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"The benefits of Reiki treatment in drug and alcohol rehabilitation programs".

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ABSTRACT

Reiki is a form of 'hands on healing' that was rediscovered in Japan towards the end of the nineteenth century by Dr. Mikao Usui, a Christian seminarian. The knowledge and practice of this therapeutic intervention was gradually introduced into the West (via Hawaii) over 50 years ago.

This paper will present the processes and outcomes of giving Reiki over the last 2 years, to assist clients in a Melbourne/Pakenham based residential drug and alcohol rehabilitation program. The overall findings suggests that the improvements in health outcomes for residents receiving Reiki have been remarkable, particularly during those difficult first weeks of drug withdrawal. It will be argued that the beneficial outcomes of Reiki treatment are similar to those identified in the literature regarding Therapeutic Touch. For example, Reiki appears to induce a profound relaxation response within a short space of time with nearly all recipients. This relaxation may last for a prolonged period of time, and is usually coupled with a reduction in client anxiety, tension and aggression. Recipients of Reiki also generally express feelings of 'peace' and 'wellbeing', with a greater ability to sleep after treatment. This is a very significant benefit for residents during the early stages of drug withdrawal, because difficulty in sleeping is a common problem.

Another significant outcome of Reiki treatment is that there is some evidence to suggest that Reiki accelerates the detoxification process, and many residents report that they feel really "energised" after having Reiki treatment. In addition, an interesting finding, that only seems to occur during Reiki treatment rather than with another complementary therapy, are the 'images' and 'visions' frequently experienced by recipients. These images may facilitate the counselling process, in that they generally appear to have significant meaning for the client, and often lead to personal insights by them about their current and early life.

After the initial 2-3 weeks detoxification program, residents move from Melbourne to Pakenham, a therapeutic community in a country area of Victoria. Twenty-seven residents over the last year have undertaken the first level Reiki course, which has enabled them to treat themselves with Reiki, and to give Reiki treatment to others. Reports indicate that those that have learned Reiki have coped better with group therapy sessions (that they perceive as potentially confronting) and have been able to cope with bouts of depression when they have returned to the wider community. Because of the perceived beneficial effects on residents and personal experiences of Reiki, staff involved in the program have expressed a strong desire to learn Reiki. Plans are almost finalised at this time, to offer a first level Reiki course in the near future for the staff who work in the drug and alcohol rehabilitation program.

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Authors: Geraldine Milton and Eileen Chapman. 1995.

Reiki like therapeutic touch, derives from the ancient art of hands on healing. It was rediscovered in Japan towards the end of the nineteenth century by Dr. Mikao Usui, a Christian seminary (Hochhuth, 1993). Hence its Japanese name by which it is now known world wide. Reiki, translates as 'universal life energy', with 'Rei' meaning universal energy, and 'Ki' meaning life energy (Hochhuth, 1993). It is interesting to note that 'Ki' is the Japanese equivalent of the Chinese word 'Chi', and these are terms which have become familiar within a Western framework through the martial arts. For example, Ai-ki-do and Tai Chi. In Chinese medicine theory, Chi is the life force of all living things. Without it there is no life. It is the key with which the acupuncturist or shiatsu therapist manipulates or stimulates to allow the body's own healing powers to come into play. Einsteinian physics tell us that light energy is the substance of the universe.(Gerber, 1988) As already mentioned in Reiki, this light energy is understood as the source or universal life energy. However, people of different approaches and beliefs will interpret this source in their own way. The knowledge and practice of Reiki was gradually introduced into the West (via Hawaii) over 50 years ago (Brindle, 1993).

This paper will present the processes and outcomes of giving Reiki over the last 3 years, to assist clients in a Melbourne/Pakenham based residential drug and alcohol rehabilitation program. The overall findings suggests that the improvements in health outcomes for residents receiving Reiki have been remarkable, particularly during those difficult first weeks of drug withdrawal. It will be argued that the beneficial outcomes of Reiki treatment are similar to those identified in the literature regarding Therapeutic Touch. For example, Reiki appears to induce a profound relaxation response within a short space of time with nearly all recipients. This relaxation may last for a prolonged period of time, and is usually coupled with a reduction in client anxiety, tension and aggression. Recipients of Reiki also generally express feelings of 'peace' and 'wellbeing', with a greater ability to sleep after treatment. This is a very significant benefit for residents during the early stages of drug withdrawal, because difficulty in sleeping is a common problem.

