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A QUALITATIVE ANALYSIS OF THE LONG-TERM EFFECTS OF ENERGETIC HEALING ON SYMPTOMS OF PSYCHOLOGICAL DEPRESSION AND SELF-PERCEIVED STRESS

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ABSTRACT

This study examined the long-term effects of Reiki, a form of energetic healing, on symptoms of psychological depression and self-perceived stress as measured by the Beck Depression Inventory (BDI), Beck Hopelessness (HS), and Perceived Stress (PSS) scales. Forty-five participants in need of healing were randomly assigned to one of three groups: Group 1 - hands-on Reiki; Group 2 - non-touch Reiki; or Group 3 - distance Reiki placebo. All groups were blind to treatment conditions. Reiki practitioners provided participants with a free 1 to 1 1/2 hour treatment each week over a period of 6 weeks. Pretest analyses demonstrated no significant difference between groups. After completion of treatment, significant differences were noted between treatment and control groups ($p < .05$), and 1 year later, these findings were maintained. Fourteen subjects were then selected on the basis of high and low change scores obtained from pretest to follow-up data collection. Seven subjects demonstrating the greatest change scores, and seven subjects exhibiting the least change were selected for qualitative data collection based on interviews and subsequent content analysis. Findings demonstrated that high and low change subjects differed only on the variable of skepticism, and nearly all subjects reported experiences of deep relaxation, calming, increased energy flow, and greater connection to Spirit as a result of Reiki treatments.

Quantitative aspects of this study were published elsewhere (Shore 2004).

BACKGROUND

Recent scientific research on the efficacy of energetic healing has provided evidence that both hands-on and distance Reiki significantly reduce symptoms of psychological distress such as depression, hopelessness, and self-perceived stress (Shore, 2004). These results, when compared with placebo treatments, demonstrated that the effects of Reiki were not due to placebo effects, and furthermore, the effects of Reiki lasted 1 year after the completion of merely 6 hours of treatment (Shore, 2004). Previous research has demonstrated the effectiveness of energetic healing in the relief of pain, depression, self-reported anxiety, blood pressure, and the reduction of stress and discomfort associated with illness (Benor, 2001a, 2001b; Bevan, et. al., 1993; Dressen & Singg, 1998; Gange & Toye, 1994; Heidt, 1981; Kramer, 1990; Peper & Ancoli, 1979; Quinn, 1984, 1989; Sicher, et al., 1998).

Despite these and other findings, energetic healing remains overlooked and under-utilized by the mainstream scientific community as a viable therapy (Grad, 1967). Patients, however, are consulting alternative healers in increasing numbers (Fenwick & Hopkins, 1986; Eisenberg, 1993, 1998), and forms of energetic healing such as Reiki are being used by doctors, nurses, psychotherapists, and a number of other health care professionals as a complement to traditional interventions (Benor, 2001a, 2001b; Stewart, 1988). While it is important to further quantitative findings on the significant effects of energetic healing on psychological and physiological variables, healing is a very personal and individualized experience. Qualitative research is also needed to illustrate the personal nature of these profound and effective healing arts.

Qualitative research (Engebretson, 1996) provides experiential descriptions of Reiki, including a sense of awe at the love and compassion received from the practitioner and at being in the presence of higher powers, saints, or spirit guides working with them. Reiki practitioners and healees report that emotional releases and the recalling of traumatic events from the past are common experiences during healing treatments, and following the healing, a sense of relaxation ensues. Other findings suggest that Reiki fosters a perception of safety, calm, peace, and healing in clients (Zephyr, 1987). Furthermore, the process of therapy may be enhanced and facilitated through the introduction of touch and its ability to reduce stress, fear, and anxiety during the course of an Eidetic Image Therapy session (Zephyr, 1987).

