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**“REIKI AS AN INTERVENTION IN DRUG AND ALCOHOL
WITHDRAWAL AND REHABILITATION - Almost a decade of experience”**

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ABSTRACT

The Windana Society in Melbourne offers supportive, holistic care for clients experiencing withdrawal symptoms from a range of substances. Since September 1992, Reiki has been used as a modality in the Windana drug and alcohol program, with considerable success. Internationally there is a wealth of anecdotal evidence that Reiki is effective in treating physical symptoms and psychosocial stressors.

The Reiki Clinic at Windana is unique. It is a professionally run and fully supervised clinic, with ongoing documentation of client outcomes. In almost a decade of operation, it appears that Reiki has been effective in alleviating the physical and psychosocial stresses occurring during withdrawal and recovery.

In 1995, Milton & Chapman claimed that Reiki appeared to induce a profound and prolonged relaxation response with reduction in anxiety, tension and aggression, and clients reported they had a greater ability to sleep after treatment. In this paper, we will expand on these claims and other findings, such as the observation that Reiki often appears to address the conscious and unconscious spiritual needs of drug users. In addition, we will examine the notion that Reiki appears to elicit self-awareness, thereby facilitating the counselling process, and assisting clients in their personal growth.

The Windana Society in Melbourne offers supportive, holistic care for clients experiencing withdrawal symptoms from a range of substances. Since September 1992, Reiki has been used with considerable success as a modality in the Windana drug and alcohol program. Internationally there is a wealth of anecdotal evidence that Reiki is effective in treating physical symptoms and psychosocial stress.

The Reiki Clinic at Windana is unique. It is a professionally run and fully supervised clinic, with ongoing documentation of client outcomes. In almost a decade of operation, it appears that Reiki has been effective in alleviating the physical and psychosocial stress occurring during withdrawal and recovery. In September 1995 we presented a paper at the Royal College of Nursing (RCNA) Conference “Pathways to Healing”, on “The Benefits of Reiki Treatment in Drug and Alcohol Rehabilitation Programs”, based on the experience of the Reiki Clinic at Windana in Melbourne, Australia. At that time, we noted that Reiki appeared to induce a profound and prolonged relaxation response, and reduce anxiety, tension and aggression, and promote a greater ability to sleep after treatment. This paper is follow up and expansion of the findings that we reported in that paper, to present the processes and outcomes of giving Reiki over the last nine and a half years in a Melbourne based residential drug and alcohol rehabilitation program.

Overview of Reiki.

Reiki is an ancient healing art whose origins can be traced to Nepal and the Himalayas. It was rediscovered at the end of the nineteenth century by Mikao Usui, a Japanese Buddhist scholar, who gave it the name by which it is now known throughout the world. This term is used to describe not only the energy of this healing art but also its forms of practice within the traditional systems.

Dr. Ranga Premaratna, Ph.D., Head of the Reiki Jin Kei Do Lineage, and former post-doctoral research scientist in food microbiology, defines Reiki energy as follows:

“Reiki is a Japanese word composed of two characters or ‘Kanji’.REI most simply defined as spirit and KI as energy (in Chinese, chi or qi). The combined meaning of the two characters, REIKI, is Spiritual Energy or a higher form of energy. But in practice Reiki is translated as Universal Energy, Universal Life Force or Universal Energy Field.”

We are familiar with the terms ki, chi and qi as incorporated into the eastern martial and healing arts, such as Tai Chi, Qi Gong, Ai-ki-do. In Chinese Medicine System theory, it is the ki/chi flowing in the meridian system, or energy channels, of the body which is manipulated by the therapist to bring about homeostasis and stimulate the receiver’s own powers of healing. Ranga Premaratna further states that, “the Universal Energy Field (REI) is like a sea of energy with waves of various amplitude (with) the potential to manifest in our physical reality in many different vibrational frequencies....”

Evidence-based Medicine.

In this era of evidence-based medicine, it is important to review any evidence that exists about the effectiveness of treatments such as Reiki, which are based on the concept of energy healing. ‘Energy field theory’ is not new. Paracelsus (1493-1541) the famous Swiss doctor said to have reformed medical thought, believed that man had two bodies - one of flesh and blood, and the other an energy body, known as the astral body. (Brennan, 1987)

Mesmer, (1733-1815) the founder of mesmerism, a precursor of clinical hypnotism, was well known in the 18th Century for his memoirs on his discovery of ‘animal magnetism’. In 1773, he began using magnets for healing. His patients frequently noticed unusual currents coursing through their bodies prior to the onset of a ‘healing crisis’ that led to a cure. He soon found that he could produce the same phenomena without the magnets, simply by passing his hands above the patient’s body (Oschman, 2000. Brennan, 1987). Kaptchuk (1996) claimed that Mesmer’s followers rapidly split into two denominations which he called a lower and higher mesmeric interpretation. The lower “made the force analogous to a physical electromagnetic vibration that resembled more recognized scientific energies” (Kaptchuk, 1996, p.37). The higher interpretation, he claimed, was less conventional as it saw the force as ethereal, and more linked to the mystical and occult traditions.

