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TWO SERIES OF ETHICAL CODES USED BY US REIKI PRACTITIONERS

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Abstract

While energy medicine is beginning to develop as a professional discipline, there are no nationally supported codes of ethics for energy medicine practitioners in the US. This lack of a set code of ethics makes it difficult for both energy medicine practitioners and clients to distinguish appropriate professionalism in the field. Within the energy medicine community, groups of Reiki practitioners are attempting to define codes of ethics that would be sufficient as ethical standards of behavior but many are lacking key elements. A data mining analysis was performed over the web Yahoo portal using the Google search engine, and over the Hotbot portal using the Jeeves search engine and written codes were found pertaining to appropriate ethical guidelines for Reiki practitioners. Similarities and differences among the different codes are discussed within each of the series along with their potential impact.

Introduction

The use of energy healing, particularly Reiki, in the United States has drastically increased in the past few years. Along with this growth of popularity, the financial market for energy healing practice has increased as well. In metadata analyses of energy medicine studies, significant clinical effects have been demonstrated (Braud and Schlitz, 1989; Schlitz and Braud, 1997; Winstead-Fry and Kijek 1999; Warber et al., 2000; Astin, Harkness and Ernst, 2000; Benor 2001).

Though some Reiki energy healers have graduated from certification programs, many have only had a weekend of training. Limited time and training can impede the degree of professionalism of practitioners, and their knowledge of appropriate practice in regard to ethics may not be sufficient. Ignorance of professional conduct and ethics can be harmful to the professional practice of energy healing in general and more specifically to the practitioners and their clients. Appropriate attention to ethics is crucial in helping practitioners distinguish between professional and inappropriate practice and can help to limit any possible harm. This study evaluates and compares those codes of ethics available through web-based data mining in an effort to promote support for ethical conduct.

Methods

Web searches were conducted during the months of June and July of 2005. The searches were done on the Yahoo portal using the Google search engine and on the Hotbot portal using the Jeeves

search engine. The following query was used: energy healing program and 'reiki' and 'US' and 'code of ethics'. Once the information was returned, each web site was visited to confirm that the site listed was a program of healing which included Reiki practitioners or was a training program for Reiki practitioners. When a site was confirmed, web site information, demographics and a copy of the code of ethics web page address were loaded into a spreadsheet. Once data collection was complete, each code of ethics was analyzed according to similarities and differences between each of the codes. This information was noted in separate spreadsheets for each of the two series, which include a number of overlaps in Reiki sites.

Results

The Google raw search returned 126 Reiki sites. From this search query, 19 sites were confirmed as including a stated adherence to a specific code of ethics (See Table 1.). This included a total of 6 ethical codes. These fell under three basic categories: professional training codes, spiritual codes, and a combination of the two. The code of ethics used by the International Center for Reiki Training (ICRT) and Joyful Healing Arts Center were virtually the same. The International Association of Reiki Practitioners (IARP) code, a professional code, was supported by many of the sites. The spiritual codes included those from the House of Grace Church and Healing Arts Network, which had thirteen sites that supported it. The code that was a mix of both professional and spiritual was the Evergreen Code of Ethics for Evergreen Healing Arts Center Practitioners.

Commonalities among all codes in this series were:

1. Maintain respect between practitioners, clients, and their beliefs.
2. Never prescribe medicine or take the place of a medical practitioner.
3. Abide by confidentiality between client and practitioner.
4. Practice no inappropriate conduct and respect the boundaries of the client.
5. Do no harm and provide a safe and comfortable atmosphere for the healing.
6. Practice truth in advertising.
7. Be sure the client is aware of any risks that the healing might entail.

Significant differences were:

1. Strive to accommodate participants without regard to their ability to pay.
2. A discussion of religion, spirituality, and the clients' relationship to a church.

Once the initial query was complete a choice was made to do a separate query using an additional search engine. This was done for several reasons. First, listing order on individual search engines can be purchased. In addition, due to contract limitations some web sites are only displayed through specific listing services. Finally, each search engine has been written with a separate set of instructions (code set) and they move through the web, reviewing information with different processes. So that the integrity of the information could be maintained and checked for replication, a choice was made to represent the data from each query individually.

