Reported the objective verification of clients' relaxation during therapeutic touch. Measured physiologic variables, presumed from the text to be galvanic skin resistance, pulse, temperature, and others, indicated that the clients were relaxed (Clark, 1984, p. 37).	TT **increases relaxation**
Wolfson 1984	Reports that therapeutic touch decreases the anxiety, discomfort, and complications of pregnancy (Starn, 1998, p. 578).	TT **decreases complications of pregnancy**
Kramer 1990	Found that children given therapeutic touch were calmer and had decreased pulse rate and increased peripheral skin temperature compared with control subjects. They also calmed down quicker after stressful procedures (Starn, 1998, p. 578).	TT **calms children**
Heidt 1981 used State-Trait Anxiety Scale	Reported that the therapeutic touch group had significantly lower levels of anxiety than either of the other two groups (Clark, 1984, p. 40)	TT **reduces anxiety**
Hunt (1996) used a Fourier analysis, sonogram frequency analysis, and a healer's self-report of her high sensory perceptions of the chakras.		"Each chakra is composed of seven levels related to the seven levels of the human energy field and also of several vortices, each connected to a different organ or system of the body near to the chakra" (Starn, 1998, p. 579). "Chakras frequently carried the colors stated in the metaphysical literature" (Starn, 1998, p. 580). **Corroboration of the presence of the Chakras and the human energy field**.
Smith (1972) examined the potential effects of a healer and a magnetic field on the enzyme trypsin.	Healing energy was able to repair and reassemble damaged enzyme molecules back into their normal active configurations, demonstrating that life energy coming from the healer's hands seemed to	Bioenergy coming from a healer's hands is directly transferred to the water molecules of the body, and it is this biologically activated water that brings about inner healing changes. "The direction of change in enzyme activity always seemed to mirror the natural cellular intelligence....in a direction that was toward greater overall health and

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	possess some innate biological wisdom	balanced metabolic activity of the organism" (Gerber, 2001, p. 149). The experimental evidence suggests that the **energies of healers appear to be magnetic in nature,** however healers' fields demonstrate properties which are entirely different form what is known about conventional magnetic fields" (Gerber, 2001, p. 149).
Princeton Engineering Anomaly Research Laboratory	Sent a computer chosen image to a distant receiver. The information was received in camera-like accurate detail, the majority of these instances the receiver gets the information up to three days before it was even sent.	Believes that **healing is due to** the effects of consciousness, or more specifically, **our nonlocal mind.** Healing might be triggered by an act of consciousness distinct from the inner healing effects of the placebo effect or faith in a particular treatment (Gerber, 2000, p. 383). It is possible that both prayer and laying-on-of-hands healing might actually produce healing by the very same mechanism – the divine energies of the Creator. There are some qualities of who we are, some aspect of our mind that is not limited or localized or confined to the brain and the body and maybe not even to the present moment. It's non-local, beyond space and time. Consciousness may be everywhere (Dossy, 1999, p. 110).
Olga **Worrall** & Dr. Robert **Miller** used an electromechanical transducer to measure the microscopic growth rate of rye grass. Olga, 600 miles away, prayed for the test plants (Rand, 2000, p. 3).	The rye plant's growth increased by 840 percent.	Nonlocal Reiki healing cause **plants to grow faster and stronger.**
Spindrift group Extensive research involving prayer and plants	The prayed for plants always grow faster and are healthier than non-prayed for plants even though the conditions are equal for both groups of plants and those doing the praying are miles away. The plants did best when the prayer was non-directional, that is when the prayer was simply for the plants general well-being, rather than for a specific result (Rand, 2000, p. 3).	**Prayer increases plant growth**
		Bioinformational model theory where healing may be brought about by supplying appropriate bioinformational instructions to the human body in an effort to stimulate an individual's own inner mechanism of healing. When a healer's bioenergy field comes into close contact with the patient's field while the healer is focused on healing, there may be a