In 1988, McCrae claimed that the concept of universal life energy was linked to field theory, and exhibits the characteristics of a force field. She argues that since life is modeled on universal principles, we make an assumption that vital energy is also a field that permeates space, becoming more concentrated within and around living organisms. This is consistent with the view of Martha Rogers, who was both a nursing theorist and a physicist. She maintained that “a person is not an isolated energy field, but lives in an environmental energy field with which there is constant interaction ... a change in one of the fields produces a change in the other” (Lewis, 2000).

In 1968, Fröhlich predicted, on the basis of quantum physics, that the living matrix must produce coherent or laser-like oscillations. In his book, ‘Energy medicine. The scientific basis’, Oschman claims that:

“From the work of Fröhlich and others, we now know that all parts of the (human living) matrix set up vibrations that move about within the organism, and that are radiated into the environment. These vibrations or oscillations occur at many different frequencies, including visible and near visible light frequencies”.

It is important to note that Oschman’s book, which we have quoted extensively in this paper, has been warmly endorsed by Dr. Candice Pert, a renowned psycho-neuroimmunologist, and a research professor at Georgetown University, USA.. Oschman claims that these are not subtle phenomena. Rather they are large, or even gigantic vibrations. Furthermore, “their effects are not trivial, because living matter is highly organized and exceedingly sensitive to the information conveyed by coherent signals” p.62.

He goes on to say that:

“Coherent vibrations recognise no boundaries, at the surface of a molecule, cell, or organism – they are collective or cooperative properties of the entire being. As such, they are likely to serve as signals that integrate processes, such as growth, injury repair, defense and the functioning of the organism as a whole. Each molecule, cell tissue and organ has an ideal resonant frequency that coordinates its activities. By manipulating and balancing the vibratory circuits, complementary therapists are able to directly influence the body’s systemic defense and repair mechanisms”. p. 62.

In 1990, at the University of Colorado, Zimmerman carried out experiments with a SQUID detector that has been designed to study some of the weakest human biomagnetic fields. A therapeutic touch practitioner and his patient entered a magnetically shielded chamber containing a SQUID detector. (Therapeutic Touch is another energy-based therapy that originated within the nursing profession about 30 years ago). The practitioner held his hand close to the patient and a baseline recording was made with the SQUID. Then the therapist relaxed into the meditative or healing state that is the focus of the TT method. Immediately, the SQUID detected a large biomagnetic field emanating from the practitioner's hand. The field was so strong that the amplifiers and recorder had to be readjusted so that a recording could be made. This was the strongest biomagnetic field Dr. Zimmerman had encountered in his years of medical research using SQUID.

What was interesting was that the signal from the TT practitioner pulsed at a variable frequency ranging from 0.3 to 30Hz, with most of the activity in the range of 7-8 HZ. In other words, the signal emitted is not steady or constant, it 'sweeps' or 'scans' through a range of frequencies (Oschman, 2000 p78). Non-practitioners in Zimmerman's studies, were unable to produce the bio-magnetic pulses.

Oschman (2000, p. 179) claims that in general, "organisms are poised to respond to minute 'whispers' in the electromagnetic environment. What is significant about these results is the known relationship of using ELF biomagnetic fields to promote healing. For example, in 1995, Siskin & Walker (in Oschman 2000) noted that an ELF of 2Hz stimulated nerve regeneration, and a frequency of 7Hz can be used to stimulate bone growth. Frequencies of 10Hz promotes ligament healing, and 15, 20, and 72Hz may be used to decrease skin necrosis and stimulate capillary formation. Fig. 1 illustrates the relationship between the range of ELF emitted by the Therapeutic Touch practitioner (Zimmerman, 1990) and the clinical results identified by Siskin & Walker. (Oschman, 2000, p87).