Unlike therapeutic touch, practitioners of Reiki simply place their hands on the receiver, rather than assessing, modulating and evaluating the energy field. The practitioner acts as a conduit, and automatically channels energy from the energy which continually surrounds us. How does this happen? If we use the analogy of radio, we know that we are unable to access the radio waves which surround us unless we have a radio receiver which is switched on and tuned. If we then continue this analogy in relation to Reiki, the Reiki practitioner acts as 'the receiver' who has been attuned by a Reiki master, and the flow of Reiki - the switching on - occurs as soon as the practitioner places their hands on

the recipient. So we now have an explanation of Reiki. However to gain a full appreciation we need to experience it. For example, we can describe an orange to someone who has never seen one, but the taste has to be experienced.

Windana.

The Windana Community Centre (WCC) is one of three arms of the Windana Society (Appendix 1. Windana profile and Appendix 2 Statement of purpose). With qualified therapists and three student clinics, it provides natural therapies at affordable cost to people from socio-economic groups, for whom these therapies might otherwise be unattainable. Next door to the WCC is the second arm, the Drug Withdrawal & Assessment House (DWAH) where drug users spend the first week in detoxification. Most clients are long term drug users, and the main drugs of choice for the majority of clients are heroin (70%) and amphetamines (30%). However, many use a cocktail of other drugs with their main drug during their history of drug abuse. For example, cocaine (30%), alcohol (50%), benzodiazepines and barbiturates etc. Virtually 100% smoke cigarettes, but only a few come in with a problem with cannabis. It is interesting to note that 50% of clients have been on a methadone program at some stage, and those residents who are still on a methadone program on admission to the House, withdraw and detox from this drug also. Given this finding, one could question how effective the methadone program is, and it would be interesting to compare the outcomes of the methadone program with other drug rehabilitation programs. For example, it was reported by a Windana case worker that for 8 years, one client had been taking a very high dose (90 mg) of methadone while continuing heroin use. The usual dose of methadone is 10 - 20 mg according to Gorman, Sultan & Luna-Raines (1989).

Given the nature of the drugs and side effects of withdrawal, many of the residents experience anxiety, depression, mood swings, insomnia, sweating, restlessness, abdominal cramps, irritability and muscular aches and pains during withdrawal. In other drug withdrawal programs, methadone, serapax and librium may be used for restlessness, irritability and insomnia. However, in Windana apart from group therapy and individual counselling, only natural therapies are used in the Drug Withdrawal & Assessment program. Detoxification is followed by two to three weeks in assessment and preparing a departure plan, which may be for a return home (with support from the Community Integration Program), referral to other programs, or more commonly, planning their transfer to the third arm of Windana, the Therapeutic Community (TC). Here clients spend up to nine months in a residential program in a rural area, approximately one hour from Melbourne, before returning to the general community, where they receive ongoing support from the Community Integration Program (CIP).

Windana Reiki clinic.

In the early days of the Reiki clinic, there was no fixed idea of how it would develop, although it was assumed that the target clientele would be the general community. A casual offer was made to treat residents of the DWH. This initial approach was greeted with some indifference by the staff, but three residents "willing to try anything" volunteered to try Reiki. All three reported a positive experience, and returned the following week accompanied by two young women, one of whom, pointing to one of the

men, said, " I don't know what you do here, but I want whatever he got last week". In explanation, she said that prior to his receiving Reiki, she had found this person so aggressive and unpleasant that she avoided his presence. But that post treatment, she and others experienced him as a "normal, pleasant person".

Another significant outcome of receiving Reiki is that many residents report that they feel really "energised" after having a treatment. In addition, an interesting finding, that only seems to occur during Reiki treatment rather than with another complementary therapies, are the 'images' and 'visions' frequently experienced by recipients. These images do not appear to be hallucinatory (see case study John, p. 7-9), and generally facilitate the counselling process, in that they appear to have significant meaning for the client, and often lead to personal insights by them about their current and early life. These images and visions are totally spontaneous experiences by the client, and are not induced or interpreted by the practitioner.

