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Methodological issues in Reiki Reporting: Part 2

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ABSTRACT

Purpose:

To improve methodological design and research reporting standards in clinical studies including those from Reiki practitioners.

Materials & Method:

Bibliographic lists of research papers focused on Reiki were pulled from PubMed, and Google Scholar. Searches were conducted between November 30 and Dec 2, 2021. The search of the National Library of Science database "PubMed" using the search parameter "Reiki" returned 3251 articles. The first 100 of the returned articles were reviewed and available papers downloaded. Searches of Google Scholar were conducted in the same period and the search parameters "Reiki" and "Reiki scientific articles" were used which returned 12,500 results. A sub-group of the authors, who are all Reiki practitioners, each with over 20 years of experience doing energy practices, reviewed the articles for missing information. Suggestions were made on what information could have an impact on the actual outcome of the studies. Meetings were held to confirm a list of additional information. Participants discussed "why is this parameter important study

data"? Rationale for inclusion in this list was then determined. The final list includes the options selected as being most relevant and having the greatest impact.

A table of all the current active listings of styles of Reiki across the world was developed by Reiki division members of the National Certification Center of Energy Practitioners (NCCOEP) and was used as a reference for the development of reporting standards (Table 1).

Results:

The following information was often missing from the research papers:

1. What was the exact type of Reiki used?
2. Was the practitioner attuned to Reiki locally or at a distance?
3. What types of symbols were used and what was the number of symbols used to attune practitioners?
4. What is the lineage of each practitioner in the study?
5. How many different types of Reiki is the practitioner trained in?
6. How many other styles of energy practices is the practitioner trained in?
7. Did the practitioner receive any ethics training?
8. Was there any empirical confirmation that the practitioner had the actual skills to do the healing required and do it on demand?
9. Did the practitioner do any type of preparation prior to the healings such as meditation or prayer?
10. What were the protocol/sequence of hand placements and/or movements used by practitioners?
11. Did the protocol include attunements symbols on the client? If yes, which ones?
12. Was it made clear to the practitioners that they were not allowed to do healings on staff or family members of the Reiki study participant or study team members?
13. How many years has the practitioner been in clinical practice?
14. How many times a week and how many weeks per year does the practitioner see clients?

Discussion:

The Touchstone review process for Reiki is focused on normal scientific measures. These measures are very valuable but lack the additional information necessary to accurately reproduce a Reiki study, information which is specific to the discipline. Adding this information would increase accuracy and reproducibility.

Conclusion:

Including the information pertinent to the fourteen listed measures has the potential to increase accuracy and reproducibility in future Reiki studies.

Keywords: Energy Healing, Energy Medicine, Biofield, Reiki, Methodology

Introduction

Reiki has been researched in the US for over 40 years. However, there has been inconsistency in methodology and research reporting that often reduces the accuracy of data in repetitive trials (Baldwin, A. L., et. al., 2010). Part of this problem is based on a

lack of consistency between styles of energy work, the differences in vocabulary between styles and paradigms and a limited ability on the part of the practitioners' community to define a practitioner's actions in scientific terms. Another part is due to lack of understanding on the part of scientists of the paradigm, which is to be expected in any emerging field (Whittemore, R., & Knafl, K., 2005). Emerging fields must grow to the point that there is enough understanding of the paradigm to be able to set standards. With the number of studies on Reiki increasing, the inconsistency has reached the point that defining both data collection standards for reproducibility and research reporting standards for this area of work should be encouraged.

Background

Research standards change. They have been consistently undergoing reevaluation and rearticulation since at least 1947 (Hammer M. J., 2016). There have been many reasons for these changes. Some are focused on increasing the reproducibility of the study, while others focus on ethics. All of these areas are complicated by the development of novel areas of research, such as Complementary and Integrative Medicine. In some cases, this results in research being completed in a manner that does not represent its clinical use, and research which has not identified the complete range of variables that need to be controlled (Zhuang, Y., et. al., 2013).

