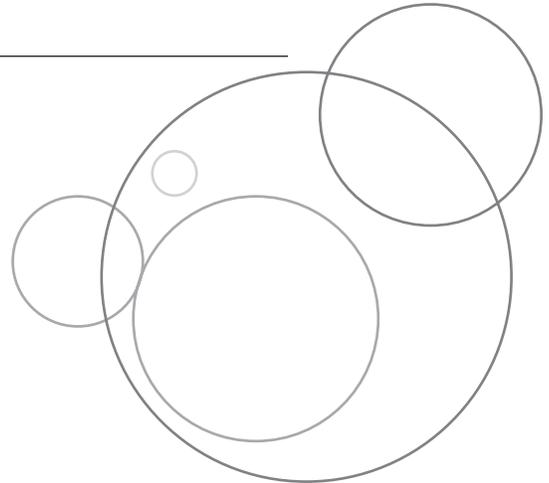


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## Reconnecting to Nursing Through Reiki

Glenda Watson Natale, BS, BSN, RN, HNB-BC



Reiki and other energy modalities are included in the scope of nursing standards in many states and could address issues of stress, compassion fatigue, and burnout. Nurses are increasingly vulnerable to these conditions; Reiki could assist them in healing themselves and helping others.

**R**eiki is a vibrational or subtle energy therapy believed to balance the human body's biofield and strengthen the body's ability to heal itself. Reiki is a Japanese word interpreted as "spiritual consciousness coupled with the universal life force." This life force, or "qi," may become disrupted within the human body, causing an imbalance on the spiritual or emotional level and progressing to dysfunctional patterns of energy that may lead to histological disease (Cushman & Hoffman, 2004). Reiki is also a philosophy of living, stating that all living things are interconnected (Mills, 2001).

Reiki energy flows through the practitioner's hands into these negative energy patterns of the human biofield and charges them with positive energy, elevating the vibratory level in and around the physical body. It strengthens energy pathways, or meridians, to facilitate healing in a natural way (DiNucci, 2005). Reiki restores energy balance and vitality throughout the body's subtle energy system that is blocked by stress or negative emotion (Scholz, 1998). The nursing diagnosis that describes this biofield dynamic is "*Disturbed Energy Field*, disruption in the flow of energy surrounding a person's being that results in a disharmony of the body, mind, and/or spirit" (NANDA, 2005). It is essential that nurses recognize and support spiritual dimensions of healing (Engebretson & Wardell, 2007).

Reiki is learned in sequential levels. There is a level of initiation, or *attunement*, where a Reiki master passes on Reiki vibrational energy to the student. This is believed to make the student more sensitive to biofield energy variations; it is relevant to basic self-care and easily incorporated into one's lifestyle. This intentional, compassionate practice is "soothing, nurturing, and restoring" (Brathovde, 2006, p. 95).

### PREVALENCE OF REIKI

The National Institutes of Health (NIH) have been willing to explore these non-traditional therapies and fund research to facilitate an understanding of their



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*Reiki is also a philosophy, realized in the Reiki principles for living. Just for today, do not worry. Just for today, do not anger. Honor your teachers, parents, and elders. Earn your living honestly. Show gratitude to all living things.*

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efficacy, including several well-designed studies demonstrating positive results using Reiki for the treatment of wound healing, advanced cases of AIDS, and pain relief, among others (DiNucci, 2005). Public demand for complementary therapies is increasing. The 2007 National Health Interview Survey reported that 38% of adults and 12% of children in the United States use some form of complementary and alternative medicine (National Center for Complementary and Alternative Medicine, 2008). Additionally, more than 1.2 million adults had used an energy therapy such as Reiki during the preceding year (NIH, 2010). Energy therapies are used by 3.8% of the public, accounting for nearly 40,000 visits to providers (Engebretson & Wardell, 2007). As a low-risk, noninvasive intervention, Reiki is offered in such university health care settings as Harvard University, Columbia University, Cornell University, Dartmouth-Hitchcock Medical Center Comprehensive Breast Program, and George Washington University Medical Center (DiNucci, 2005).

Whelan and Wishnia (2003) studied the experiences of nurses who practiced Reiki on their clients. As Reiki practitioners, these nurses also concurrently received the benefits of Reiki. More than 75% reported satisfaction with the time spent with patients, decreased environmental stress, increased intuition and insight, and a significant decrease in feelings that contribute to burnout. In addition, 75% felt they had helped clients in the healing process, reduced their pain, and increased calmness. However, 37.5% also reported a disadvantage of practicing Reiki: decreased credibility with nursing and medical professionals (Whelan & Wishnia, 2003) despite research that demonstrated efficacy. Consistent with this finding is the recognition that patients seldom discuss the use of complementary and alternative therapies with their physician (Miles & True, 2003).

## **NURSING AND ENERGY THERAPIES**

Energy therapies are fundamental to nursing practice and are recognized in the Nursing Intervention Classification Code (Wardell & Engebretson, 2001). The American Holistic Nurses Association (AHNA, 2003) endorses use of energy modalities as valid nursing interventions for self-care and for care of others (Vitale, 2007). This organization incorporates a separate standard for self-care in holistic nursing. It is estimated that more than 30,000 nurses practice energy therapies (Engebretson & Wardell, 2002).

Origins of touch therapies, therapeutic touch, Reiki, Healing Touch, and massage may differ; however, they share an efficacy derived from subtle energy or spiritual changes (Engebretson, 1997). Congruent with nursing philosophy, each uses a holistic approach that views the client as a dynamic within its own contextual relationship to life and environment. They deflect the focus from disease to wholeness through the prevention of disease and promotion of healthy aging. They are not interventions of curing but of healing, which is about becoming more whole. The process belongs to the person, not the disease (Quinn, 1996).

