REFLECTIONS ON REIKI THERAPY IN A CLINICAL NHS SETTING

Introduction

Reiki therapy was reintroduced into Bart's Health NHS Trust's Complementary Therapies Service (CTS) in 2015. At first, Reiki was piloted at Whipps Cross University Hospital and then extended to St. Bartholomew's Hospital in 2016. The CTS provides complementary therapy interventions for the Trust's cancer and palliative care patients, within both in-patient and out-patient settings, including acute oncology wards and a chemotherapy unit. Treatments are also offered to carers of patients. In this article, I would like to share my experiences on how Reiki therapy provision has developed in a clinical setting and discuss several examples of clinical cases.

Adopting Reiki in Clinical setting

Reiki & Evidence Based Practice

Reiki was developed in Japan in the early 20th century and it may be defined as a natural healing energy therapy that is understood to promote the body's regenerative self- healing ability (The Reiki Council, 2018). The method of receiving Reiki is simple; the recipient remains clothed and lies on a couch, or sits in a chair, and relaxes. The practitioner gently places their hands in a series of non-intrusive positions on or near the body. There is no massage or manipulation and part or the whole of the body may be treated. Each person experiences Reiki differently, depending on their individual needs at the time. Recipients may or may not feel sensations during a treatment, however some people feel sensations of heat or tingling. Benefits reported by recipients include deep relaxation, promoting a sense of wellbeing. Although the evidence base supporting the claim that Reiki may improve the recipient's wellbeing and manage symptoms is emerging, studies that investigate the concepts of Reiki and 'energy' are limited.

Within the CTS, Reiki therapists do not diagnose or cure conditions but aim to treat the individual as a complement to all standard forms of cancer and palliative care. Reiki therapists will not predict any specific outcome from a treatment. Research based evidence suggets that Reiki therapy may assist with symptom management, including pain relief (Tsang et al, 2007, Vitale et al., 2006, Gillespie et al., 2007, Richeson et al., 2010, Beard et al., 2011), improve sleep quality and help reduce anxiety (Tsang et al., 2007, Richeson et al., 2010 & Birocco et al., 2011). Studies have also shown that recipinets of Reiki therapy may experience improvement in quality of life and reduce fatigue in patients (Orsak et al., 2014, Tsang et al 2007, Alarcao et al 2015). Reiki therapy may also raise comfort levels and well-being of patients receiving chemotherapy (Catlin et al., 2011) and may help with side effects of chemotherapy (Orsak et al., 2014). So, whilst I would describe Reiki as an holistic energy therapy when introducing it to patients, I focus on the potential benefits on relaxation and support in symptoms management, and avoid the use of words like 'energy', 'healing', 'chakra', 'aura' that are normally used by Reiki practitioner.

Our work routine in hospitals

Our normal day begins with a case conference meeting attended by members of the multi-disciplinary CTS team. The team discusses patients that have been referred to be seen on the day and discusses treatment plans and any concerns before heading to either an in-patient or out-patient clinical setting. At St. Bartholomew's hospital, complementary therapy services are offered on a self-referral basis. Therapists identify patients who have been seen previously and have requested a follow up session, or introduce the service to new ward or chemotherapy unit patients to sign up for the service if interested. Sometimes, therapists receive referrals from the medical or nursing staff. All new patients are fully consulted prior to treatment in order that therapists understand the patient's condition, their concerns and identify any cautions to treatment. Existing patients are also screened for any new

cautions and any updates or changes are noted. Therapists explain the treatment they are going to offer and answer any queries the patients may have. Therapists ensure consent is informed and patients understand that their consent can be withdrawn at any time. Because of their personal history, disease progression or medication, some patients may have an altered perception of reality and present with an unstable mental state. In these cases, patients may not be able to give informed consent or cope with a treatment.