From these beginnings, the word of mouth spread to the newer DWAH residents, and staff observing the many positive effects of Reiki on the residents, became increasingly supportive of it being offered to them.

Staff observations.

Initially, staff in the House said that they did not know what Reiki was, so they could not 'sell' the program to the clients. Subsequently, some of the staffs' observations were that post treatment the clients are more 'centered', (in touch with themselves) and there is generally a more 'mellow' feeling in the house after the weekly Reiki clinic. It was frequently noted that Reiki seems to help with the clients' physical aches and pains which manifest or become apparent during detoxification. These aches and pains are caused by both the side effects of withdrawal and the surfacing of pain from injuries, bad teeth etc previously masked by drug use.

Other comments from staff include the following. Reiki is:

1. Good for those needing some specialised time and attention.
2. Calming and settling for those with tremors.
3. Beneficial for speed users, "whose brains are usually racing at a million miles an hour". Reiki has a calming effect, leaving the client feeling "peaceful".
4. Used by those feeling good who wish to feel better.

Because of the calming, settling effect on those who were agitated and edgy, Reiki has helped residents to stay in the program, or, if they left, staff felt that they "did so with more clarity". For example, staff felt that Reiki sometimes assists clients to realise that they are not ready to commit to the program at that time. Another interesting finding is that some staff, after observing client responses to Reiki, began to use it as a tool. For example, if someone in DWAH was having a bad day, they would take care to recommend that this client attend the Reiki clinic.

For some time Drug Withdrawal House staff have themselves been coming to the clinic for treatment, describing it as "on the job stress management". Because of the perceived beneficial effects on residents and personal experiences of Reiki, staff involved in the program have expressed a strong desire to learn Reiki, and this process has been started. Two staff members from the Drug Withdrawal House have recently completed the level one Reiki workshop.

Therapeutic Community.

From the earliest clinic days, many residents of the Drug Withdrawal & Assessment House who have undergone detox and have been deeply moved by their experience of the treatments, expressed curiosity about Reiki and a desire to learn it. This has led to workshops being held at the Therapeutic Community for those wishing to take them. Twenty-seven residents over the last year have undertaken the first level Reiki course, which has enabled them to treat themselves with Reiki, and to give Reiki treatment to others. Apart from empowering the participants to give Reiki to themselves and others, we have found that the workshops themselves are demonstrably healing. For example, Therapeutic Community staff report that a few days after each workshop, the participants often experience emotions and buried issues coming to the surface, which they are then able to process in the supportive environment of the Therapeutic Community. Workshop participants have stated that after learning Reiki, they have coped better with group therapy sessions (that they perceive as confronting) and have been able to cope more effectively with bouts of depression when they have returned to the wider community.

To illustrate the effects of Reiki in the drug rehabilitation program, we would like to present brief case scenarios for four of the residents who have undertaken the program at Windana.

Scenario one. John. is a nurse in his late thirties. He was referred from another rehabilitation program, and therefore his drug and alcohol history are not known by those in the Reiki clinic. After his detoxification stage for drugs and alcohol, he was given six Reiki treatments and five Shiatsu treatments. While he always found Shiatsu relaxing, he said he had no revelations from it. However, with Reiki treatment, he experienced the following.

1) With the first Reiki, he experienced being in the cottage garden of his childhood home, at approximately four years of age - the age his father left, and prior to his step-father's arrival. He was very specific that he experienced being in the garden and that it was not just a memory, although the experience evoked many happy associated memories of his life prior to his father's departure. He said that he also re-experienced the feelings of love and support which surrounded him from both parents. Prior to the Reiki he had no memory of this happy period of his childhood.

2) Subsequent sessions helped him to realise that he had been grieving constantly in relation to what he had perceived as an unhappy childhood. He said the Reiki allowed him to experience what he had lost, feel the deep grief and acknowledge it. Towards the end of his treatment, John said "I have been able to let go of the four year old child who was hurting".