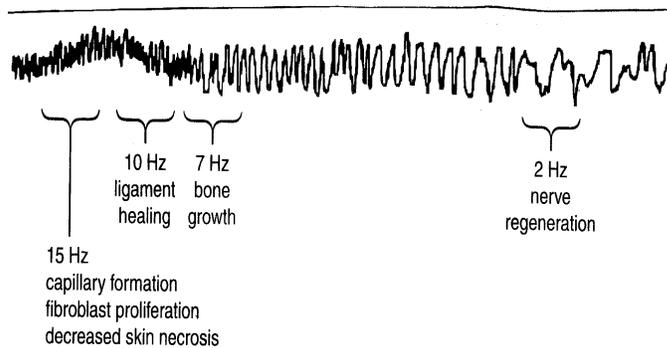


Fig. 1. TT practitioner: biomagnetic recordings of ELF (extremely low frequency) from their hands and known healing effects of specific ELF frequencies (In Oschman, 2000)

A similar study in Japan in 1992 by Seto et. al. used a simple magnetometer and confirmed that an extraordinarily large biomagnetic field emanated from the practitioners of a variety of healing and martial arts techniques, including Qi Gong (which has similarities to Reiki), yoga, meditation, Zen etc. (In Oschman 2000)

So, if we accept the idea that all matter is composed of energy in varying degrees of density and vibrating at different vibrational frequencies (Gerber, 1995), we can understand how the Reiki energy, which is described by Premaratna as a higher (and perhaps thereby a finer) energy (1999, p.1) can interpenetrate denser forms of energy such as solid matter.

Formal research has only recently been undertaken in relation to Reiki treatment. A sample of this research includes studies on the use of Reiki in 'the management of pain' (Olson & Hanson 1997. Bucholtz 1996) and for 'harm reduction and as a stress management tool' (Algarin 1995).

Dr. Barbara Brewitt, (1997) M Div, PhD, Biomed Comm, Inc., Seattle planned and conducted a Reiki research project with chronically ill clients. Five patients with illnesses of multiple sclerosis, MS(n=2), lupus, fibromyalgia, or thyroid goitre were given eleven one-hour Reiki sessions using four different Reiki Level Two practitioners and one Reiki master over a ten-week time period. There were three measurements per person of electrical skin resistance on the hands and feet of patients in the Reiki Study. Out of the forty-five skin points measured, three points showed significant difference during and after Reiki sessions. All patients made written comments regarding increased relaxation or sense of "centeredness" after Reiki sessions. All patients reported to practitioners that there was a reduction in pain and an increase in mobility

We refer to these studies to support our claim that giving Reiki induces more than a placebo response in clients. In our experience, it seems to have physical, emotional and even spiritual effects during the treatment and post treatment phases, which we will illustrate more clearly when discussing our experience in the Reiki clinic.

During Reiki treatment, the energy is not manipulated or modified by the practitioner. Rather the practitioner, who has been attuned to the energy, is a conduit through whom the energy flows to the receiver as soon as the practitioner's hands are placed on the recipient's body or enter their energy fields. Empirical evidence indicates that the receiver cannot receive too much Reiki energy as the flow ceases once sufficient has been transmitted. Both giver and receiver of Reiki are often aware of this automatic switching on and off, of the energy flow.

Reiki treatment at Windana.

The Reiki Clinic, on which our findings for this paper are based, has been providing treatments on a weekly basis since September 1992, to residents in the Windana Drug Withdrawal House (DWH) program. This is a residential program in Melbourne for people in withdrawal from substance abuse. In that time, approximately fourteen hundred treatments have been given to residents in the program at the Reiki Clinic. The Clinic, which is conducted with professional guidelines, is overseen by a paid supervisor who coordinates a team of volunteers. Treatment records are kept and after each session, a debriefing is held and a handover made to staff in the DWH. The two forms of Reiki treatment practiced in the Clinic are Reiki Jin Kei Do (the traditional eastern method) and the Usui System of Reiki Healing (the system originally brought to the West). Both stem from the teachings of Mikao Usui, although Reiki Jin Kei Do has more direct linkage to the origins of Reiki practice in Nepal and the Himalayas. The importance of practising according to a form will be dealt with in the Workshop on the Reiki Clinic at Windana, later in this Conference.

Since its inception, the Clinic has, apart from being the source of the 1995 paper mentioned above, also been the inspiration for the creation of a Reiki Practitioner Development Course and the establishment of the professional Reiki association, 'Reiki Association of Practitioners and Masters Inc.' (RAPMA). The RAPMA Practitioner Codes of Ethics and Practice were largely informed by the observed needs for professionalism in the Reiki Clinic. Originally the Clinic operated informally with clients from the general community. In the early stages residents of the DWH were offered treatments only when there were free treatment times available. It was soon noticed, by those undergoing withdrawal, that Reiki appeared to have significant benefits, and more residents began to volunteer for Reiki treatments. DWH staff, noticing the benefits that clients appeared to have from receiving Reiki, began to actively encourage the clients to attend the Clinic. The Reiki Clinic is now an integral part, along with other natural therapies, of the DWH program.