Table 1: Six Ethical Codes Found in Google Search

1. International Center for Reiki Training	4. Healing Arts Network
2. Evergreen Code of Ethics	5. Joyful Healing Arts Center

3. International Association of Reiki Practitioners	6. House of Grace Church
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The Jeeves raw search returned 190 sites. From those returned, 148 sites were dropped because they were in a different country, listed services but no codes of ethics, noted practitioners who had trained in Reiki but were not offering that as a service to the public or because they were discussion sites for state level organizations on licensing requirements. There were 52 sites found to be Reiki sites which included an adherence to a specific code of ethics and 9 ethical codes were discovered (See Table 2.). Of these 9 there were 5 which were repeats from the first query. They were the House of Grace, Evergreen Healing Arts Center, International Center for Reiki Training Joyful Healing Arts Center and the IARP. Of the additional sites discovered 7 supported the IARP code and 5 supported the ICRT. Of the 29 sites left, all said that they supported a code of ethics but did not specify which code or the specifics of that code.

One possible reason that both queries include many of the same results is that many people purchase package listings in search engines so that they will be listed in the top 20 or 100 results on five or six different search engines. The two sets of queries were done 4 weeks apart. Since different search engines were used for the queries and a month was between queries some of the same codes were found but they were at different rankings in each search. In addition, a different number of sites used the same codes. For example: The 20 sites that supported the IARP code in the first query vs. the 7 sites which supported the IARP code in the second query.

Table 2: Nine Ethical Codes Found in Jeeves Search	
1. International Association of Reiki Practitioners	6. House of Grace
2. Evergreen Healing Arts Center	7. Healing Arts Career Catalogue
3. International Center for Reiki Training	8. Global Reiki Association
4. International Institute for Reiki Training	9. Reiki Jin Kei Do
5. Joyful Healing Arts Center	

Commonalities among codes in the second series were:

1. Maintain respect between practitioners, clients, and their beliefs.
2. Never prescribe medicine or take the place of a medical practitioner.
3. Abide by confidentiality between client and practitioner.
4. Practice no inappropriate conduct and respect the boundaries of the client.
5. Do no harm and provide safe and comfortable atmosphere for the healing.
6. Practice truth in advertising.
7. Be sure the client is aware of any risks that the healing might entail.
8. Respect other forms of Reiki and their practitioners.

Significant differences were:

1. If a practitioner and a client should wish to participate in an intimate sexual relationship, any professional services must be terminated and the client must be referred to another practitioner. (IIRT)

2. Refrain, under all circumstances, from initiating or engaging in any sexual conduct, sexual activities, or sexualizing behavior involving a client, even if the client attempts to sexualize the relationship. (Healing Arts Career Catalogue)
3. Practitioner agrees to be sensitive to the boundary needs of individual clients, to not touch the genital area or breasts and to only practice hand-off techniques in these areas if treatment is needed. (Reiki Jin Kei Do, IARP, ICRT, Global Reiki Assoc., Joyful Healing Arts Center)
4. Maintain liability insurance. (IIRT, Healing Arts Career Catalogue)
5. Always practice accepted hygiene. (Reiki Jin Kei Do)
6. Provide standardized consent forms. (Reiki Jin Kei Do, IARP, Healing Arts Career Catalogue)
7. Be actively working on your own healing so as to embody and fully express the essence of Reiki in everything that you do. (IARP, ICRT, Joyful Healing Arts Center)

Discussion

Appropriate levels of professionalism are crucial to any healing practice, whether it be mainstream or complementary/alternative. The goal of this study was to support and encourage the developing field of Reiki practitioners in the US toward establishing a set code of conduct which will help promote ethical use of Reiki energy healing and minimize chances of malpractice. The popularity of Reiki energy healing in the United States is growing at a tremendous rate. There are close to 1 million Reiki practitioners in the US at this time (Baldwin, 2004) and approximately 7.4 million dollars was spent out of pocket by US consumers for energy healing in 2004 (Connor, Schwartz and Jacobs, 2005). To derive these figures we went through every association that we could find and all the practitioners that were listed on the web. This is a very conservative estimate. The 7.4 million dollars is the amount if only 5% of the energy healing community is in professional practice, 48 weeks a year, 30 hour week at \$100/hour. This is based on 132,000 web sites we surveyed to get the information. This level of activity has led to a trend towards increased professionalism in a group of practitioners who have consisted primarily of laypersons with no professional training in caregiving professions that would inform them of ethical standards of behavior, much less lead to a professional commitment to ethical behaviors. The specific differences that we found were not usually on global sweeping issues. They were specific and designed to define for the lay practitioner the limits of acceptable behaviors.