Other benefits which John reported subsequent to his receiving Reiki were:

- 3) His emotions stabilised, and he no longer had highs and lows.
- 4) His relationship with his partner improved. He said he was now beginning to relate as a mature adult, and take responsibility for his actions.
- 5) He felt comfortable about going back to his job.
- 6) From running away from things and feeling hurt, he said he now found himself desiring the stability of a relationship, having a job etc. This was a totally new experience. He said "I can't believe the way my thinking has changed"

John subsequently returned home, and has resumed his career. It is gratifying to note that at this time, two years later, he reports being drug free, and in control of his life.

Scenario two - Luke, a 26 year old man, had a history of daily heroin and occasional cannabis and amphetamine use for over six years. While in the Therapeutic Community he undertook a level one Reiki workshop (which consisted of two days separated by a week).

After the first workshop day he said he was 'on a high' all day. However, he came back from weekend leave anxious as a result of encountering a lot of family issues that had come up over the weekend. During this time, he described himself as "emotionally up and down", and that he "felt a lot of anger", and he said he had become aware that anger covered up his sadness. His perception was that his "body reflects what is happening" for him. For example, Luke complained of headaches during the week, which he believed was a result of not expressing his stress. He also reported that he generally felt blockages in his stomach in relation to "emotional stuff", and had been trying to cry for 6 months. Later in the week, he noticed that he was able to go to sleep better at night if he gave himself Reiki. Nevertheless, he said that a lot of extreme and powerful things kept coming up for him, so that by the time of the second day of the workshop a week later, he said he had gone into shut-down mode. However, during the second day of the workshop, he was delighted to find that he had regained the sense of peacefulness and balance that had predominated the first day.

The following week, Luke received a Reiki from one of his co-workshop participants, during which he had an experience that he described as being 'back in his genetic mothers womb'. Everything was black and grey and dark. He then came to Melbourne to the Reiki clinic at Windana for a treatment, and his experience was a continuation of the darkness, and a perception that he was running from it. He said he realised that it was not himself running, but his mother running from the sadness and abuse that he sensed. What is significant is that he perceived he had taken on his mother's distress, and the feelings associated with the pain and flight. He said "I know it is true because I felt the release". It could be argued that the imagery was purely his fantasy. However, we suggest that it is not relevant if his perception is factual or not, but that it is healing because for him it is

deeply meaningful. Following this experience, he said "I am releasing more and more with each Reiki, and I can cope with the pain now because I know where it is coming from. None of this imagery had happened before Reiki, although he had done meditation, guided imagery etc." After his third treatment and the workshop, he said he now is "not afraid to love".

Luke now regularly attends the Reiki clinic where he is given treatment by other practitioners. Although he still experiences many images during treatment which had meaning for him, these images and the associated emotions are all positive. Prior to writing this paper, he had remained drugs free, had started a part time job, and felt he was making progress every day.

Scenario three - Jan was a young 25 year old woman who had been taking opiates regularly and heroin once or twice a month. When we first met her in the clinic, she said she felt fragile, fragmented and was not sleeping. She looked anxious and restless, and gave the impression that it would not take much for her to jump up and run away. However, after the first Reiki, she said she felt calm, peaceful and relaxed. Subsequently, while at the Drug Withdrawal & Assessment House, she said "could not wait" for her weekly Reiki as it helped her cope with the detoxification and withdrawal process. This rapid reduction in anxiety, and her sustained relaxation response is similar to that experienced by most individuals who receive therapeutic touch. (Krieger, 1993)

Jan was fortunate to have a supportive family, and chose to go home rather than to the Therapeutic Community. She was able to continue with Reiki for a few weeks before her family moved to the country, and indicated that she wishes to go to a Reiki workshop herself in the future. Currently, we believe that she is undertaking study at university. However, we are not sure if she is totally free from drug use at this stage.

Scenario four - Penny is a woman in her late thirties, who had been using drugs for fifteen years. Her drug of choice was heroin, but she reported using "everything else" except barbiturates. She had a childhood history of sexual abuse by her father, and had been raped by someone else in her early teens. She also told us she had been in jail several times.

She had attended the drug withdrawal program at Windana twice before, but had never followed up with the residential program at the Therapeutic Community. During the third admission at the Drug Withdrawal & Assessment House, Penny had her first contact with Reiki, where she had five treatments. "I wanted as many as I could get Reiki helped to relax and ground me, especially twice when I was 'toey' and could have left the program". Penny subsequently went to the Therapeutic Community for the first time, and stayed for sixteen months. She has now been out eleven months, is drug free, and has been doing two days volunteer work for eight months. In one month she expects to be taking up paid part time work. She is now planning to do a Reiki workshop. Penny is an example of how the Windana philosophy reflects the view that drug rehabilitation is a process, and a not a success or fail approach by the program. (See Appendix 3 for Windana philosophy).