The majority of the clients residing in the DWH, at first contact, know little or nothing of Reiki and therefore have no expectations. Quite a few declare themselves to be skeptical and even at times, apprehensive. The latter often report great surprise at the depth of relaxation felt.

As previously stated, given the scarcity of research on Reiki in general and specifically in relation to the area of drug and alcohol withdrawal and rehabilitation programs, we have had to rely on the empirical evidence of the effects of Reiki reported by clients post treatment. However, client records taken in the nine and a half years of the Clinic's operation indicate some very clear themes of the effects of Reiki on those DWH residents who have come for treatment. These themes are supported by a recent survey of DWH staff.

The main themes consistently identified from clinic records, as reported by DWH residents, were improvement in:

- behaviour,
- mood,
- sleep pattern
- relaxation
- thought clarity
- insight into past experiences and current situation
- imagery
- pain relief

A small survey of staff at the residential community at Windana, assessed staff views of the response of residents to Reiki treatment. A 10cm Likert scale was used. Eight questionnaires were returned. (5 from female staff, and 3 from male staff). Five of the staff had personally experienced Reiki. Their comments included; "I find with Reiki, after a session, I feel more settled, clear headed and relaxed"; "It was very relaxing, rejuvenating, with a respectful, silent atmosphere"; "I had some severe physical pain at the time ...it was great and relaxing"; I chose to receive Reiki "for relaxation and balancing ... I felt energised and calm" after the treatment.

Given comments from residents about Reiki over the last 9 years, we decided to address the 8 main treatment outcomes in the staff questionnaire (that we had identified from the residents' responses). The first was staff observation of behaviour change in residents following Reiki treatment.

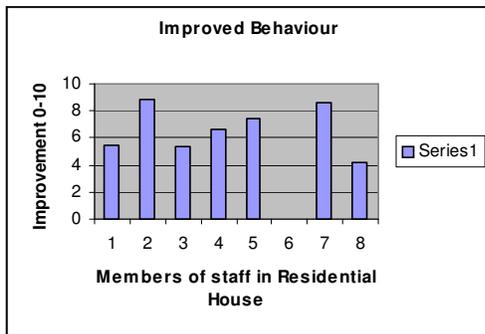


Fig.2. Perception of Behavioural Improvement

Figure 2 indicates that about half the staff noticed an improvement in the residents' behaviour after treatment. Their comments included: "directly after a session many residents appear extremely relaxed"; "difficult, (to say) because their minds are in many places .. (they are not) usually able to retain information or recollections for too long"; "changes are more apparent immediately following treatment"; "more relaxed for several hours, and after reported better sleep"; "calmer after Reiki for that night, although given the nature of detox and other pressures ... the effects don't last long".

However, there was a stronger perception of mood change after Reiki.

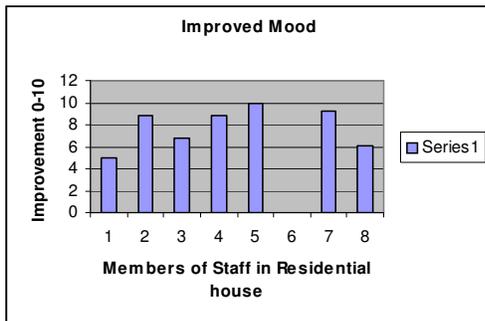
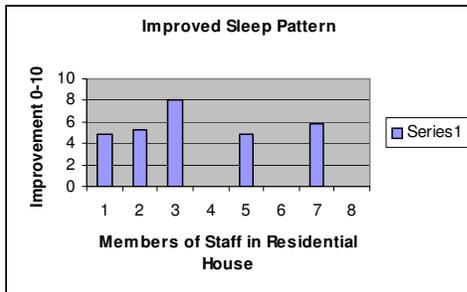


Figure 3. Perceptions of Mood Change.

Comments included: "I think it does calm, relax and make residents feel better about themselves"; "directly afterwards there is often a huge change in mood, even if, in some cases, it is only temporary"; residents are "less angry – more relaxed".

Many of the staff were unsure, or unable to comment about any changes in the residents sleep pattern, because of the times they are in contact with them. However, there were some responses to this question



Comments included: “random improvement depending on what happens in the detox house after Reiki”; “that night (Mondays) I believe (from handovers) residents are more settled. It also depends on how the resident has experienced Reiki for themselves”; residents “often report better sleep”.