Treatments are delivered following adaptation and the way in which Reiki treatments may be adapted is discussed further in this paper. Patients are also asked to identify a concern or problem they would like the therapist to focus on during the treatment. Patients score the concern or problem on a Likert scale of 0-6 and then re-score following treatment (0 = no concern and 6 = the concern is bothering me greatly). Feedback on how the treatment has helped the patient, through asking an open question, is collected too. Normally, each therapist would see 4-6 patients in a day depending on the situations. At the end of the day, therapists discuss follow-up plans for individuals and raise any concerns or issues they have noted. Clinical notes are kept for each patient.

Our patients and adjusting practice

Treatment is provided to patients living with cancer and/or palliative care diagnoses and this remit covers a large range of conditions and stages of illness. We may see patients newly diagnosed with cancer, patients who are going through chemotherapy, radiotherapy or other treatments, patients who are admitted to hospital for symptom management, patients who are deteriorating, or sometimes patients that will no longer receive active treatment but are in receipt of palliative care. Many of the patients I have seen appeared to be weak or fatigued. It is also common to see patients with compromised skin or oedema on various part of the body, particularly on the limbs and abdominal area. I always ask my patients about their concerns, rather than just relying on the medical background or case history, so as to understand a broader view on what is bothering them the most through an open conversation. Some of the usual concerns are pain, fatigue/energy level, difficulties in sleep, gastrointestinal problems like bowel issues or nausea, shortness of breath or breathlessness, oedema etc. Sometimes they may not have any physical concerns or the symptoms are being managed well by medication. Many patients want help with their emotions or mood. It is common to hear that they feel anxious, worried, stressed or depressed. These emotions may relate to their physical symptoms, but sometimes also how their lifestyle, financial, relationship with families or sense of self etc. are being impacted as their disease progresses. Not everyone may be able to tell or want to express how they feel, but they may tell you that they would like to feel more relaxed and experience a moment of peace to support them on their journey.

Positioning

Finding a position that is comfortable for the patient is important and the treatment environment is made to be as peaceful as possible, even in a clinical setting. Therapists are sensitive to the needs of the patient, and offer treatments in a position that is comfortable, rather than the customary positions of sitting in a chair or lying flat on a couch. Sometimes, allowing the patient to remain in a position they are currently comfortable in may be better than moving them to a new position. Adjustment may also be made depending on the patient's conditions, such as raising the back of couch for patients with respiratory issues in order to aid breathing.

Treatment approach

As Reiki treatment can be provided with our hands on or off the body, we do consider the pros and cons of each when approaching individual cases. Changes in appearance may precipitate altered body image and approaching the body with reverence may mitigate these changes. In addition, many patients have experienced touch negatively in a hospital setting (e.g. painful palpations) and it may take time to learn to relax and receive a touch therapy as an expression of nurturing and caring. (P. Mackereth, 2006). Therefore, sometimes patients may prefer not to be touched. However, touch may provide a sense of security to many and reverse their negative experience of touch from their medical treatments. I always ask patients about their preference and I am observant throughout the session, and change my approach when needed.

Although Reiki is a very gentle therapy and there are no specific contraindications on conditions when Reiki cannot be offered, we have to be mindful of some cautions. For example, after surgery we gain agreement from the patient's medical team prior to treatment and sometimes we may work gently on areas relating to surgery. Although working directly over wound sites is not contraindicated, we have to be mindful that patients may be sensitive emotionally, so either working hands off or not working directly on that area would be sensible in some cases.

Time

We ensure that treatments are time-bound. Treatments that are too lengthy are not suitable in this setting (Tavares, 2003). A normal session in out-patient clinic will be around 45 to 60 minutes, whilst in-patients may be treated for shorter periods. Therapists adapt treatments to take account the physical, emotional and energetic condition of the patient. A shorter session than usual maybe appropriate in some cases as sitting or lying in one position maybe uncomfortable or create more strain.

Sometimes treatment is timed to occur prior to medical interventions and research has demonstrated that outcomes may include the reduction of fear/anxiety, turning a negative experience into a positive one and confirmation of care (Billhult, 2007). I have experienced working with patients before radiotherapy or chemotherapy treatments and these treatments have been highly appreciated. This enables therapists to collaborate with colleagues and other services.