Finally, we would like to mention an interesting phenomenon that was identified by some practitioners in the clinic. There were two separate occasions where a practitioner encountered the following experiences. They felt completely "shut out" as if they were working on "something not alive ... like a block of wood". Not at any time did they feel as if the Reiki was getting through. These findings were reported to the team immediately after the clinic, during the debriefing. It was interesting to find that in both cases, the recipient was discharged during that week for using drugs in the House. This finding is similar to that reported by Dolores Krieger when using Therapeutic touch, who describes the energy field of a patient who is taking drugs as feeling 'murky', where the energy clings unpleasantly to the hands. (Krieger, 1993, Flinders University Workshop, Dec.)

In this paper, we have presented a view that Reiki has been of benefit to the residents of the Windana Drug Rehabilitation program. In fact, we would strongly advocate that more Reiki be available for those in the Windana and other programs to support those trying to come to terms with their drug abuse. While further research needs to be done to formally establish the effectiveness of Reiki in a drug rehabilitation program, we would argue that the clinical observations consistently support the benefits to clients from this treatment.

The cost of the Windana program is not prohibitive. Clients pay \$126 per week for the program, which leaves them approximately \$30 per week from benefits. For operating costs, Windana receives 35% from client contributions and fundraising, and the remaining funding of 65% is provided by State and Federal Government grants (Health & Community Services).

Many clients have often said that they have tried many other programs, but believe that this (the Windana) program offers them the only hope of "getting off the drugs". We support the philosophy of Windana, and would like to see more of this type of program available in Australia. For our part, we will be seeking funding to increase the amount of Reiki that can be offered to residents at both the Drug Withdrawal & Assessment House, and at the Therapeutic Community. We believe that it would be a wise and cost effective investment for the recipients, and for society as a whole. What do you think?

A final comment from Jim, at the DWAH. After his first Reiki he said, "I have never felt so at peace. Now I know what peace is". One week later, Jim reported that the feeling of peace had stayed with him all week. He has been sleeping well, and wakes in the morning feeling wonderful. This is a feeling we could all do with.

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The authors of this paper have been Reiki channels for 5 to 6 years. Eileen Chapman is a Reiki Master who describes her experience of Reiki and the formation of the Reiki clinic, in the following way:

‘Having initially approached Reiki with caution and some degree of scepticism, even after having done a Reiki workshop, it was the feedback of clients in my shiatsu practice which gradually convinced me that something significant was happening. This led to my present deep involvement with this ancient healing art.

During my experience of supervising shiatsu students in their clinical practice at the student clinic at Windana Community Centre in Melbourne, and inspired by the original Reiki clinic in Japan, I became increasingly drawn to the concept of a Reiki clinic. And so the Reiki clinic came into being in 1992’.

Geraldine Milton is a Senior Lecturer in nursing at Monash University in Melbourne, with a background in midwifery, ethics, community nursing and complementary therapies. She describes her experiences of Reiki and other complementary therapies as follows:

‘I joined the Reiki clinic in 1993, and have been offering Reiki to residents at Windana, at Monash University and in various hospitals as part of faculty practice. I also was sceptical when I first encountered Reiki, but was convinced about its effectiveness after witnessing a very distressed person in an Aboriginal community relax within 1 minute during Reiki treatment. I also use Therapeutic Touch as an additional healing modality, and sometimes incorporate Therapeutic Touch into Reiki practice at the University. Since I attended a teachers workshop with Dolores Krieger in 1993, I have taught Therapeutic Touch and other complementary therapies to both undergraduate and postgraduate nursing students.

My first impression of the Reiki clinic at Windana was extremely positive. I encountered a team of caring and experienced practitioners who were able to create an environment which was extremely peaceful and nurturing. The effect of Reiki on the recipients was generally very profound and sustained. There was no doubt in my mind that I wanted to be involved with the group and the process’.