



What Are the Distinctions Between Reiki and Therapeutic Touch?

Pamela Potter, MA, MSN, APRN

What is the difference between therapeutic touch (TT) and Reiki? When I was asked to write a short article about this question for the Oncology Nursing Society's *PNI (psychoneuroimmunology) and Complementary Therapies SIG Newsletter*, I thought the answer would be relatively easy. As I turned the idea over in my mind, the task grew quite complex—requiring focus groups, an extensive literature review, and a multicenter clinical trial to inform an exhaustive academic treatise. Alas, because I am a doctoral student with many other demands on my time, I have opted for a more personal, simple, and speculative description of the difference.

Introduction to Reiki

Reiki, meaning universal life energy and defined as a hands-on spiritual healing tradition (Barnett & Chambers, 1996), has been described as “spiritually directed life energy” (Rand, 1991, p. I-3). It is a system of healing that was rediscovered in the late 19th century by a Japanese Buddhist monk named Usui as he studied ancient texts while praying and fasting (Nield-Anderson & Ameling, 2000). Reiki flourished in Japan and was brought to Hawaii in the mid-1930s by Hawayo Takata, a Japanese Hawaiian. It began to be used on the U.S. mainland in the early 1970s.

Reiki practitioners trace their lineage back to Usui. In the tradition of the Japanese sensei, or teacher, Reiki is passed on from masters to students through a laying on of hands called an attunement. This attunement is described as opening recipients' channels to facilitate the flow of Reiki, the universal life energy, for treating oneself and others. Reiki is taught in three levels—from basic to master teacher. Each level raises practitioners' vibrations, thus allowing for the flow of higher healing frequencies. Emphasis is placed on the prac-

tice of self-Reiki in preparing practitioners to give Reiki to others. The third level, master, prepares practitioners as teachers who pass on attunements to students. This healing tradition with Eastern origins is being integrated into Western medical settings (Barnett & Chambers, 1996). For more information, visit www.reikienergy.com.

The experience of Reiki is described as one of liminal states and paradox similar to the altered state reported by those experiencing TT (Engebretson & Wardell, 2002; Wardell & Engebretson, 2001). Evidence for the efficacy of Reiki is mostly anecdotal, and clinical research is minimal. A recent study found significantly reduced anxiety and increased immune factors for a small sample of people receiving Reiki (Engebretson & Wardell; Wardell & Engebretson).

Basic, level I Reiki treatments begin when practitioners place their hands on recipients and allow the flow of Reiki (see Figure 1). The Reiki is said to go wherever recipients need it most; specifically directing it is not necessary. Thus, a whole treatment may be given by holding recipients' shoulders, feet, or hands. A structured treatment averages about 45 minutes and consists of a pattern of hand placements on the front of the person from head to feet, with each position held for three to five minutes. Generally, no specific assessment is completed, although practitioners intuitively may place and hold their hands on a particular area. Then, if convenient, recipients turn over and a series of similar hand placements are given to the back. Level II Reiki treatment incorporates the basic treatment and involves the use of symbols (e.g., power symbol and emotional healing) to facilitate the Reiki flow. Further, level II practitioners, drawing on the symbol for distance healing, may send Reiki nonlocally to recipients at distant locations.

Introduction to Therapeutic Touch

TT is defined by Nurse Healers-Professional Associates (NH-PA) (2000) as “an intentionally directed process of energy exchange during which the practitioner uses the hands as a focus to facilitate the healing process.” Described as a contemporary interpretation of ancient healing practices (Krieger, 1979), TT was developed by Dolores Krieger and Dora Kunz in the early 1970s (about the same time Reiki came to be used) from studying techniques of a known healer and interpreting them for contemporary nursing. In the tradition of Western nursing, basic TT skills are taught in an introductory workshop, although development of clinical skills requires time and practice under the supervision of experienced practitioners.

More than 30 years of nursing research informs the evidence base for this practice and suggests evidence for a positive medium effect of TT on physiologic (e.g., pain, physiologic distress, wound healing) and psychological (e.g., anxiety) variables (Peters, 1999). TT research provides an invaluable knowledge foundation for research with

Pamela Potter, MA, MSN, APRN, supervises Reiki volunteers at Yale-New Haven Hospital in Connecticut and is a doctoral candidate in the School of Nursing at Yale University. She also is coeditor of the Oncology Nursing Society's PNI (psychoneuroimmunology) and Complementary Therapies Special Interest Group (SIG) Newsletter. This article originally appeared in the September 2002 issue of the PNI and Complementary Therapies SIG Newsletter. Reprinted with permission.

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A pattern of hand placements is intended to facilitate the flow of Reiki, or universal life energy. The photographs above depict, from left, positions 1, 2, and 7.

FIGURE 1. DEMONSTRATION OF REIKI

biofield therapies. TT was the first biofield therapy to be practiced openly in the health-care setting.