Clinical Record

Clinical notes are completed after each treatment. As clinical notes will be read by colleagues with no knowledge of Reiki or energy therapy, care is taken over language used. Typically, case notes include the following:

- Information from patients about their concerns
- information we have observed
- details on the treatment provided
- outcome of the session and future planning

Training and policies

When working in a hospital, it is very important that infection control measures are followed for the protection of the patients and therapists. We follow the Infection Prevention and Control Guidelines which range from our clothing in work to procedures such as hand hygiene. If patients have been diagnosed with infectious conditions, therapists follow a special treatment protocol and this includes wearing gloves and an apron before entering the patient's room. Other policies that we follow throughout the day include Information Governance that covers confidentiality on patients' data and record keeping and Moving and Handling, which helps us to assist the patient when changing position.

Dealing with emotions

Offering Reiki treatments to patients in cancer and palliative care settings can generate strong emotions, both in patients and also in us as therapists. The relaxation response from treatments can sometimes generate strong emotions too. It is important that practitioners are aware of this, and be able to allow and contain strong emotions (Tavares, M., 2003). Additional training in communication skills and clinical supervision supports management of this. It is important that therapists be mindful of our own relationships with loss and attachment and be clear on our own motives for working in this field, which could be quite intense sometimes.

Sharing of Clinical cases

During my two years of practice within Bart's Health NHS Trust, I have supported many patients with Reiki treatments. In the following segment I will discuss several cases, which I believe best demonstrates how Reiki is adopted in clinical settings. No patient identifiable information is given. In each case, a handover report covering diagnosis, prognosis, medical histories and treatments and symptoms the patient is experiencing has been read before approaching the patient. The assessment form from previous complementary therapies would also be reviewed or an assessment will be completed for patients who are new to us.

Case 1 - A female patient in her 50s diagnosed as having metastatic breast cancer.

The patient was having her second chemotherapy session in a course of eight. She was suffering from nausea and was feeling very fatigued. The patient found that her sense of taste was affected after chemotherapy and this made all food taste very blend, so she was not willing to eat. She was hoping the Reiki session could help her relax and feel more comfortable. When I met her, she was feeling very uncomfortable and was curling up on the bed. She appeared pale and weak. I asked her not to move from her position and I worked on her head, shoulder, chest, abdominal area and her back along the spine, with Reiki given 'hands off' the body on areas that I found difficult to touch. The session was interrupted by a nurse who needed to measure the patient's blood glucose levels, which appeared to be low. The nurse and I encouraged her to increase her food and fluid intake. The patient responded very well to the treatment and her ratings on stress improved from a pre-treatment score of 4 to a post-treatment score of 0. The patient reported that the treatment was "very lovely" and she stated that she gradually relaxed during the session. She also reported that her nausea had eased and that she was encouraged and willing to eat.

Case 2 - A male patient in his 60s, diagnosed as having Acute Myeloid Leukaemia and had bowel surgery few weeks earlier.

The patient was experiencing bowel symptoms, stomach cramp and lower back pain. These all affected his sleep hugely and he had not been able to sleep well on the previous nights. He appeared to be positive emotionally and said that he was open to try any therapies that may help. His wound from surgery was recovering well but still covered with dressings. I explained the treatment aims and process, especially around his wound, to ensure he agreed with the approach. During the session, I worked mostly around his abdominal area while also working on his head and chest (but I kept my hands off his body around his wound area). He fell asleep during the treatment and he stated that the cramping in stomach had eased, with the stomach cramps improving from a score of 6 to 2. He found the treatment very relaxing and he enjoyed some needed sleep during the session.

Case 3 - A male patient in his 70s, diagnosed as having prostate cancer.