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		bioinformational effect (Gerber, 2000, p. 304). This likely takes place in the etheric body where illness probably begins.
Becker and **Selden** 1985 studied brain wave patterns of energy healers. Brain waves are actually spread throughout the body via the perineural system; the connective tissue sheathes surrounding all of the nerves. Becker described this system as regulating injury repair processes throughout the body.	The physiological rhythms of both healer and patient seem to go into synchrony with the earth's magnetic field resonance of 7.8 to 8 hertz (Starn, 1998, p. 578), almost as if the healer was driving or entraining the patients' brain waves to assume the state 5 pattern (Gerber, 2000, p. 385). Waves that begin as relatively weak pulsations in the brain appear to gather strength as they flow along the peripheral nerves and into the hands (Oschman, 2000, p. 5).	Earthfield connection mechanism is related to the balancing energies of the earth's magnetic force. What may be occurring is that the healer, by shifting the patient's energy frequency to the same as the earth's field, opens up a kind of resonant frequency window through which the magnetic energies of the planet can flow from the healer directly into the patient's body. In other words, the healer might be channelling energy to the patient from the **healing magnetic energies of the earth** itself. An alternate interpretation for the earthfield hypotheses is that **healers create a kind of resonant-frequency window** through which higher vibrational (etheric and higher) energies may become piggybacked onto the geomagnetic currents flowing through the healer and into the patient's field. Thus there may be additional (spiritual) healing frequencies of energy, coupled to the earth's magnetic energies that contribute to healing the patient at a variety of multi-dimensional levels (Gerber, 2000, p. 386).
		Healing spirit guides play a role in hands-on-healing. Many Reiki healers believe they are being assisted by healing spirit guides during Reiki healing sessions (Gerber, 2000, p. 386).
Dr. Randolf **Byrd** (1988) San Francisco General Hospital studied 393 patients.	The prayed-for group did better, needed less medication and had fewer complaints. Studies show that faith doesn't have to be present for prayer to work (Montgomery, 1999, p. 116).	**Prayer increases healing**
Wendy **Wetzel**	Blood samples from an experimental group who received 'Reiki training and people from a control group were measured for hemoglobin and hematocrit values. The experimental group experienced a significant change in these values, and the control group no change (Rand, 2000, p. 2).	**Healers are able to induce actual biological improvements** in patients they treat rather than simply creating a feeling of well-being (Rand, 2000, p. 2).
Janet **Quinn**	Thirty heart patients were tested for anxiety. The experimental group was treated by trained healers and experienced a 17% drop in anxiety compared to the control group (Rand, 2000, p. 2)	**TT reduces anxiety**

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Daniel **Wirth**	40 college students were inflicted with minor wounds. Half the group was treated with Reiki and the wounds shrunk 93.5 percent compared with 67.3 percent for those not treated (Rand, 2000, p. 3).	Reiki **increases wound healing**
Russek & Schwartz	Developed energy cardiology methods and computer software that quantify cardiac-EEG synchronization (cardiac synchronized energy patterns) both within and between individuals. The magnitude of the documented interpersonal cardiac energy registration was greatest in subjects scoring high in perceptions of parental love and caring (Schwartz, 1998, p. 112).	**Love and caring increased interpersonal cardiac energy synchronization**.
Brill & Kashurba (2001). Qualitative study on effects of Reiki for hospital patients and staff	Wound healing was promoted, decreasing fracture healing time, and decreasing pain; reduced need for pain medication; increased relaxation; benefits to family as they can help care for patient and cope with stress; benefits to staff in reducing stress.	Reiki provides the **family with a tangible method to actively express their care and concern** for the patient. Reiki **increases healing, decreases pain, and increases relaxation**.
Levin Study of love and health	People who are more loving are in better health, greater positive emotional well-being; less depressed affect; higher self-esteem and higher sense of self-efficacy or personal control. People scoring high on metaphysical views (spirituality) had higher self-esteem, less psychological distress, greater feelings of mastery, and were less publicly religious.	If science appreciated the **potential contribution of spirituality, love, hope**, etc, it would change the way health and illness and practicing healing was done.
MacDermott (2000) studied the use of Reiki, Aromatherapy, and Psycho-dramatic bodywork for survivors of CSA.	Dramatic improvements in sleep, eating, anxiety, body pain, and overall feeling. Dramatic and significant improvement in overall quality of life (MacDermott, 2000).	Reiki **reduced symptoms of posttraumatic stress disorder** found in victims of CSA.
Wardell (2001) studied nurses involved in healing touch	Significant difference between the six levels of training in that the upper-level classes had higher scores on the	Suggests it may be that involvement in an energy-based therapy is one way to develop **spiritual awareness.**