Although physical touch is possible, TT treatment generally is described as a noncontact intervention, averaging 10–20 minutes and administered in recipients' energy field, two to six inches from the body (see Figure 2). The four steps of TT reflect a holistic intuitive nursing process: (a) centering in the present moment, (b) assessing the energy field while holding the hands close to the body, (c) directing an intervention that includes clearing or unruffling done in a sweeping motion and balancing or rebalancing by directing and modulating energy, and

(d) evaluating or closing based on visual cues, verbal response, and energy field feedback from the person receiving the treatment (NH-PA, 2000). Macrae (1987) prepared an excellent primer on TT.

Comparisons Between Reiki and Therapeutic Touch

The differences between Reiki and TT are not found in the outcomes, which are cited for most biofield therapies: relaxation, decreased anxiety, feelings of well-being, and healing. Even the distinctions listed in Table 1 are subject to discussion. Some versions of Reiki teach assessment as well as non-

touch, directive techniques. TT practitioners may choose direct laying on of hands during treatment and may invite the presence of angelic beings (empowering and emotionally healing energy symbols) during treatment. The differences between Reiki and TT appear to lie in the philosophic underpinnings of the disciplines and the way practitioners are trained. TT philosophy maintains that anyone can perform energy healing. Practitioners learn the techniques and how to tune into recipients. Reiki philosophy agrees that anyone can perform energy healing. The Reiki attunement process merely opens healers and facilitates that tuning to recipients.



In the photographs above, a therapeutic touch practitioner assesses a client's energy field by placing her hands two to six inches from the client's body.

FIGURE 2. DEMONSTRATION OF THERAPEUTIC TOUCH

TABLE 1. DISTINCTIONS BETWEEN REIKI AND THERAPEUTIC TOUCH

CHARACTERISTIC	REIKI	THERAPEUTIC TOUCH
Description	A spiritual healing practice originating from a spiritual healer, appropriated by nurses, applicable for all religious traditions	A healing practice deduced from observing a spiritual healer, inductively developed by nurses, applicable for all religious traditions
Teaching	Passed through attunement	Learning of techniques
Mentoring	Reiki master lineage	Experienced practitioner
Intentionality	Allows the flow	Directs the flow
Techniques	Generally hands-on; no assessment	Generally hands-off; assessment
Outcomes	Relaxation, decreased anxiety, well-being, and healing	Relaxation, decreased anxiety, well-being, and healing

Does that mean that TT and Reiki are the same? Certainly, the outcomes are similar, and yet, the journey to the outcomes is different. Here I can discuss only my experience. After more than 10 years of practicing TT and healing touch (see note at end of article), I added Reiki to my healing repertoire. The attunement process was palpable. Although I did not expect it, I could feel the movement of energy within me unlike any I have felt from receiving energy field treatments. The technique for passing on the attunement reminded me of a shamanic healing ritual. Does a difference exist for people attuned to Reiki who practice TT? For me, the quality of my ability to assess and treat people changed and became less directive, more intuitive, and more like prayer. The effort involved to stay centered, grounded, and clear was no longer a concern: hands-on, centering-on, Reiki-on. Rand (1991) told a story of experienced healers who were amazed to find their healing energies raised to a higher vibration with Reiki attunement.

The distinctions between TT and Reiki appear to be qualitative; certainly at this point, the evidence of difference between the two healing strategies is also qualitative. Longtime TT practitioners might say that as

their experience with TT grew, they became less directive and more intuitive and found that giving the treatment felt more like prayer. Yet, when making distinctions, we must not deny the Reiki tradition—more than 100 years of passing on attunements. Nor can we deny the substantial body of TT outcomes research that demonstrated healing outcomes from practitioners who have learned the TT process.

What about the implications for research? At present, we strive to design research that validates the anecdotal experience of these modalities. However, planning studies to evaluate the effectiveness of Reiki and TT poses a number of challenges. For example, if we try to compare Reiki with a mock treatment in a control group, we still do not know if the mock treatment is truly inert—benign touch still may have some treatment effect beyond placebo. Another research challenge is to choose healers from those who represent the modality we are studying as purely as possible. Yet many healers are hybrid healers, like myself, who use a composite of healing techniques.

Research is needed to measure the distinctions between Reiki and TT and their impact on the healing process for both practitioners

and recipients. If these therapies work on individuals according to their particular healing needs, does reducing this experience to common outcomes, as in clinical trials, really capture the efficacy of the intervention? Whether we practice TT, Reiki, or some combination of healing practices, and as we design research to discover evidence of the efficacy of biofield therapies, most important is our commitment to helping others heal as we heal ourselves.

Note. Healing touch, developed by Janet Mentgen, RN, BSN, is an energy (biofield) therapy that encompasses a group of noninvasive techniques that use the hands to clear, energize, and balance the human and environmental energy fields. For more information, visit www.healingtouch.net.

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