Qualitative research has illustrated common physical sensations of a Reiki recipient, including warmth, tingling, pulling, drawing, and energy transfer (Engebretson, 1996). Participants often appeared flushed or were perspiring, and some described feelings of physical lightness. Typical comments of recipients included, "I had no weight;" "I felt like I was floating off the table;" "His hands felt like magnets on my head;" "It felt like a torch burning my hands" (p. 531-532). Emotional experiences included feelings of love and compassion, feelings of awe, and deep emotional releases (e.g., crying, recalling and releasing traumatic experiences from the past), and relaxation. Facial and body expressions became less tense, and body movements became more fluid. Many participants saw auras or fields of color around the recipient, and images were shared many times by healer and healee (Engebretson, 1996).

METHODS

Subjects

Forty-five volunteers were randomly selected from a pool of prescreened respondents to advertisements for an experiment on the effects of energetic healing. Following the collection of informed consent, subjects were randomly assigned to 1 of 3 groups: Hands-on Reiki (n = 13), Distance [non-touch] Reiki (n = 16), and distance Reiki placebo (n = 16). Subjects received 6 consecutive 1 to 1 1/2 hour Reiki treatments (one each week) over a period of 6 weeks. Healing sessions took place in a prescreened location chosen on the basis of quiet, comfort, and a positive environment. All treatment rooms were similar in size, color, comfort, and noise level. Similarly, all placebo group participants received their mock-treatment in a room nearly identical (in size, location, color, lighting, noise level, temperature, and comfort level) to the treatment groups. All subjects remained blind to treatment condition, and all participants regardless of treatment group were instructed to follow an identical protocol. All participants were instructed to enter the treatment group and lie fully clothed on a massage table for treatments, and were instructed to cover themselves with a provided thin sheet and blanket to keep comfortable and warm. Participants in the hands-on Reiki group received a full 1 to 1 1/2 hour hands-on Reiki session, while the distance Reiki group received a 1 to 1 1/2 hour distance Reiki (non-touch) session from a practitioner not physically present at the healing session. (Some practitioners performed Reiki from hundreds of miles away). The placebo group entered a "mock" treatment room similar to treatment groups, and experienced an identical

protocol. The only difference between distance Reiki participants and distance placebo participants is that the placebo group did not receive any Reiki until the completion of the study, at the end of one year.

All Reiki practitioners were instructed to perform similar treatments based on strict protocol established prior to the onset of treatment. Reiki sessions began by calling in the Reiki energy, and beginning treatment on the recipient at the top of the head, moving down the body covering specific points including the eyes, temples, throat, heart, upper and mid belly, and then proceeded with the back of the head, shoulders, neck, back of heart, and lower back. All session ended by sealing in the energy and smoothing the energetic body of the recipient. Finally, all healers were specifically instructed to perform treatments only when their own health and mood permitted them to maintain the focus of a true healer with a focus on healing the patient rather than obtaining any specific outcomes related to the investigation.

Change scores were computed on the Beck Depression Inventory (BDI), Beck Hopelessness Scale (HS), and Perceived Stress Scale (PSS) prior to treatment, upon completion of treatment, and one year later. Difference scores were obtained by subtracting pretest scores from follow-up scores, and the variance of scores was then analyzed in a frequency distribution to assess the top and bottom 15% (approximately) of change scores for qualitative data collection. Seven high-gainers (participants exhibiting the greatest reduction in stress and depressive symptoms over time), and 7 low-gainers (participants exhibiting the least reduction in stress and depressive symptoms over time) participated in subsequent interviews based on a semi-structured qualitative questionnaire. Qualitative data were analyzed by a content analysis to explore common themes and experiences expressed by the 14 exemplary participants.

Healers

The primary researcher personally screened each volunteer Reiki practitioner by experiencing a healing treatment from each to test for quality and effectiveness of treatments. Effectiveness was determined on the basis of tangibly receiving Reiki energy and experiencing deep relaxation and healing during the treatment. In addition, a minimum of 1 year as a practicing Reiki healer and previous healing experience at a distance with a minimum of 10 patients (for distance Reiki conditions) served as criteria for adequate experience. Each Reiki practitioner participated in six 1 1/2 hour treatments with up to 8 clients over a period of 6 weeks (one treatment per client, per week).