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training to see if there was a difference in their perception of spirituality	Spiritual Perspective Scale than the lower levels (Wardell, 2001).	
Kennedy (2001) studied the use of Reiki for survivors of torture in Sarajevo hospital.	Patients healed faster than when other modes of therapy were used.	The benefits of Reiki are positive for **traumatized patients.**
Engebretson & Wardell (2002) Qualitative & quantitative randomized block design to examine the outcome of Reiki.	23 participants were given Reiki, and outcome was measured through blood pressure, questionnaires, saliva, skin temperature, STAI and electromyographic readings. Reduction in anxiety, systolic blood pressure dropped, increased skin temperature, decreased electromyographic readings during treatment, increased salivary IgA levels, and decreased salivary cortisol. Participants reported liminal states of awareness (changes in orientation to time, place and self) during treatment; sensate (local or systemic physical sensations) of numbness, involuntary muscle twitching, feelings of healing, and discordant sense of touch; symbolic experiences of relaxation, soothing, gently, detachment from events, and paradoxes of vulnerability and safety, giving and receiving.	Recipients reported a **holistic experience**. Conclusion was that the subtle fluctuations and variations in individuals may defy measurement, and may be a salutary process of attaining or resuming a balance, and **that linear models of testing relaxation are not complex enough** to capture the experience of the recipients. These therapies may repattern individual functions so that the body can self-correct. Findings warrant further exploration, such as how, when, and under what conditions these variation represent fluctuations in response, individual differences, and actual simultaneous paradoxical experiences. An exploration of these features could advance the understanding of the body's complex system of self-regulation and contribute toward our efforts to promote health and prevent disease as well as supporting healing and symptom reduction in disease. (Engebretson & Wardell, 2002, p. 52).

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Appendix L – Characteristics of respondents (n=10)

Respondent	Age	Marital Status	Ethnic group	Number of Children	Occupational Status
AA	26	C/L	Aboriginal	2 (two fathers)	Full time
AB	45	M	European	3 (two fathers)	Full time
AC	38	W	Aboriginal	5 (three fathers)	Part time
AD	41	C/L	European	3 (one father)	Homemaker
AE	46	C/L	Aboriginal	6 (two fathers)	Homemaker
BB	23	M	Aboriginal	2 (one father)	Homemaker
BC	35	M	European	2 (two fathers)	Part time
BD	31	Sep	Aboriginal	2 (one father)	Student
BE	53	D	European	3 (two fathers)	Part time/Student
BF	47	M	European	2 (one father)	Reiki Master/ Homemaker

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Appendix M – Interview questions

Initial Interview:

How long have you been doing Reiki?
What level do you have?
What was your first reaction?
What were your subsequent reactions?
Do you perform Reiki on yourself, your children, or others?
What do you think about Reiki in terms of healing from sexual abuse?
Has it helped? How?
Have you changed as a result? How?

Second Interview:

Has Reiki changed you? In what way?
What would life be like without Reiki?
What was life like before Reiki…coping strategies?
Did Reiki help you with issues of sexual abuse? How?
Can Reiki alone, without the Mothers' Group/counselling, produce the same healing?
Can the Mothers' Group alone, produce the same healing?
What did you gain from the Mothers' Group/counselling experience?
Did Reiki reduce any symptoms from trauma?
How does Reiki fit with the talk therapy in the Mothers' Group?
What are your thoughts about Reiki used in a group setting, rather than individually?
Does Reiki benefit your children or family members?
What difference will Reiki make in your future life?

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Appendix N – Respondents' history of abuse

	Sexual abuse Perpetrator	Onset of abuse	Physical abuse Perpetrator	Emotional abuse Perpetrator	Symptoms of abuse	Abuse of children	Symptoms of abuse in children
AA	Father Acquaintance	Infancy	Mom	Dad Mom Boyfriend C/L	Running Prostitution Drinking Drugs Risky behaviour Trust issues Doormat	Witness to C/L emotional abuse of mom	
AB	Acquaintance	Infancy	Father	Father Husband	Trust issues Peacemaker Ambivalence	Emotionally abused by father Son molested by farm worker	Son is a perpetrator
AC	Uncle Dad's friends Boy Date rapes	2	C/L Husband	C/L	Drugs Aggression Violence Learning problems Antisocial Running Stealing Didn't like men Paranoid Anxiety attacks Co-dependent	Daughter raped at 7 by acquaintance. Children witnesses father's suicide	Daughter is a perpetrator and violent
AD	Mom's boyfriend	15	Husband	Husband	Helpless Anger	Son molested by cousin	Son is stubborn and destructive
AE	Dad's cousin Husband	11	Husband Father	Father Husband Mom	Felt alone Helpless Numb	Husband physically abused	