When I went to see the patient, he had just finished a procedure with the nurse who suggested that it may be a good idea to offer him treatment as the patient appeared to be very stressed. I explained Reiki to him and he was not showing any response at the beginning, but later on he nodded his head to indicate that he would like to receive treatments after persuasion from his wife. He appeared to be very low in mood and not answering any questions on his conditions. The nurse and his wife updated me on his status in the room and I was given to understand that he had been experiencing pain in the abdominal area since the previous day. This was his main concern, along with the fact he had not slept well on the night before. I explained to him that the treatment may help him to relax and I discussed the areas that I would work on and I asked if he was happy to be touched. Furthermore, I advised him that he could stop the treatment at any time and he nodded his head to acknowledge the discussion. I worked on his head, shoulder, chest, abdominal area and hip, finishing on his foot. He remained very calm throughout the session and he had fallen asleep. Although he was still not speaking much, he wore a smile on his face when we finished and said "thank you" to me and he answered "yes" when asked if he would like a follow up session.

In cases like this, when the patient may not be open to talk or express their feelings, we need to ensure patients are well informed. Although he was a bit more responsive at the end, I decided not to take any pre and post-treatment scores from this patient. However, his smile, thanks and agreement for a further treatment seemed to demonstrate a positive outcome.

Case 4 - A female patient in her 50s diagnosed with metastatic breast cancer.

The patient had a past mastectomy and had been given her 7th chemotherapy infusion. The patient had previously received massage from the team, however, she had become contraindicated to massage and it was decided during case conference that Reiki may be a suitable alternative.

On this first session of Reiki, I visited the patient together with the massage therapist that she had met before to explain the change of treatments. She understood and thanked us for considering her situation. Although she had not heard of Reiki before, she was willing to try. She reported having diarrhea, feeling very tense with many "busy" thoughts. She also had gastric problems and pain in her legs. I gave Reiki with my hands positioned on her head, chest, abdominal area, hip and legs. She found the soothing and this helped her to relax significantly. She wanted to have further treatments so I met her again two weeks later. My second visit fell on the day before she was going home after a few months of hospitalization. She had been told earlier that week that active treatment was not effective and that it would be discontinued. She would then be discharged into the care of the palliative care team. She was feeling anxious and worried about the future and how long she may live for. She was concerned about how she would cope as she lived alone. She appeared to slowly calm down during the treatment, especially when I was working on her chest and abdominal areas, with her body becoming less tense and her breathing pattern became slower and deeper. She fed back that the session had been very relaxing and that she had not expected this. She found that her mind was not wandering during the session and she had some quiet space on her own. Her emotional stress score improved from a pre-treatment score of 4 to 3. The patient agreed to the suggestion that she be referred for out-patient appointments following discharge. She also thought that Reiki treatments would help support her in the coming journey.

Summary

My experience through these two years of volunteering has shown that more and more patients have heard of Reiki and are open to trying out the treatment to see how this may support their health and wellbeing. Research has shown that as of 2012, 43% of those cancer-units in UK which offer some form of complementary therapies provide Reiki as supportive or palliative care therapy **(Egan et. al. 2012)**. This research was published five years ago and I believe this would now be even more widely used with Reiki becoming more popular. I have found these two years of working with patients to be very rewarding. It could be stressful when seeing patients deteriorating or pass away, but I am also very pleased that I can be of some help to the patients I have met and support them during this difficult time in their lives. I have learnt so much from every individual. It was my pleasure to have experienced their strength, their attitude to not giving up their lives, willingness and openness to be helped, and all the amazing collaboration and help between other medical staff.

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References

1. Alarcao Z., Fonseca J. R. S. (2016) The effect of Reiki therapy on quality of life of patients with blood cancer: results from randomized controlled trial. *European Journal of Integrative Medicine*, Volume 8, Issue 3, pp239-249.

2. Beard C., Stason W.B., Wang Q., Manola J., Dean-Clower E., Dusek J. A., DeCristofaro S., Webster A., Doherty-Gilman A. M., Rosenthai D., Benson H. (2011) Effects of complementary therapies on clinical outcomes in patients being treated with radiation therapy for prostate cancer. *Cancer,* 117, pp96-102.