Twelve Reiki Masters (attuned to the highest level of Reiki) and 3 level 2 Reiki practitioners were selected. Three healers were "rejected." One woman claimed to be sending Reiki, but it was another form of energy healing that did not "feel" like Reiki. When I asked her to demonstrate the symbols she was utilizing, she was not using any Reiki symbols, but only called her healing Reiki because she felt that people understood or recognized the label "Reiki". Another woman was rejected because she actually created pain in my body the moment she touched me. It turns out she suffered from fibromyalgia. A tenet of Reiki is that one must be in good health to provide a healing. The third healer rejected was also in poor health.]

The healers performed Reiki on up to five individuals, and were instructed to perform similar treatments on each. Furthermore, they were told to treat clients only when the practitioners' health and mood permitted them to maintain the focus of a true healer, a positive attitude in which helping the patient remains the priority (Grad, 1994). Each treatment began with the Reiki practitioner acknowledging that the client was in charge, that he or she had the right to his or her own body (Gleisner, 1992), and, thus, permission for treatment was obtained from each client at the onset of each session. Clients were reminded throughout the treatment to focus on the present, and all clients were requested to refrain from eating 2 hours before and after treatment to maximize its

effects (Benson, 1975). Furthermore, all healers were instructed to focus on healing the participants (Benor, 2001a, 2001b), rather than obtaining any desired responses.

ASSESSMENTS

Pretest and posttest data were gathered by mass administration of all pencil-and-paper questionnaires. Pretest, follow-up, and post-treatment denote: a. the pretest - prior to treatment; b. follow-up - six weeks later when only groups 1 and 2 had received treatment (group 3 was the placebo group and did not receive any Reiki for follow-up data collection); and c. post-treatment - which denotes one year later after the placebo group received treatment

One year after completion of posttest data collection, the BDI, HS, and PSS were mailed to each participant to reduce the possibility of experimenter effects. To further control for threats to internal validity, each participant was requested to complete the questionnaires and return them to the primary researcher no later than 2 weeks after receiving the material. A self-addressed, stamped envelope was included with the psychological measures, as was a brief instruction sheet notifying all participants of return deadlines and the importance of their timely response if they chose to participate. Whenever necessary, phone calls to participants not responding to mailed questionnaires were implemented to pursue follow-up data collection.

When the qualitative data collection began, all placebo group participants were treated, and therefore all participants had received the full six-eight hours of reiki. The variance of scores was analyzed in a frequency distribution to assess the top and bottom 15% (approximately) of change scores. From this pool of participants, 7 exemplary high-gaining participants (those exhibiting the greatest reduction in stress and symptoms of depression over time), and 7 low-gaining participants (those exhibiting the least reduction in stress and symptoms of depression over time) were selected, based on availability and willingness to participate. For the high-change category, participants were phoned, beginning with the highest changer and then the second highest changer, moving down the list until 7 high-change participants agreed to take part in the interview process. The same procedure was performed on a list of low-change participants. With respect to the high-change category, participants 1, 3, 4, 5, 6, 7, and 8 on the list agreed to take part in the interview process. With respect to the low-change category, participants: 2, 3, 5, 6, 7, 8, and 9 agreed to take part in the qualitative data collection. These 14 exemplary (high- and low-gaining) participants were mailed a semi-structured qualitative questionnaire and underwent subsequent interviews to further understanding of the efficacy of energetic healing.

Each of the 14 participants received the questionnaire in the mail, and each was instructed that the questionnaire was to serve as a focus for contemplation. They were asked to volunteer for interviews lasting approximately 1 hour. The essence of the each participant's experience was briefly captured through their spoken words, and a content analysis was performed to investigate common themes and experiences expressed by 7 individuals experiencing markedly significant change and 7 individuals experiencing the least change among the participants.