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					Ugly Ashamed Problems sleeping Unable to speak/angry	children and grandchildre n	
BB	Male friend Father Older man	12		Step-mom	Anger Not feeling good about myself It was all my fault Panic Couldn't relax		Oldest son ADAD, behaviour problems
BC	Step-father	11	Step-father Husba nd	Step-father Husband	Lacking confidence Depression Fear of failure Aches and pains Sinus headaches Panic attacks	Oldest child witnesses father's physical and emotional abuse of mom	Oldest child ADHD, behaviour problems, angry, negative
BD	Father Date raped	2	C/L	C/L	Repetitive relationships with abusive men Lack of self-esteem Alcohol	Witness of mom's physical and emotional abuse	Son has migraines and acts out, anger
BE	Uncle Date rape Witnesses sister's sexual abuse by uncle	6		Father Mother Husband	Depression Fear of failure Low self-esteem Constant anxiety Fear of people in authority Dislike for women	Witness of mom's emotional abuse	Oldest son acting out in anger when younger, destructive.
BF	Sister's husband	9		Sister's husband	Anger Depression Protector		

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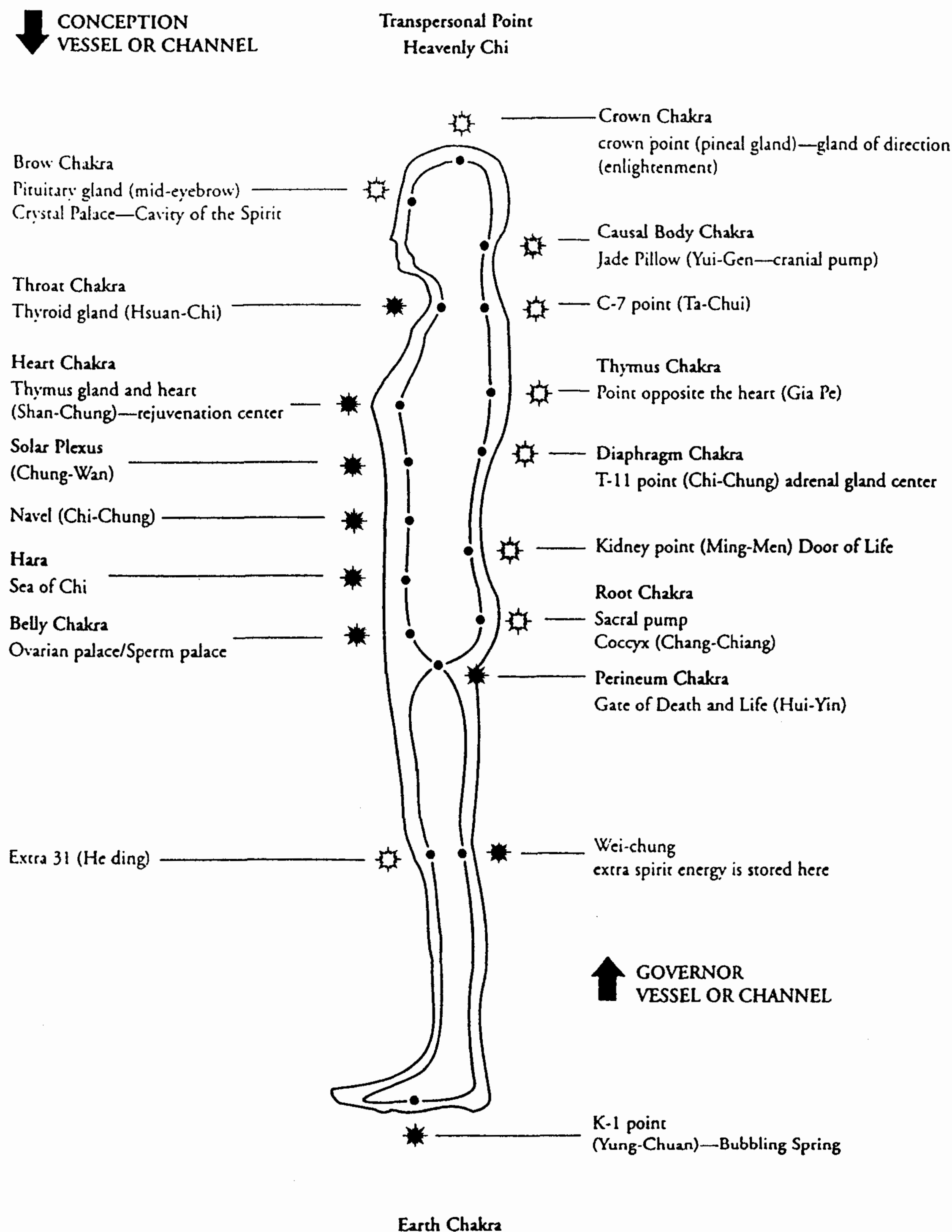
Appendix O – Chakra system