In relation to an improvement in the residents relaxation, communication and clarity of thought after Reiki, there was a strong perception that Reiki had a relaxing effect, but more uncertainty about improvement in communication and clarity of thought.



Fig.5. Perceptions of improved relaxation.

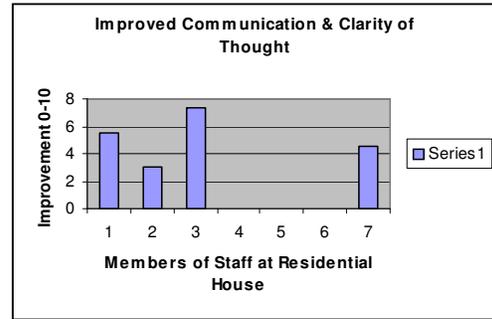


Fig.6. Perceptions of improved communication and thought clarity.

In reference to relaxation, staff made comments such as: “it can relax clients for some time afterwards, relieving them of some anxiety”; “all clients vary, but most seem more relaxed”; Regarding communication and clarity of thought, only the following two comments were made: “sometimes not clarity, more release from repeating thoughts”, and “residents appear less caught up in racy muddled thoughts”.

Many staff were unsure about the questions: ‘to what extent (if any) is there an improvement in resident’s insight into their past experiences and current situations?’ and ‘to what extent (if any) is there an improvement in facilitating counselling for the residents?’ Their responses were as follows:

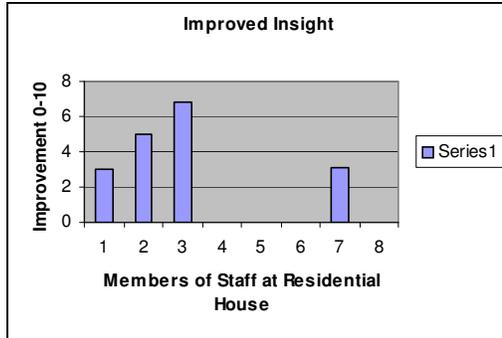


Fig. 7. Perceptions of improved insight.

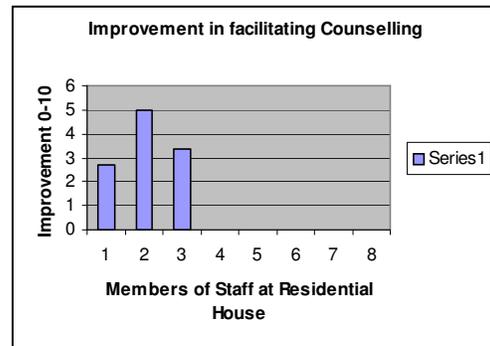


Fig. 8 Perceptions of facilitated counselling.

We asked these two questions because these outcomes have frequently been attributed to the Reiki treatment over the 9 years of clinic operation, by both residents and staff. It is interesting that improvement is not reflected in the staff responses. However improvement in insight by residents was a consistent factor in their comments at the Reiki clinic, and this will be illustrated later in this paper.

The last question we asked was staff perception of improvement in the residents’ feelings about the rehabilitation program and of life in general, after having Reiki treatment. Again, it was difficult for staff to comment about any one treatment in all the therapies offered by Windana. However, their responses were generally positive, as shown in the next graph:



Fig. 9. Perceptions about residents' feelings about rehabilitation.

Comments included: "most of the residents I have spoken to enjoy the Reiki and find that it relaxes them"; "Reiki treatments appear to deal with the person at the time rather than 'stir up' emotional issues which acupuncture can sometimes do"; "often contributes a sense of 'hope', with the experience of something inexplicable (which) connects them to a 'greater source'"; "very difficult to measure the source of improvement, but I believe Reiki is very useful for our clients. In such a group of people (who) often ... consider themselves as hopeless and helpless, Reiki seems to nurture, relax, calm and restore some measure of belief, and relief from anxiety. I believe it to be beneficial for all and it is something our residents do look forward to and are eager to have .."

As practitioners at the clinic, we believe that after a Reiki treatment we often see the person as we believe they more truly are. More importantly, they themselves appear to experience or begin to experience who they are. A staff member made the observation that this experience provides the possibility for change because they are released from the self perception of victim-hood and begin to see themselves as a **person**, who happens to have a drug habit or addiction, rather than saying to themselves, "I am a drug addict - or alcoholic."

A clinical psychologist, who visited the clinic twice to observe, commented that:

"....The Reiki treatment appears to permit a profound shift in awareness to occur which allows clients to connect with aspects of self (mind and body) normally not freely accessible and in so doing, offers the potential for meaningful self-understanding to emerge. Integrally associated are relaxation, comfort and ease" (Alexander, in Chapman 1996).