Using the semi-structured qualitative questionnaire as a baseline, interviews were implemented to extract the participant's experience of the Reiki treatments in his or her own words. The focus of the interview was to obtain in-depth information about these 14 participants to determine what was and was not effective about the treatments administered. Furthermore, the question of "goodness of fit" for treatment and patient was addressed and explored. Interviews explored what to avoid in providing Reiki to guide future research, by exploring assumptions about this form of treatment. The final questions in the interview process addressed the participant's perception of changes in depressive symptoms, hopelessness, and stress levels.

This qualitative investigation was provided to illustrate the experience of receiving Reiki, and the results may illuminate aspects of individuals who are most likely to benefit from energetic healing and those who may not experience its benefit as significant. Qualitative analysis included content analysis and a brief description of the participant's experience in his or her own words to investigate common themes and experiences, and to further the understanding of the efficacy and experience of receiving energetic healing treatments in the form of Reiki.

RESULTS

After completion of data collection, themes were compiled from transcribed interviews. Themes included the following: energy, vibration, electricity, warmth, lightness, physical [improvement], spirit, powerful, subtle, balance, relaxing, centering, calming, [release of] emotion, skeptic, [improved] health, [reduced] stress, heart, [improved] attitude, [improved] self-esteem, [reduced] depression, bliss, hope, and empowerment. Any individual reporting a theme during the interview received a score of 1 on that particular theme. If a theme was not reported, that individual received a score of 0. Total scores were obtained for each theme by adding the scores of each individual participant. In this way, frequency scores were obtained and utilized in later correlational analyses.

With the exception of the theme "skeptic," (on which low-changers reported most frequently), high- and low-change participants did not differ on themes. Despite their skepticism only 2 of the 7 low-change participants did not report the Reiki as helpful and beneficial in some way. High- and low-change participants, therefore, did not differ from each other with the exception of self-reported skepticism exhibited by the majority of low-change participants.

These findings may suggest that skepticism of treatment may reduce the effectiveness of the energetic healings. Reiki teaching discusses the importance of the recipient's alignment with and openness to treatment, and skepticism may reflect a lack of alignment with the intention of the healing practice. Skepticism was a finding within the study. That is, it had not been a focus of the screening, so we do not know for certain that the skepticism was present prior to the study.

It is important to note that out of 7 low-change participants, only 2 were not certain if they had or had not received any significant benefit from the treatment. The remaining 5 claimed to have received significant benefits from the Reiki treatments. This is compared with the reports from 6 of the 7 high-changers stating that they did perceive significant positive effects from the healing sessions. Despite the claims of the most skeptical and "lowest changers" that "nothing" appeared to have happened, they did report significant relaxation as a result of treatment. Furthermore, the 1 high-changer who did not report any significant change as a result of the treatment had the eighth highest change score from pretest to posttreatment data collection. Although she did not perceive a benefit from the treatment, her data indicated that change did, in fact, occur.

Aside from skepticism, the category of group (high vs. low-changer) correlated significantly with very few other reported themes. Therefore, the frequency of themes was presented as the combined scores for both categories because they did not differ significantly in responses. These included the following: lightness, spirit, skeptic, stress, total physical, and total spiritual. Low-changers expressed, on the whole, fewer reports of physical sensations, spiritual changes, and reduction of stress than did high-changers. Low-changers were, however, more skeptical than individuals with greater amounts of transformation as a result of treatment. Only 1 individual in the high-change group reported no significant benefit as a result of treatment and did not attribute gains to other causes. This individual claimed to be skeptical of energetic healing. It is important to note that all of the 3 individuals who reported no significant benefit from treatment (2 from the low-change, and 1 from the high-change group) expressed strong skepticism of the effectiveness of Reiki.