3. Billhult, A. (2007) The Effect of Massage for Women with Breast Cancer. Online available at https://gupea.ub.gu.se/bitstream/2077/10510/1/gupea_2077_10510_1.pdf. Downloaded on 13.04.2018.

4. Birocco N., Guillame C., Storto S., Ritorto G., Catino C., Gir N., Balestra L., Tealdi G., Orecchia C., De Vito G., Giaretto L., Donadio M., Bertetto O., Schena M., Ciuffreda L. (2011) The effects of Reiki therapy on pain and anxiety in patients attending a day oncology and infusion services unit. *American Journal of Hospice & Palliative Medicine*, 00(0) 1-5, published online by Am J Hosp Palliat Care.

5. Catlin A., Taylor-Ford R. L. (2011) Investigation of standard care versus sham reiki placebo versus actual Reiki therapy to enhance comfort and well-being in a chemotherapy infustion centre. *Oncology Nursing Forum,* Vol. 38, No.3, pp212-220.

6. Egan B., Gage H., Hood J., Poole K., McDowell C., Maguire G., Storey L. (2012) Availability of complementary and alternative medicine for people with cancer in the British National Health Service: Results of a national survey. Complementary Therapies in Clinical Practice, 18, pp. 75-80.

7. Gillespie E., Gillespie B.W., Stevens M.J. (2007) Painful diabetic neuropathy: Impact of an alternative approach. *Diabetes Care,* 30(4), pp999-1001. (abstract from: Thrane S., Cohen S. M. (2014) Effect of Reiki therapy o pain and anxiety in adults: an in-depth literature review of randomized trials with effect size calculations. *Pain Manag Nurs,* 15(4), pp 897-908.)

8. Mackereth & Carter (2006) Massage & Bodywork – Adapting Therapies for Cancer Care. London: Churchill Livingstone.

9. Orsak G., Stevens A. M., Brufsky A., Kajumba M., Dougall A. L. (2014) The effects of Reiki therapy and companionship on quality of lif, mood, and symptom distress during chemotherapy. *Journal of Evidence-Based Complementary & Alternative Medicine,* Vol. 20(I), pp 20-27.

10. Reiki Association UK (2016) What is Reiki? [Online] Available at: www.reikiassociation.net/what-is-reiki.php. Downloaded on 10 April 2018.

11. Richeson N. E., Spross J.A., Lutz K., Peng C. (2010) Effects of Reiki on anxiety, depression, pain and phsiological factors in community-dwelling older adults. *Res Gerontol Nurs,* 3(3), pp 187-199 (abstract from: Thrane S., Cohen S. M. (2014) Effect of Reiki therapy o pain and anxiety in adults: an in-depth literature review of randomized trials with effect size calculations. *Pain Manag Nurs,* 15(4), pp 897-908.)

12. Tavares M. (2004) National Guidelines for the use of Complementary Therapies in Supportive & Palliative Care. National Council for Hospice 7 Specialist Palliative Care.

13. Tsang K.L., Carlson L.E., & Soson K. (2007) Pilot crossover trial of Reiki versus rest for treating cancer-related fatique. *Integrative Cancer Therapies*, 6, pp 25-35 (abstract from:

Pierce B. (2007) The use of biofield therapies in cancer care. *Clinical Journal of Oncology Nursing*, Vol. 11, No. 2, pp 253-258)

14. Vitale A.T., O'Connor P.C. (2006) The effect of Reiki on pain and anxiety in women with abdominal hysterectomies: a quasi-experimental pilot study. *Holist Nurs Pract.* 20(6), pp263-272. (abstract from: Thrane S., Cohen S. M. (2014) Effect of Reiki therapy o pain and anxiety in adults: an in-depth literature review of randomized trials with effect size calculations. *Pain Manag Nurs,* 15(4), pp 897-908.)