Alexander goes on to say that there are a number of other clinical techniques and methods which would similarly re-create emotional and memory connections, previously out of awareness; such as hypnosis and Gendlin's Focusing (1981). In this respect, however, it is interesting to note that Reiki, unlike other clinical techniques, creates altered states spontaneously, without intervention by the practitioner (other than routine hand placement).

Pain Relief

Pain is one of the reasons, some people continue to use drugs and find it difficult to deal with the detox program. Obviously, therefore, the pain relief experienced by many of the people in detox is a contributing factor in enabling them to stay in the programme and to make positive choices for their future. Many of the clients in the DWH program are so used to having pain that they do not mention it when presenting for treatment and simply report, with surprise, that the pain has either lessened or gone completely. All who report with pain report some pain relief. One DWH client reported that the pain he had been experiencing in his arm following a recent operation and which, according to him had been "driving me mad", had eased considerably. Others experience relief from the aches, pains and physical spasms of withdrawal.

Sometimes the pain is relieved in an area which has not had hand contact from the practitioner, as illustrated in the following case study.

Case Study 1

Michael (*not his real name*) did not mention any pain or injury, on presentation. After treatment, he reported the sensation of energy travelling from where the practitioner's hands were placed on his chest, to his hip which he said was almost always painful due to arthritis, resultant from a road accident some years previously. He said that "the energy created an increasing sensation of pain in my hip which became almost intolerable and then gradually subsided". When asked how his hip was feeling after the treatment he said that

it was pain free. As this was a chronic condition, it was explained to him that the pain could re-occur. When we saw him again some weeks later, he told us that the pain had indeed returned – but never to the degree that it had been prior to his previous Reiki treatment.

Reiki as a meditation

Reiki treatment consistently tends to produce a relaxation response in residents. This, on its own, has enormous therapeutic benefits both physically and psychologically. Both the practitioner and recipient appear to achieve a meditative state during treatment, and the benefits of mediation to health and wellbeing are well known. For example, Hassad (1998) has documented a summary of research on the effects of meditation and relaxation as follows:

Physical effects

- Restful alertness with marked changes in EEG pattern. Increase in alpha & theta waves & increased EEG coherence
- Changes in neurotransmitter profiles with high serotonin production (like those recovering from depression)
- selective large increase in cerebral blood flow
- reduction in cortisol levels and improved immune response.

Psychological effects of meditation include:

- decreased anxiety
- decreased depression
- improved coping capabilities
- unconditional happiness
- reduced reliance on drugs or alcohol
- improved sleep
- reduced aggression and criminal tendency
- reduction in personality disorders

Hassad, 1998

Relaxation and Clarity

The themes of relaxation and personal clarity referred to above, embrace a broad range of responses within these categories, which are experienced as profound by the recipients. For example it is not uncommon for clients to mention that they are afflicted in varying degrees, sometimes chronically, by what they term ‘mind chatter’ and are often greatly relieved to have a quietened mind after their treatment. They often state that the peaceful mind has permitted them to think clearly and positively. (Adrian ‘My mind slowed from 1000 mph to 500 mph. I thought about my options and decided not to use after leaving detox.’) Some equate it with the experience of meditation, one stating that Reiki is the nearest he comes to meditation which he “finds hard to do”.

Some other comments by DWH clients, apart from the almost invariable, “That was great; I feel wonderful/better; that was amazing”, etc. are: “Now I know what people mean, when they talk about utter peace or inner peace”; “The last Reiki brought up a lot of negativity which was uncomfortable but it was good because it really set me going and today (*in treatment*) my body relaxed for the first time”; “I felt a lot of aggression (*during treatment*) and understand why”; “Some of the fog has lifted”; “It was magic. The past and what I have to do in the future are clearer to me.”

For some the Reiki experience appears to bring a feeling of protection or reassurance, as illustrated by the following feedback from some DWH residents following Reiki treatment; “I began to feel I am a beautiful person (*improved self perception*) and that my grandfather was watching over me”; “I had a dream (*during treatment*) which told me that everything is going to be alright”; “I felt wrapped in tenderness and kindness and the bad things disappeared”. We would state that although these statements could be dismissed as illusions, they are nevertheless real to those who experience them and provide the basis for making positive changes in their lives.

Spirituality

There is also clearly a spiritual component. The theme of spirituality for this Conference fits well with Reiki. This system of healing is a spiritual discipline for its practitioners and frequently produces results for the recipient, which could be described as spiritual. In clarification, we would state that spirituality has different meanings in different times and different cultures. The Concise English Dictionary gives one definition of ‘spiritual’ as ‘pertaining to the soul or inner nature’. It is the definition referring to inner nature, which we apply to the responses and experiences of many of the DWH clients.