There is a steadily evolving and growing group of Reiki practitioners who have additional credentials in the health care industry. For the vast majority of the health care disciplines, ethics are taught as part of a standard course of training. Ethical practice helps to build trust between practitioner and client. This level of trust can in turn contribute to the effectiveness of Reiki. In our complex society, trust is an important value that is often missing in day-to-day life. It is a particularly important value that a practitioner can bring to and build into the healing process.

Though no set standards of ethical behavior for Reiki practitioners have been established, the results from the web searches show that many Reiki groups have organically recognized the importance of ethics and are making attempts to develop and follow certain ethical standards. The research demonstrated this effect particularly in the several nationally and internationally oriented Reiki associations. The results of this research program have demonstrated that some groups are fairly uniform in their ethical beliefs and some include additional, unique perspectives. The specific differences that we found were not usually on global sweeping issues. They were specific and designed to specify for the lay practitioner the limits of acceptable behavior. One example is the requirement for purchase of liability insurance by practitioners.

A code of ethics which would be implemented on a national level would be beneficial to the Reiki community. Such a code would support standardization of expectations on the part of both clients

and practitioners. Since Reiki can be administered across state boundaries through the use of distance techniques, it would enhance the confidence of all of the parties involved in the healing process to know that Reiki practitioners adhere to a standard ethical code. National level requirements are more reasonable than state level requirements since the Reiki practitioners' work cannot be contained within state lines. Individual administration by each state would become a nightmare as differences and conflicts between each code would have to be identified and reconciled.

A standardized code of ethics at the national level would help to make sure that all groups follow a reasonable standard of professionalism. Until now there has not been consistency in Reiki, nor in the broader energy healing community. Since many of the existing Reiki associations have developed codes of ethics, it might be possible for the leadership of each of these groups to come together and dialogue in a way that helps to unify the field for the betterment of all. Further, it anticipates and manages within the community what will otherwise have to be governmentally mandated. If we as a community anticipate the needs of society, we can put into place already agreed upon standards that accurately and adequately meet the needs of the energy medicine community rather than having standards forced upon us that may not be fully based in the day-to-day reality of our profession.

We are entering a new phase of research in the energy medicine paradigm and new information is being developed as a result. While several studies demonstrate the clinical efficacy of Reiki (Schiltz and Braud, 1985; Brewitt, and Vittletoe, 1997; Dressen, and Singg, 1998), it is important that the research scientist not make the assumption that every energy healing style or practice works in the same style or manner. It may also be appropriate to acknowledge the differences in the practices and clinical effects of individual healers within a given modality, and even within a given school of training within that modality.

Practitioners to date have often believed that they cannot injure a client in any way through the use of Reiki. It has become apparent through research that this assumption is incorrect (Rubik, Brooks and Schwartz, 2005; Connor et al., 2005). In Rubik, Brooks and Schwartz (2005) it was discovered, for instance, that if a practitioner was distressed over having had to deal with heavy traffic or work issues then instead of supporting the growth of E-coli bacteria the bacteria died. Similarly if the practitioner was dehydrated again there was no recovery of growth.

In Connor et al. (2005) it was confirmed that energy medicine practitioners from several traditions were able to demonstrate the ability to kill plant tissue. The ability to kill tissue is a logical effect since the reduction in hostile cells is also a necessary part in the healing of such diseases as Cancer. In this study, practitioners were simply asked to have the plant tissue 'glow' rather than to have the plant tissue 'heal.' No judgment was made on the 'glow' state and no statement was made that the 'glow' state produced cell death. Only one practitioner recognized the change of state as producing cellular death.

Since Reiki's ability to damage tissue has been demonstrated by empirical research, we have an opportunity to establish both credibility and the integrity of the field by taking action as members of the energy medicine community without needing legislation to mandate behavior.

Many of the codes that have been developed follow similar guidelines which most general code of ethics concerning healing should include: confidentiality, respect, no inappropriate conduct, doing no harm, practicing truth in advertising, making sure the client is aware of risks, referring a client to the proper support and never prescribing medicine, or interfering with an existing treatment process or taking the place of a medical practitioner.