There have been multiple attempts to clarify the current state of the research in Integrative Medicine (Whittemore, R., & Knafl, K., 2005, Baldwin, A. L., et. al., 2010), and determine what types of information needs to be included (<http://www.consort-statement.org/extensions>). The official CONSORT Statement website currently has listed five different officially approved extensions, most of which apply to specific areas of Integrative Medicine. Unfortunately, there is not an officially approved extension for Reiki or energy work at this point in time. The combination of an understanding of the current state of the research, which is made possible by analysis such as The Touchstone Process (Baldwin, A. L., et. al., 2010), and clear and comprehensive reporting standards, such as those recognized by the CONSORT Statement, is how any field of research is able to progress.

Purpose

To begin the process of defining the requirements for more accurate methodological design and research reporting standards in clinical studies including those from Reiki practitioners.

Materials & Method

Bibliographic lists of research papers focused on Reiki were pulled from PubMed, Google Scholar and Academia. Search strings included "Reiki" and "Reiki scientific articles." Papers were then downloaded that were in pdf form and made available for free. These papers were then reviewed to define what information might be missing, which was available to the standard Reiki practitioner, and which could be included so that the studies could be done with an improved level of accuracy.

Searches were conducted between November 30 and Dec 2, 2021. The search of the National Library of Science database "PubMed" using the search parameter "Reiki" returned 3251 articles. The first 100 of the returned articles were reviewed and available papers downloaded. Searches of Google Scholar were conducted in the same period and the search parameter "Reiki" and "Reiki scientific articles" were used which returned 12,500 results. Again, the first 100 articles were reviewed for available pdf's which were downloaded and reviewed.

A team of scientists, who are also Reiki practitioners with over 20 years of experience doing energy practices, reviewed the articles for missing information. Suggestions were made on what information could have an impact on the actual outcome of the studies. Meetings were held to confirm a list of additional information which would potentially improve the accuracy and reproducibility of studies. The rationale for inclusion in this list was then described in detail.

Results

Analysis of the papers and subsequent discussion and review showed the following types of information regularly available to the standard Reiki practitioner was missing and could be included for greater accuracy in follow-up studies:

1. What was the exact type of Reiki used?
2. Was the practitioner attuned to Reiki locally or at a distance?
3. What types of symbols were used and what was the number of symbols used to attune practitioners?
4. What is the lineage of each practitioner in the study?
5. How many different types of Reiki is the practitioner trained in?
6. How many other styles of energy practices is the practitioner trained in?
7. Did the practitioner receive any ethics training?
8. Was there any empirical confirmation that the practitioner had the actual skills to do the healing required and do it on demand?
9. Did the practitioner do any type of preparation prior to the healings such as meditation or prayer?
10. What were the protocol/sequence of hand placements and/or movements used by practitioners?
11. Did the protocol include attunements symbols on the client? If yes, which ones?
12. Was it made clear to the practitioners that they were not allowed to do healings on staff or family members of the Reiki study participant or study team members?
13. How many years has the practitioner been in clinical practice?
14. How many times a week and how many weeks per year does the practitioner see clients?

Discussion

In the dialogue involved in the development of each additional parameter, the participants discussed, "Why is this parameter important in research and clinical study data?" The rationale for the inclusion of each parameter is discussed here in greater detail. Where there was no clear rationale for inclusion save clinical experience, the

authors, who have a combined clinical experience of using Reiki of over 130 years, have listed and notated the selection as based on clinical experience with a (**), in the discussion below.

1. What was the exact type of Reiki used?

As seen in tables 1, 2, and 3 there are many types of Reiki and often no clear designation of which style of Reiki is stated in the historical papers. Simply stating Usui Reiki is insufficient as there are more than 8 common primary styles of Usui Reiki. Further, training that may start with one of the Usui Reiki styles, may be continued with another style which includes additional symbols and techniques. Clearly providing this information will lead to greater clarity and accuracy in further studies unless or until data demonstrate similarity of effect.

2. Was the practitioner attuned to Reiki locally or at a distance?

Historically, Reiki "attunements" are a channeled and symbolic placement technique common in the Reiki training, and is done locally. However, due to Corona Virus and other societal changes, many training programs switched to distance attunements to comply with local public health orders. It is unclear if this produces a change in effect or supposed effectiveness with the current data available. Until further study is done to clarify this issue, data should be taken and maintained so they are available if necessary.

3. What types of symbols were used and what was the number of symbols used to attune practitioners?

Different types of Reiki are being developed regularly all over the world. Between 2004 and 2020 over 100 new styles were developed. Many of these new styles have different symbols, numbers and types of attunements and teach additional techniques not found in the original versions. Until further study is done on each of the variations, data should be maintained so they are available if necessary.