The clients frequently report the experience of being in another state, different from ordinary awareness – a totally new experience which they describe as both peaceful and deeply relaxing – and are surprised at the passage of time that has occurred during treatment. This is synonymous with the meditative experience.

Also, the recipients of Reiki in the Clinic often describe their experiences of peace, relaxation and clarity, etc. in a way which appears to indicate that these represent more than purely emotional, mental or physical benefits and that they have experienced a degree of upliftment which one might equate with a spiritual experience. Many experience seeing colours, which they describe variously as, “beautiful”, “peaceful,.

Clients at times indicate that they are searching for something beyond ordinary awareness, described by some as a spiritual search. They often indicate that this need is satisfied by the Reiki experience. Some find this need satisfied by drug use and it is interesting to observe that they subsequently recognise in the Reiki treatment an experience of being in a state previously induced by drugs. They are pleasantly surprised to learn that this is a state that can be simply and safely induced by natural means. One DWH resident stated that he was reluctant to leave “La La Land”, where he had experienced imagery and stress release during treatment; and then more seriously said, “The **true** La La Land.” Another said, “Reiki is better than any drugs I’ve ever used.”

One client after his first Reiki treatment, during which he had been physically restless, said that he felt he had been “forgiven by the Great Spirit”; had been “on the verge of breaking through”; that “there was a reason for everything”, and he was seen by the practitioner to be left feeling very positive. One could describe this as a spiritual experience which had relieved the client of a burden of guilt which resulted in a sense of uplift with space for the possibility of change. This is significant, as many of those who abuse drugs carry, consciously or unconsciously, a sense of guilt which makes the concept of changing their lives seem hopeless.

Themes of release of guilt, awareness of inner nature or spirituality and subsequent hope are beautifully illustrated in the following case study.

Case Study 2

At the time of his first Reiki treatment, John (*not his real name*) was twenty-two years of age, had been raised in a climate of violence and crime and was the survivor of life on the inside of four state prisons. He presented as wary, defensive, bordering on aggressive, and sceptical and firmly declared himself an atheist but was curious to know why other DWH residents were so impressed by their Reiki experience. After being reassured that there was no belief system attached to Reiki and that he was free to leave the treatment room at any time, he decided to receive Reiki. After treatment, he declared the experience of the treatment as, “...amazing”, followed by “Quite spiritual, really.” He appeared to be quite unconscious of using the term spiritual and was later overheard telling another resident, “This Reiki is not bullshit, mate.” John was thereafter a regular attendee at the Reiki Clinic. He later told us that Reiki had give him, “ ...hope – hope that I can change my life”.

In the following case study, there is an interesting combination of responses.

Case Study 3

Malcolm (not his real name) had been in a car accident some months previously in which he had received a broken limb, back injury and nerve damage. His response after Reiki treatment was, “That was just wonderful. I felt heat in my knee, ankle and back. (The) warmth was not just physical - (it was) emotional, spiritual and love. There were colours and I felt aware of the energy of the universe coming into me.” In this response, the client indicates that, apart from the injured areas being addressed, he felt upliftment and comfort.

The following case study provides examples of different experiences and a progression, leading to resolution.

Case Study 4

In the first treatment, Gerald (*not his real name*) presented with no previous knowledge of Reiki and no expectations of what it might do for him other than that it might help him in some way. After treatment, he lay very still and silent with eyes wide open for a long time. He stated that the experience was “overwhelming - but in a good way”; that he felt he had been “miles away with no thoughts but heaps of colours”. He also said, “I haven’t felt like this for ages.” Although unable to identify this feeling, he implied that it was very special and good.

Second treatment. Gerald reported that he had been “up and down all week”. After treatment he stated that a lot of painful thoughts concerning family issues had surfaced. He then shed what he described as painful, emotional tears and said that he realised that he had to “let go of a lot of stuff”. Gerald’s counsellor was extremely pleased with the spontaneous awareness arising out of the Reiki as, Gerald had not been able to let go, and this had been a big issue blocking progress.

Third treatment: Gerald reported that after his last Reiki he had cried a lot of “painful tears”. Since then, he had continued to cry quite a lot, but described this as “now not painful crying – more like letting go, peaceful crying”. During this treatment, Gerald appeared to be deeply asleep and in fact snored steadily. However, at the end of the treatment he reported having had “lots of thoughts concerning J..... (a family member with a long term illness), and said that he felt he could forgive her “for what she has done – for all her mistakes” and that he felt compassion for her.