One key issue that was identified, which might differ from a typical healing code of ethics, concerned the mental and physical health of the practitioner himself or herself. This is a crucial difference in the

energy medicine paradigm where the practitioner practicing good self-care helps to demonstrate and teach the client a process of self-care that may have been lacking to that point.

Differences between codes of conduct included discrepancies concerning the ability of the client to pay for the sessions and the issue of going to church or being affiliated with a spiritual group. Energy medicine is first and foremost an act of service to one's community and the planet. Room needs to be made continually for those in need of support which can include those who may have limited resources. Some codes specifically state that adjustments should be made to support clients who are unable to reimburse the practitioner. Other codes state that practitioners must have good self care which would include reimbursement for their time and their support. Both of these needs must be met and it would be important to have this clarified within the ethics codes. A compromise could be made for individuals in difficult journeys, such as exchanges of energy in lieu of payment. For example: a poem written by the client in exchange for the healing. Another option is to continue the tradition of Reiki circles which meet specifically for healing sessions where no client who attends is charged and newer practitioners volunteer their time, compensated by the opportunity to work on individuals in a supportive setting with supervision from more experienced practitioners. This clarified, there also needs to be balance so that no single practitioner or practitioners group should be made to carry the challenge of servicing the needs of unusually large numbers of challenged individuals. Rather, it is to be hoped that each practitioner will take individual action, following in the spirit of gratitude founded in the Reiki principals.

The most significant of the differences in the codes of ethics involved appropriate conduct in regard to sexuality. Specifying appropriate behaviors in regard to sexuality, when much of the community has had little or no ethical or psychological training, is very important. There is never a reason for a practitioner of Reiki to be other than fully clothed. In addition, because the Reiki energy can penetrate any clothing, there is never a reason for the Reiki session to be conducted without the client being fully dressed. Simply asking a practitioner to use good judgment is not sufficient. If Reiki is used in combination with a licensed discipline that is designed to work with individuals in different states of dress, professional standards of that discipline would dictate appropriate behavior. There is never a reason for genital or breast areas to be touched directly. All work in those areas can be done off the body or through hip or shoulder chakras.

Reiki is also beneficial in addressing psychological contributors to problems. It is important to remember that traumas, which contributed to the dis-ease or disease being treated, may be stored in the tissues of those areas to which Reiki is directed. This might trigger re-wounding or violating the client. A better choice is to practice conservatively – an issue that might also be beneficially addressed in a code of ethics.

An important further change to the training of Reiki practitioners could be made by adding a section on some of the problems of 'transference.' Well known in the psychological literature, transference means that the client will transfer positive and/or negative feelings to the practitioner in the course of the healing experience. This can be mistaken for love, particularly when a client has been significantly traumatized. In addition, the practitioner can and should have genuine caring for the client which can be perceived incorrectly.

After much discussion among this research group we would like to propose an ethical standard that if a practitioner and a client through mutual agreement wish to become involved in a love relationship, then the following steps should be taken:

1. Practitioner would explain to the client the standards of ethical behavior to which they adhere and the nature of those standards.
2. Practitioner would refer the client to three other complementary/alternative practitioners so that the client can continue to receive the proper support and care.

3. The practitioner and the client would refrain from any contact for a period of three years.
4. The practitioner would agree to a course of personal psychotherapy for a minimum of one year to clarify the nature of the attachment.
5. If after the period of three years the practitioner and client feel that there still is significant attachment, it would be appropriate to explore the attachment.

Finally, we would also like to suggest that the practitioner add regular supervision with a senior healer as part of his or her professional practice standards. In this way the practitioner and the client would be given an opportunity to explore the truth of what they feel independently in safe environments while the healing of the client continues to be supported.

Summary

Clear from the study data is that national and international Reiki organizations have recognized the need for ethical standards within the Reiki community. Within the community, identified through web search and data mining, twelve standardized codes of ethics were found to have been developed. A national standardized code of ethics created through a joint action of the Reiki organizations would be a valuable contribution to creating an environment of trust for clients in the US. Individual state standards of care would create difficulties since many practitioners can do sessions through the use of distance techniques which would cross state lines. Of the codes discovered, many common standards exist on which to base a national code. Common to the codes were parameters relating to confidentiality, respect of the client, no inappropriate conduct, doing no harm, practicing truth in advertising, making sure the client is aware of risks, referring a client to the proper support and never prescribing medicine, interfering with an existing treatment process or taking the place of a medical practitioner.