4. What is the lineage of each practitioner in the study?

Because of the explosion in Reiki programs all over the world, there are many circumstances where a practitioner may be trained more or less accurately. Lineage information will allow clarity concerning which pathway the skills obtained by the research practitioner followed. Assumption that all training is the same, even within specific areas of practice, would be inappropriate. Clearly providing this information will lead to greater clarity and accuracy in further studies unless or until data demonstrate similarity of effect.

5. How many different types of Reiki is the practitioner trained in?

The concepts of signal and noise are well documented in physics and electrical engineering. While it is not clear yet from the existing data, various types of Reiki are potentially different in signal to noise ratios, and it is an important area to explore. It is possible that there may be a noise canceling effect when a research practitioner is trained in more than one style of Reiki. Clearly providing this information will lead to greater clarity and accuracy in further studies.

6. How many other styles of energy practices is the practitioner trained in?

Reiki is a channeled, attuned technique with a specific pattern of hand positions and specific symbols. Many energy practitioners are trained in more than one style of healing. If a researcher is doing a study that is specifically looking at Reiki as an intervention, it is important to know this ahead of time so that the practitioner follows the specific protocols of one of their areas of training and only runs the energies that are part of that process. A well-designed study compares like methods to like methods.

7. Did the practitioner receive any ethics training?

There has never been standardized ethics training in the Reiki community (Connor et al., 2006). In many forms of Reiki training there is no ethics training included at all. Further, there has been no clear standard defined for ethics training and preparation for energy practitioners for their inclusion in research studies. Requiring human studies research ethics training for every type of energy practitioner used in every research study as a provider meets current federal ethical standards for the conduct of research. Inclusion and confirmation of ethics training is critical to the success of any research study, and this includes all forms of Reiki. Further, this is appropriate protection for the participants receiving a clinical intervention.

8. Was there any empirical confirmation that the practitioner had the actual skills to do the healing required and do it on demand?

While there are test suites to confirm practical skills of practitioners (Connor et al., 2020), there are no empirical tests to confirm clinical skills. Some form of review and confirmation of training and skills practice is important for increased accuracy in research studies. Providing standardized interventions in a research study is not the same as working with a client in a clinical practice. Not all Reiki training programs are equal in terms of hands-on training and practice and not all practitioners have sufficient skill to be a research provider. (**)

9. Did the practitioner do any type of preparation prior to the healings such as meditation or prayer?

Preparedness before any type of energy work is very important. Providing a standardized preparation protocol for practitioners improves reliability and repeatability. While not all practitioners or styles of energy work use the same methods to prepare when doing a session, standardizing the research protocol and only utilizing practitioners

capable of using a standard protocol for preparation purposes, will improve research reliability.

10. What were the protocol/sequence of hand placements and/or movements used by practitioners?

For a reproducible study following the scientific method, it is important to include the specific sequence of hand placements and movements. Again, not all Reiki practitioners, even those within the same style, are trained in the same way, given the many possible lineages involved. (**)

11. Did the protocol include attunements symbols on the client? If yes, which ones?

Please keep a copy of the symbols used to attune clients if they are being used as part of the study protocol. Symbols have a tendency to change, and accurate reproduction is necessary.

12. Was it made clear to the practitioners that they were not allowed to do healings on staff or family members of the Reiki study participant or study team members?

A significant confounder in a study is a clinical practitioner who has not specifically signed a document to limit their participation to the study clients. Such a practitioner also may not know or understand the implications to research when study personnel, other health care workers, family members etc. are directly involved with study client participants and receive additional energy work from a research participant provider. (**)

13. How many years has the practitioner been in clinical practice?

When doing energy work like that of any clinical health care provider, skills develop over time. It is important to know the level of skills development so that studies are reproducible. Skill level may act as an uncontrolled variable unless matched.

14. How many times a week and how many weeks per year does the practitioner see clients?

While a clinician may have worked in the field for many years, they may also have many other demands on their time. Accurate information on clinical practice parameters is important information in reproducibility.

Conclusion

Including the information pertinent to the fourteen listed measures has the potential to increase accuracy and reproducibility in future Reiki studies.

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Bio:

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