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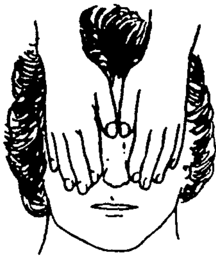
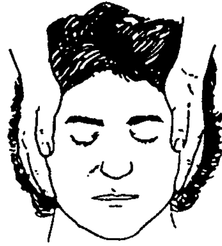
Appendix P – Hand positions for Reiki healing

The Front—Healer stands or sits behind person receiving healing



1. Hands cupped gently over the eyes.

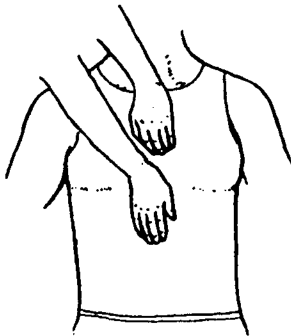


2. Over the cheeks, healer's little finger rests lightly against ears.

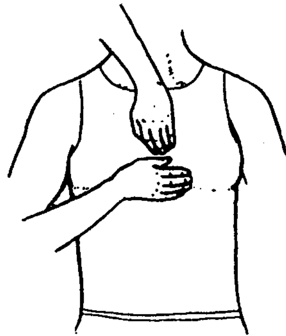
3. Hands under the head—healer does the lifting.

4. Hands rest lightly over the cc larbone—slightly below the throat.

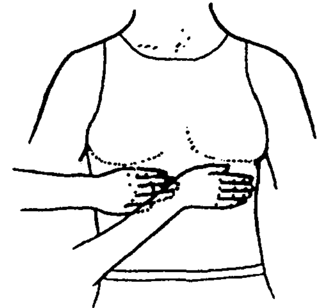
The Front—Healer comes to side of person receiving healing.



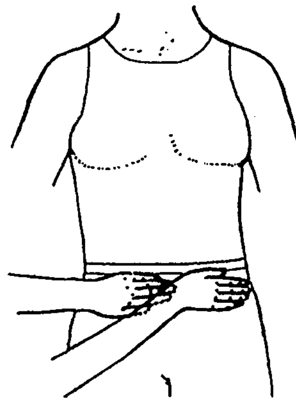
5. Between breasts—optional position. Use with respect not to violate women's body privacy.



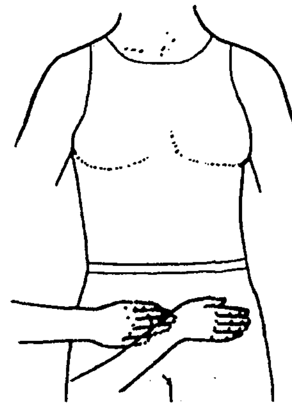
5a. Alternate of fifth position.



6. Below breasts over lower ribs.



7. Just below waist.



8. Across pelvic area above pubic bone.

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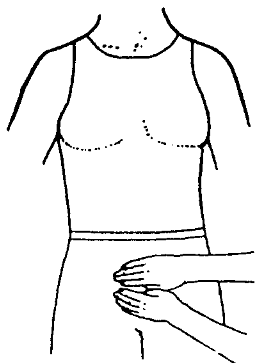
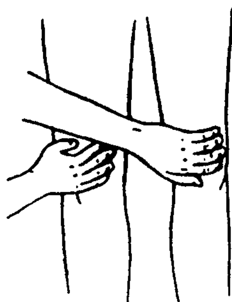
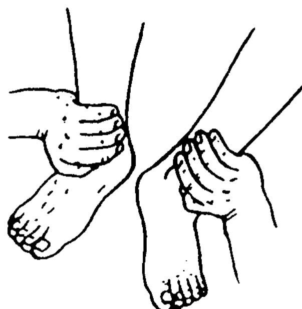
The Front—Healer moves further down the side.