## **NURSES AND STRESS**

Nurses today are increasingly challenged to meet the stressors of a complex and demanding health care system that can lead to compassion fatigue and burnout. This overload can cause feelings of frustration, vulnerability, and powerlessness.

One report on nurses' perceptions of themselves as healers showed they felt unsupported and abused in the workplace and do not practice self-care. It further states that nurses are not socialized to care for themselves, displaying attributes of martyrdom and altruism, and are unable to protect themselves from stressful events (Brathovde, 2006). Over time, this chronic barrage of fatigue and stress causes changes in cellular communication, altering the immune response and alternations between homeostasis and exhaustion. The impact of stress on the human body includes stimulation of the sympathetic nervous system—characterized by elevation of blood pressure, galvanic skin response, and cortisol levels—and lowering of peripheral skin temperature. Wardell and Engebretson (2001) found that Reiki decreased perceived anxiety while increasing signs of relaxation and immune function as indicated by elevation of IgA levels.

A 2002 study at the University of Houston (Engebretson & Wardell, 2002) gathered qualitative information and quantitative data on Reiki recipients after a 30-minute session. Participants reported increased mental clarity as well as feelings of safety and calmness. Salivary IgA, blood pressure, anxiety, skin temperature, and EMG readings demonstrated positive results. Although some stress indicators remained unchanged, cortisol readings were significantly lowered in some, while increased in others.

Psychoneuroimmunology studies how the mind–body neural network is connected to thoughts, emotions and physiology, and, ultimately, one's health. What humans perceive as stability is a relative persistence of organized energy pattern manifestations that are recognized as fatigue, anxiety, or pain.

Energetic disturbances present prior to physical changes. Energy therapies may repattern biofields, allowing the body to correct itself. Humans are complex adaptive systems, not reducible to linear approaches (Engebretson & Wardell, 2007). Thinking about the body as an information system instead of a mechanical system offers an opportunity for small, subtle changes to affect larger nonlinear impact (Engebretson & Wardell, 2002).

Nursing theorist Martha Rogers's principle of *integrality* states that if human beings are conceptualized as individual energy fields that are in constant mutuality with the environment, then that which is unconscious may have as great an effect on patterning energy fields as that which is conscious (Biley, 1996). That which is unconscious can influence client pattern as well; consequently, the most powerful tool for healing becomes knowledge of self (Thornton, 1996).

Barbara Dossey, a prominent holistic nursing leader, has stated that self-care includes activities that promote an awareness of self that facilitates being an instrument of healing. The Dalai Lama stated that one of the ethical attributes individuals will need in our rapidly changing system is care for the inner dimension if we are to “enjoy the same degree of harmony and tranquility as those more traditional communities while benefiting fully from the material developments of the world” (Dalai Lama Foundation, 2004).

## A SELF-CARE TOOL

Provision 5 of the Code of Ethics of the American Nurses Association (ANA) states, “The nurse owes the same duties to self as to others” (ANA, 2001). Fortune and Price (2003) wrote of workplace stress that may lead to compassion fatigue. They consider Reiki a valuable tool for restoration and empowerment, enhancing

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*Through conscious  
choice, the  
human being  
defines, modifies,  
and transforms  
experiences of  
participation into  
manifestations  
of diversity and  
harmony.*

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quality of life by integrating greater awareness, empowerment, and acceptance in times of great challenge and stress.

Reiki's self-care capabilities are taught in Reiki level I training (Vitale, 2006). Reiki activates normal healing capacity through intentionality—awareness obtained through centering and going within. It contributes to feelings of autonomy over one's well-being and has been proven as a tool to reduce anxiety (Wardell & Engebretson, 2001). Nurse Reiki practitioners report increased satisfaction with their nursing roles as well as increased touch sensitivity, perception, and assessment skills (Synder & Lindquist, 2006).

In a study using Jean Watson's *Theory of Caring*, nurses who used Reiki reported increases in self-caring behaviors and personal awareness and an intensification of healing presence and personal spirituality. Respondents used such words as "empowered, mindful, compassionate, connected, and nonjudgmental" and expressed an interest in additional holistic education. (Brathovde, 2006, p. 101). According to Barnett and Chambers (1996), Reiki energy supports "optimal development and fulfillment, and therefore promotes the highest healing good for all living things" (p. 2).

## IMPLICATIONS FOR NURSES

Nurses are positioned to lead the integration of energy therapies into the biomedical model, conducting research to validate the value of these therapies (Cushman & Hoffman, 2004). There is theoretical congruence between nursing practice and complementary modalities that may help nurses address the disparities between the current Western model of caring and the Eastern philosophies of healing (Sparber, 2001). According to nursing theorist Jean Watson (1999), the spiritual or sacred dimension is integral to the transpersonal-caring model that includes the premises of grounding, centering, focused intentionality, presence, personal development, respect and awe for the unknown, acceptance, and trust. Watson views the concept of *caring* as a virtue that "potentiates healing, is a moral imperative, and is sacred" (Wardell, 2001, p. 74). She describes her caring model as one that "offers hope for transforming both nurse self and system, while working within the context of the most contemporary crises and challenges facing today's health care structures, systems and society at this point in human history" (Watson & Foster, 2003, p. 365). Florence Nightingale viewed spirit and body as "inseparable and health as nondualistic" (Wardell, 2001, p. 74).

Energy therapies provide a heightened sense of spiritual awareness to both the practitioner and the client. Nurses must rediscover their own hearts and take time for self-restoration, reconnection, and spiritual growth.

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*The principle of self-care is critical to the core values of holistic nursing: that nurses must be in the process of healing themselves to be fully able to help others.*

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