Fourth treatment: On this occasion Gerald appeared to fall into a deep sleep almost immediately. He reported noticing a lot of colours around him during the treatment. He then wept briefly about past memories.

Fifth treatment: Gerald again enjoyed seeing many colours during this treatment. He said that he felt Reiki was helping him in many ways and looked forward to continuing the treatments.

We see this as a very significant case study. It demonstrated a very positive, enjoyable experience in the first session, which allowed Gerald to develop confidence in what was for him, until then, an unknown form of treatment. The second and third sessions, although accompanied by the emotional pain of grieving, allowed him to firstly let go, then to forgive and feel compassion. Feeling compassion is a significant step beyond forgiveness and the sense of upliftment that this brings could be described as spiritual experience.

During the fourth and fifth sessions, Gerald began to see colours again, an experience he enjoys. He was also aware of feeling peaceful at the end of treatments, which has restored his original perception of Reiki being a pleasurable experience. He expressed a commitment to using Reiki to help rebuild his life and became a regular attendee at the Reiki Clinic as an outpatient.

Conclusion.

Our hypothesis, therefore, is that Reiki appears to induce a profound relaxation response within 10 minutes for nearly all recipients. This relaxation may last from a few hours to even a week, and is usually coupled with a reduction in client anxiety, tension and aggression. Recipients of Reiki also generally express feelings of 'peace', 'wellbeing' and spiritual 'upliftment', with a greater ability to sleep after treatment. This is of very significant benefit for residents during the early stages of drug withdrawal, because difficulty in sleeping is a common problem.

We suggest that anecdotal reports from residents and staff at Windana are true, and that most, if not all, of the positive physiological and psychological effects that have been attributed to meditation and relaxation techniques (Hassad, 1998), are promoted by giving Reiki treatment to residents.

Furthermore, we believe that from client and staff feedback, the promotion of relaxation and meditation (by the use of Reiki) for those undergoing drug withdrawal helps residents to cope with difficult withdrawal symptoms and to stay in the rehabilitation program. This is a significant reason, for continuing and expanding the Reiki program.

References.

Algarin, R. (1995) “Using Reiki as a harm reduction tool and as a stress management technique for participants and self”. *Northeast Conference: Drugs, Sex and Harm Reduction Conference Syllabus*. Harm Reduction Coalition and the Drug Policy Foundation, ACLU/ AIDS Project and City University of New York.

Brennan, B. 1987 *Hands of light. A guide to healing through the human energy field*. Bantam Books, Sydney.

Brewitt, B. (1997) *The Efficacy of Reiki Hands on Healing: Improvements in Adrenal, Spleen and Nervous Function as Quantified by Electro-Dermal Screening*. *Alternative Therapies magazine*, July 1997, Vol 3, No. 4, page 89.

Bucholtz, R. A. (1996) “The use of Reiki therapy in the treatment of pain in rheumatoid arthritis”. *Clinical paper M.S. in Nursing –Family Nurse Practitioner* University of Wisconsin-Oshkosh.

Chapman, E. 1996 *Reiki and drug withdrawal*. *Living NOW*. July/August.

Gendlin, E.T. 1981 *Focusing*, New York Bantam

- Gerber, R. 1995. *Vibrational medicine. New Choices for Healing Ourselves*. 2nd. Ed. Bear & Co. Sante Fe.
- Hassed, C. (1998) *The Science, Practice of Mind-Body Medicine*, unpublished. Community Medicine, Monash University.
- Kaptchuk, T.J. 1996. "Historical context of the concept of vitalism in complementary and alternative medicine". In *Fundamentals of complementary and alternative medicine*. Ed. Marc Micozzi, MD, PhD. Churchill Livingstone, New York.
- Lewis, D. 2000 "Spiritual dimensions of Therapeutic Touch" Sacred space. *The International journal of spirituality and health*. Vol 1 Issue 5. Spring.
- Milton, G. and Chapman, E. (1995) "The benefits of Reiki treatment in drug and alcohol rehabilitation programs". *Conference Proceedings, Pathways to Healing: Enhancing life Through Complementary Therapies*. Sept 24-5. Canberra. Royal College of Nursing.
- Olson, K. & Hanson, J. 1997 Reiki to manage pain: a preliminary report. *Cancer Prevention & Control*; 1(2) Canadian publication.
- Oschman, J.L. 2000 *Energy medicine. The scientific basis*. Churchill Livingstone. Edinburgh, Sydney
- Premaratna, R.J. (PhD.) 1999. *Reiki Jin Kei Do Stage 1 Manual*. Sydney, Australia.