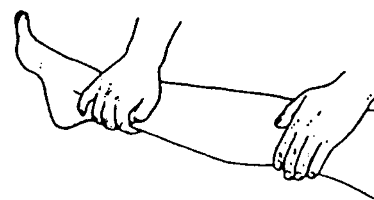
9. Both hands across lower abdomen above pubic bone.



10. Front of both knees.

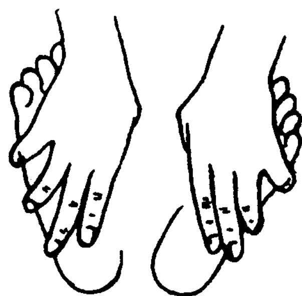


11. Front of both ankles.



11a. Ankle and knee at once. Do both legs. Preferred position—combines 10 and 11.

The Front—Healer moves to bottom, facing feet of person receiving healing.

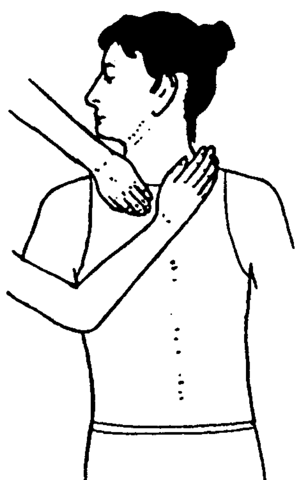


12. Bottoms of both feet.

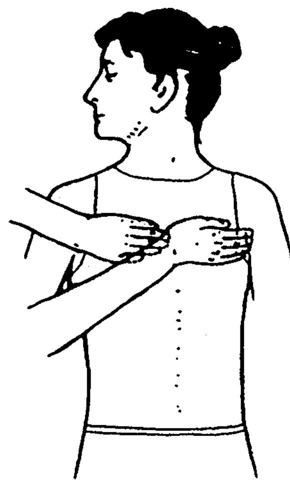
12a.–12b. Alternate of twelfth position. Bottoms of both feet done one at a time.

The Front—Healer returns to the head of the person receiving the healing.

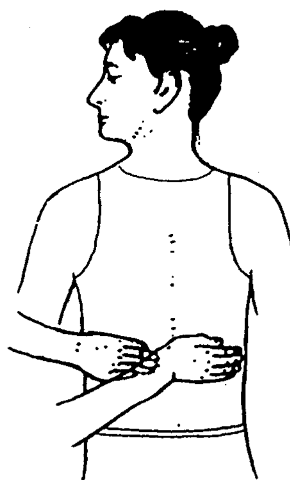
13. Optional head position–One hand on crown and other hand on back of head (at occiput). Person receiving healing will have her head turned to the side.



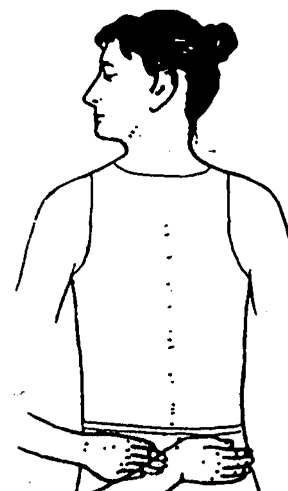
14. Back of neck. (Healer moves to receiver's side.)



15. Over shoulder blades.



16. Middle back.



17. Lower back below waist—over sacrum.

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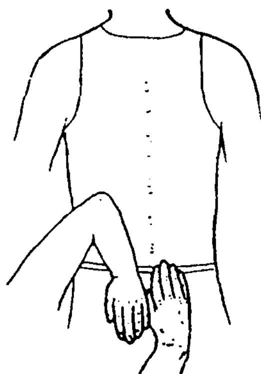
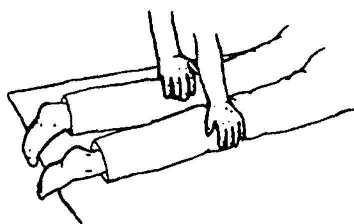
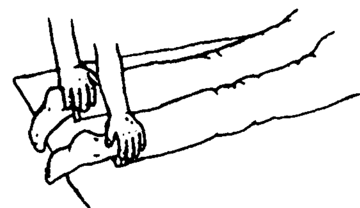
Reiki I Hand Positions
Healing Others
The Back