The largest percentage (78.6%) of participants reported the theme of calming (reports of feeling peaceful, calm, or meditative); even the most skeptical of participants made this report. Most participants (71.4%) reported the theme of relaxing (physical experience of relaxation during and as a result of treatment). One of the participants with the lowest change score and a high score in skepticism reported no sensations or experiences as a result of treatment, "just relaxation," he said, "and I think the relaxation helped me"

Energy, described as kinesthetic experiences of increased energy movement or flow, was experienced by 57.1% of the recipients interviewed. In the words of one participant, "I mean I can actually, literally feel it when I'm getting treatment. I can feel the energy coming." Another participant described the energy as "tangible because you can feel it." In the words of another participant, "The experience of energy for me is kinesthetically real."

"I'm physically more able to do different things" is an example of the theme physical, (an improvement in physical functioning as a result of treatment) which was experienced by 57.1% of interviewed participants. Similarly, 57.1% experienced an increase in spirit, defined as a stronger connection to spirit or Creator. Interviews included reports of uplifting of spirit and of a greater connection. Furthermore, the theme of heart, experienced by 50% of reporting participants, was described as an increased experience of an open heart, love, and forgiveness.

Similarly, 50% of interviewed participants reported the theme of emotion, an experience of greater emotional health from an emotional release during or as a result of treatment. It is best described in the words of a participant, "It [the Reiki] opened me up more to my emotions, allowing me to emote and clear away and cry, release emotions." Nearly half of the participants (49.9%), reported the sensation of vibration in their physical bodies during treatment and 42.9% reported lightness, a physical sensation of floating. A typical sensation described by Reiki recipients was, "I feel that I'm being lifted up on a whale's back and being lifted up to the light."

Other themes included powerful (experience of treatment was profound), reported by 35.7% of participants, and an increase in positive attitude (35.7%). A physical sensation of warmth (or an increased body temperature during treatment), balance (increased balance in one's life after treatments), health (reports of improved health and/or immune system functioning; reduction in negative physical symptoms), stress (reduction of stress), reduced depression, and bliss (reports of joy, happiness and bliss during and as a result of treatments) were each reported by 28.6% of interviewed participants.

The following themes were each reported by 21.4 % of participants: centering, (an experience of being grounded or centered as a result of treatment), subtle (treatment was experienced as subtle), increased self-esteem, empowerment (reports of feeling empowered rather than feeling like a victim of life's circumstances), and electricity or a physical sensation of electricity, (described by 1 participant as; "Just like we would imagine electricity to be running through your body, my whole body felt alive with movement"). Finally, 14.3% of participants reported the themes of skeptic (recipient of treatment doubted its effectiveness) and hope (increase in hope and faith).

Correlations were computed, and significant positive correlations between themes at $p < .05$ (see Table 1) included the following (group refers to high or low-changer): heart and emotion (.71); balance and bliss (.65); stress and depression (.65); heart and warmth (.63); self-esteem and vibration (.60); heart and vibration (.58); heart and spirit (.58); subtle and centering (.58); powerful and vibration (.56); and warmth and spirit (.55). Significant negative correlations ($p < .05$) included the following: group and stress (-.63); self-esteem and energy (-.60); group and lightness (-.58); group and spirit (-.58); control and electric (-.58); control and subtle (-.58); subtle and calming (-.58); and health and vibration (-.55).

Themes were then collapsed into one of three categories: total physical (energy, vibration, electric, warmth, lightness, physical, balance, powerful, subtle, relaxing, and health), total emotional

(centering, calming, emotion, stress, attitude, self-esteem, depression, bliss, and empowering), and total spiritual (spirit, heart, and hope). Significant correlations ($p < .05$) were found between total physical and the following: relaxing (.64); stress (.64); energy (.59); spirit (.59); total spirit (.59); warmth (.55); group (-.54); and lightness (.50). With regard to total spirit, significant correlations ($p < .05$) were found between total spirit and the following: heart (.89); spirit (.89); warmth (.67); emotion (.57); group (-.57); and total emotion (.56). Significant correlations ($p < .05$) were found between total emotion and the following: calming (.72); bliss (.70); balance (.61); attitude (.59); and spirit (.54). See Table 2.