Reiki sites with primary codes of conduct

Evergreen Healing Arts Center <http://www.localaccess.com/HealingHands/Evergreen.htm>

Healing Arts Center http://www.healingartsschool.com/HealingArts_CaeerCatalog.pdf

Healing Arts Network <http://www.healingartsnetwork.com/code-ethics.htm>

House of Grace http://66.221.141.235/House%20of%20Grace/Code_of_Ethics.htm

International Association of Reiki Practitioners <http://www.iarp.org/ethicscode.html>

International Center for Reiki Training http://www.reiki.org/KarunaReiki/New_Karuna_Reiki.html

International Institute for Reiki Training <http://www.taoofreiki.com/constitution.htm>

Joyful Healing Arts Center http://www.umzobi.com/reiki_certification.htm ()

Reiki Jin Kei Do http://www.reikienersense.com/code_of_ethics.htm

The Global Reiki Association <http://www.thegra.org/ethics.html>

References

Astin, John A/ Harkness, Elaine/ Ernst, Edzard, The efficacy of 'distant healing': a systematic review of randomized trials, *Annals of Internal Medicine* 2000, 132, 903-910.
<http://www.acponline.org/journals/annals/06jun00/astin.htm>

Baldwin, A., Effect of Reiki on leaky gut in rats, *Center for Frontier Medicine in Biofield Science Lecture Series*, June 2004.

Benor, Daniel J, Healing Research: Volume I, (Popular edition) *Spiritual Healing: Scientific Validation of a Healing Revolution*, Southfield, MI: Vision Publications, 2001.

Benor, Daniel J, Healing Research: Volume I, (Professional Supplement) *Spiritual Healing: Scientific Validation of a Healing Revolution*, Southfield, MI: Vision Publications, 2001.

Brewitt, B., Vittletoe, T., The efficacy of Reiki hands-on healing: improvements in spleen and nervous system function as quantified by electrodermal screening *Alternative Therapies*, 1997 July; Vol 3 No 4.

Cohen, D., Magnetic fields around the torso: production by electrical activity of the human heart. *Science* 156:652-654, 1967

Cohen, D., Magnetoencephalography: detection of the brain's electrical activity with a superconducting magnetometer. *Science* 175:664-666, 1972

Connor, M., Jones, B., Grimstad, A., et al., Extraordinary healing using resonance modulation distance energy healing in a case of T6 spinal paraplegia. Presented at ISSSEEM Annual Conference, June 2004.

Connor, M., Schwartz, G., Jacobs, L., Demographics of energy healing training programs in the United States, presented at the Whole Person Healing Conference, Washington. D.C., April 2005

Dressen, Linda J., Singg, Sangeeta, Reiki: Effects of Reiki on pain and selected affective and personality variables of chronically ill patients, *Subtle Energies* 1998

Miles, P, True, G. Reiki--review of a biofield therapy history, theory, practice, and research. *Alternative Therapies*. 2003; 9: 62-72.

Rubik, B, Brooks, A. and Schwartz, G., Bacterial growth and motility assays for biofield therapy, Presented at ISSSEEM Annual Conference, June 2004.

Schiltz, M. J., and Braud, W.G., Reiki plus natural healing: An ethnographic; experimental study, *Psi Research*. 1,(4):100-123(1985)

Schlitz, Marilyn/ Braud, William, Distant intentionality and healing: assessing the evidence, *Alternative Therapies* 1997, 3(6), 62-73.

Warber, SL/ Gillespie, BW/ Kile, GLM/ Gorenflo, D/ Bolling, SF. Meta-analysis of the effects of therapeutic touch on anxiety symptoms, *Focus on Alternative and Complementary Therapies*, March 2000, 5(1).

Winstead-Fry, Patricia/ Kijek, Jean, An integrative review and meta-analysis of Therapeutic Touch research, *Alternative Therapies* 1999, 5(6) 59-67.

Zimmerman J.E., Josephson effect devices and low frequency field sensing., *Cryogenics* 12:19-31. 1972

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