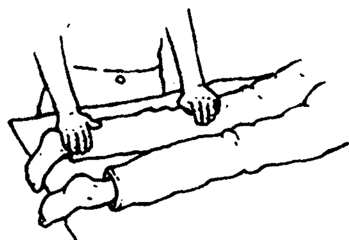
18. Over tailbone (coccyx)—optional position.



19. Backs of both knees.



20. Backs of both ankles.



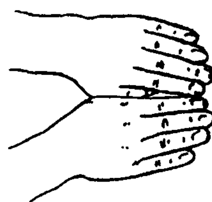
20a. Hold back of one knee and ankle together. Do both legs.

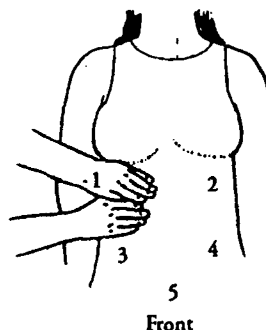
21. Bottoms of both feet.

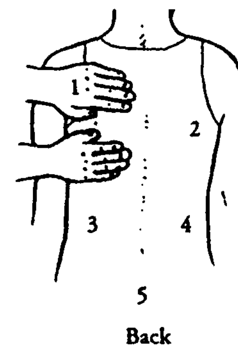
Optional Hand Placement Alternative

Optional hand placement alternative for torso and back. Place hands side by side instead of end to end. Replaces hand positions 6, 7, 8 and 9 on front and 15, 16, 17 and 18 on back.

OR







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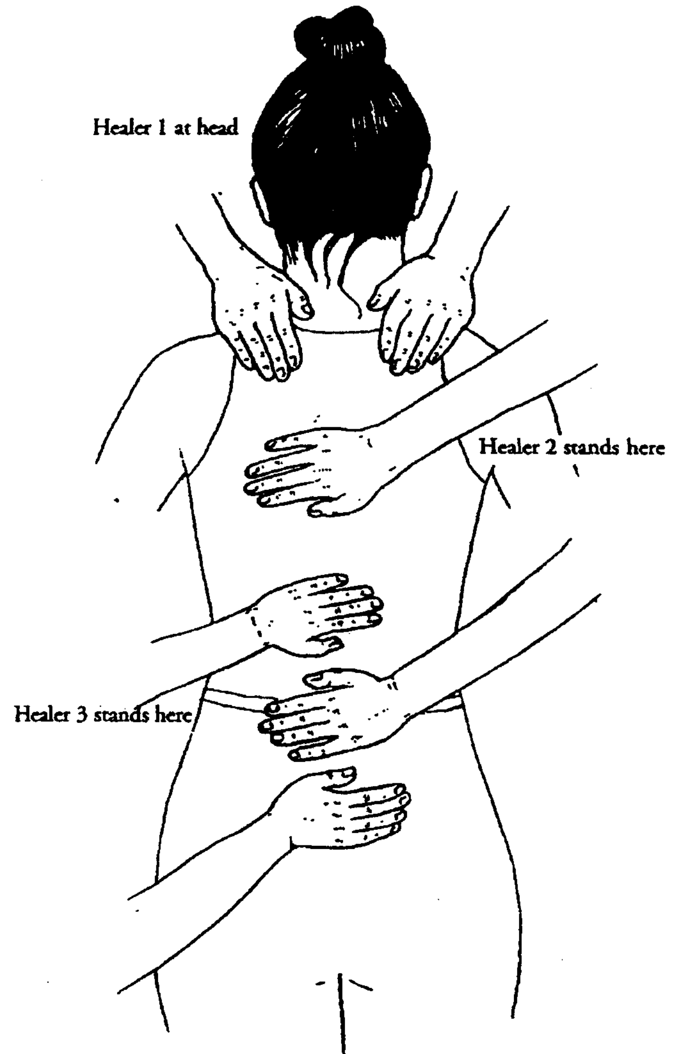
Appendix Q – Group Healing

Group Healing[10]

Group Healing
"The Big H"



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