Many interesting stories emerged from the interview process because the individual nature of Reiki touched each recipient differently. One woman described her prominent symptomology as acute anxiety and stress. She described her experience as follows:

"I'm on the Reiki table having a session and I can feel myself being held in these huge arms and I didn't know if it was a man or a woman or God or if it was even myself, another part of myself. But it was bare-chested and nicely developed [It] rolled my face into . . . huge arms and I needed one more little bit of comfort [It] rolled my face into the chest and that did it. And I think for the first time in my whole life of 67 years I'd known a moment without anxiety. I was just directly at peace Now, if I happen to every once in a while, I'll wake up and begin to feel that anxious feeling again, I am able to say 'no I don't have to go there' And now I'm seeing it's a choice."

Another participant received a powerful treatment in which something she described as a "past life" experience occurred. She claimed:

I was a gladiator. And I had a severe pain in my back and it was that a sword was going into me . . . the healer that had worked on me, we didn't talk about that or anything Then it was later down the line and I mentioned it and she got tears in her eyes and said when she was working on me it was like she pulled a knife out of my back.

Each participant was asked about his or her experience of energetic healing. One participant replied:

I think that it's the awareness of energy; it's something that we, that all of us are capable of having. It's a matter of becoming in tune with it. I do believe we naturally are able to perceive energy within ourselves and other living things, but a lot of our culture is focused on the mind and the intellect. So . . . this is a sensitivity that can be learned and I feel that with it, that the quality of one's life can improve.

When asked the same question, another participant described her experience of energetic healing as:

Very relaxing and blissful . . . I think it's important to know that for me, as a participant in this study, the Reiki treatments have really made a significant change in my life and how I view my life. And I think it's important for anybody who might read about this to have an open mind about just trying it, you know There were times when I was quite skeptical about it and I just did it anyway. And what I've gotten back from it is . . . a lot more than I would have thought, but I had the open-mindedness to just try it anyway, and so that's what I would recommend.

Another woman responded to the same question by saying:

I believe that . . . we store experiences, traumas, pain, and positive things in our bodies as energy. And that they continue to effect us through our lives if we don't move them, release them, address them, and that this [energetic healing] is a truly

deep and effective way to move beyond that. It . . . jumpstarts or accelerates your movement in life by removing blocks.

In the words of a participant who recently lost his wife to cancer and was diagnosed with multiple sclerosis 3 months later:

I feel there's been a greater opening in my heart and mind, and things have been opening up for me and my life has become very magical. [I am] a lot more open to my life and to what's happening in my life, and a lot more lucky. [I feel] very fortunate, lucky [about] what's been happening to me I can basically sum it up in that . . . Reiki works.

DISCUSSION

With respect to the qualitative analysis, many of the findings of the present investigation support the research of Engebretson (1996), who noted descriptions of Reiki recipients to include physical sensations of warmth and tingling, lightness, and an energy transfer. In addition, half of the participants in the present investigation, like those in Engebretson's study, reported an experience of emotional release. The most common experiences of participants, regardless of whether they were high or low-changers, included experiences of energy movement or transfer, improvement of physical functioning, relaxation, increase in spirituality, calming, and heart opening. Each of these variables supports the previously mentioned claims of Reiki practitioners and teachers as common experiences of Reiki recipients (Engebretson, 1996).

During the interview process, it was interesting to receive the report from a high-changer (an individual exhibiting a high level of reduction of depressive and stress symptomology) claiming that she did not perceive herself to have received any benefit from the Reiki treatments. This finding illustrates the potential problem with self-reported data, that some individuals have less of an ability to observe themselves or remember past experiences in the face of present circumstances. A most interesting finding of the present investigation was the individual and personal nature of each Reiki recipient's experience. Although common themes were found, each individual participant told a very different and personal account of his or her experience. Each Reiki recipient was touched in a very unique and distinctive way. It was through their particular stories that the essence of their experience was captured. From memories of past-life experiences, to feeling freedom from anxiety for the first time, all individuals touched by Reiki recalled a different experience as an instrumental player in their life's myth or schema. In the words of a very skeptical and low-changing Reiki recipient in the present investigation, "I can basically sum it up in that . . . Reiki works."

Recommendations for future research include an in-depth investigation of the personal and transformative aspects comparing different protocols of various energetic healing techniques. It would be interesting and informative to further investigate the long-term transformative effects of Reiki through the lens of each individual recipient's personal mythology or schema. This information would provide a richness that quantitative data alone cannot capture.

The intention of this investigation was to document the effects of energetic healing in the form of Reiki in the words of each individual recipient, and to further the understanding of the highly personalized nature of energetic healing treatments. Based on the present findings, Reiki may be described as a calming, relaxing treatment that increases the recipient's perception of energy flow, physical functioning, connection with Spirit, emotional health, and positive attitude. The majority of recipients reported an opening of the heart, and many reported significant stress reduction and improved health as a result of Reiki treatments. Therefore, the present investigation recommends further research, not only for new areas of exploration on the effects of energetic healing, but also

on the incorporation of Reiki as a primary or complementary treatment in the field of mainstream health care.

Adina Goldman Shore, Ph.D. is currently working in private practice in Capitola, CA as a psychologist specializing in transpersonal, cognitive-behavioral and cross-cultural interventions. In addition, Dr. Shore is currently providing bilingual counseling to a non-profit organization under the First Five Program of Santa Cruz, where families with children under the age of five are able to receive free counseling in both Spanish and English.

Her passion is working in the healing arts, which she does in a number of locations in individual and group settings. She is a Reiki Master, has been working with Reiki for over ten years, and also trains and practices in other healing arts based in ancient indigenous practices. She is also a minister, and is interested in weaving energetic and spiritual healing practices into modern psychotherapeutic interventions.

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Table 1
Significant Correlations Between Themes

Themes	Correlation	Sig.
Heart and warmth	.632	.015
Heart and vibration	.577	.031
Powerful and vibration	.559	.038
Heart and spirit	.577	.031
Heart and emotion	.714	.004
Balance and bliss	.650	.012
Stress and depression	.650	.012
Warmth and spirit	.548	.043
Self-esteem and vibration	.603	.022
Subtle and centering	.576	.031
Bliss and balance	.650	.012
Group and lightness	-.577	.031
Group and spirit	-.577	.031
Group and stress	-.632	.015
Control and electric	-.576	.031
Control and subtle	-.576	.031
Health and vibration	-.548	.043
Self-esteem and energy	-.603	.022
Subtle and calming	-.576	.031

Table 2**Significant Correlations Between Collapsed Themes**

Themes	Correlation	Sig.
Total physical and lightness	.503	.067
Total physical and group	-.539	.047
Total physical and energy	.587	.027
Total physical and warmth	.551	.041
Total physical and spirit	.587	.027
Total physical and relaxing	.643	.013
Total physical and stress	.643	.013
Total physical and total spirit	.587	.027
Total spirit and group	-.566	.035
Total spirit and warmth	.665	.010
Total spirit and spirit	.887	.001
Total spirit and emotion	.566	.035
Total spirit and heart	.889	.001
Total spirit and total emotion	.555	.039
Total emotion and bliss	.698	.006
Total emotion and attitude	.592	.026
Total emotion and spirit	.544	.021
Total emotion and balance	.609	.021
Total emotion and calming	.720	.004

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