

# Reiki for Cancer Patients: A Complementary Therapy for Wellbeing

OCTOBER 1, 2021 BY ACEP 2 COMMENTS

(by Sarah Murphy, LPC) Energy psychology includes tapping therapies, which have been widely researched and which we write about frequently. However, there is more to energy psychology than meridian tapping. Some energy psychology practices focus on the chakras (Advanced Integrative Therapies, for example, is a chakra-based energy psychology method). Others focus on the biofield. Energy psychology practitioners also may use biofield therapies from other energy-based disciplines. Reiki is one example. It has gained popularity and traction in recent years, particularly in the field of palliative care for cancer patients.

## What is Reiki?

Reiki (pronounced ray-key) is a noninvasive practice that uses a light touch on, or hovering just above, the body. The goal of Reiki is to direct the flow of energy through the biofield, the purported energy that surrounds and interpenetrates us, in order to promote healing. Reiki promotes a sense of wellbeing and relaxation, reduces stress and anxiety, reduces pain, and increases energy levels.

Reiki originated in Japan, where, according to legend, the monk Mikao Usui created it as a spiritual practice. The word *rei* means universal, and *ki* is life energy (like chi). It is now widely used in the West as a popular form of complementary therapy and wellness tool. It is increasingly popular in cancer centers, where it helps address the emotional and spiritual needs of cancer patients. Reiki does not address the cancer itself, but rather, promotes the wellbeing of the patient. It has no negative side effects and patients almost universally endorse it as a relaxing treatment that connects them to a sense of wellbeing.

## How does Reiki work?

Reiki providers typically deliver Reiki as a hands-on, using light touch, or hands-over therapy in a series of about 30 hand positions. It is similar to Healing Touch and Therapeutic Touch. The client usually lies fully clothed on a massage table, though sometimes cancer centers have Reiki practitioners deliver Reiki to people receiving treatments in an infusion chair.

Advanced practitioners can also deliver Reiki from a distance by tuning in to the client's energy field and delivering the treatment. Interestingly, a [study](#) in 2004 documented an equal and significant reduction in depression and anxiety among people who received distant Reiki healing. In that study, people did not know whether they were receiving Reiki or not, and there was no evidence that people felt anything during the treatment. During the covid pandemic, Reiki providers often connected to their clients via telephone or video call, and guided the client through some of the hand positions while the practitioner directed the flow of energy, sometimes using their own body as a proxy. Patients reported feeling relaxed and experiencing a greater sense of wellbeing during these sessions. In more common in-person Reiki sessions, people experience relaxation and wellbeing, and often [describe](#) being in a liminal state regarding time, place, and even self.

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Many cancer patients who receive Reiki report feeling relaxed, often [experiencing](#) the first reprieve from anxiety and worry since diagnosis. It is common for people to fall asleep during Reiki treatment. After treatment, people report feeling more optimistic, less tired, and more comfortable.

## What does the research say?

According to the National Center for Complementary and Integrative Medicine (NCCIM), there are not enough studies to make claims to Reiki's efficacy. However, the studies we have to date show that Reiki helps with distress, anxiety, depression, fatigue, and pain. In addition, the anecdotal evidence is strong, and many patients want to try Reiki. Researchers had to close one planned large study because not enough people would agree to be in the no-Reiki comparison group. Reiki and integrative therapies in general are more appealing to [women and younger](#) people.

A [study](#) by the University of Pennsylvania's Perelman School of Medicine collected pre-post survey data from 213 study participants. Reiki volunteers came to infusion rooms, waiting rooms before radiation or proton therapies, and inpatient hospital rooms. Sessions lasted just 10 – 30 minutes. Recipients reported statistically significant ( $p < .001$ ) reductions in distress, anxiety, depression, pain, and fatigue. Those who turned in their surveys also liked the session and found it helpful, said they would do it again, and most would recommend to others. In open-ended question responses, most said they found it relaxing, it helped them think positively, relieved physical and psychological symptoms, helped them feel connected to self and others, and increased their sense of spiritual wellbeing.

A randomized, controlled, double-blind [study](#) from the Centro Hospitalar de S. João in Portugal tested Reiki on patients with blood cancer. The 230 study participants received Reiki, delivered by Reiki practitioners, or sham Reiki, delivered by sham therapists not trained in Reiki. They received biweekly hour-long Reiki sessions for four weeks. Participants took the World Health Organization's Quality of Life questionnaire before and after treatment. The data showed that pain was the biggest factor in decreasing quality of life, and that those who received **Reiki experienced greater quality of life**. The WHOQoL data is divided into five domains: general, physical, social, environment, and psychological. Interestingly, in this study only the psychological domain did not reach statistical significance; the other domains all achieved significant improvements ( $p = .05$ ). Results were impressive enough that the hospital decided to incorporate Reiki therapy in the services available to patients.

A pilot [study](#) published in the journal *Integrative Cancer Studies* focused on Reiki to address fatigue among cancer patients. Researchers compared Reiki to rest among 16 participants. Participants experienced both treatment conditions, being randomized into Reiki then rest, or rest then Reiki. Reiki consisted of five consecutive days of hour-long Reiki, a week of no treatment, two more Reiki sessions, and another two weeks off. The rest condition consisted of five days of hour-long rest during the day, followed by a week of no intervention, and a final week of no intervention. During the **Reiki condition, participants experienced a reduction in fatigue ( $p = .05$ ); they also achieved significant improvements in tiredness, pain, and anxiety**. These improvements were not found in the rest condition.

A 2012 [study](#) published in the *American Journal of Hospice and Palliative Care* investigated the effect of Reiki on pain and anxiety using a numeric rating scale by Reiki providers. The 118 study participants received between one and four, 30-minute Reiki sessions. **Seventy percent of recipients said Reiki improved their wellbeing; 88% said it helped them relax; 45% said it eased pain; 34% said it helped them sleep**. For those who received all four Reiki sessions, anxiety decreased dramatically ( $p = .000001$ ). Pain decreased, and participants reported that receiving Reiki improved their overall wellbeing, sleep quality, relaxation, pain relief, and anxiety.

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A 2013 [study](#) published in the same journal investigated Reiki at a cancer infusion center. Participants received Reiki and filled out a survey, rating their improvement in pain, mood, distress, sleep, and appetite. **Ninety three percent of Reiki recipients rated it a positive experience**, and almost 90% said they would like to have it again. Eighty seven percent said it helped them relax, 75% said it helped ease worry, 79% said it improved their mood, 38% said it helped them sleep, 48% said it helped reduce pain, 41% said it helped with loneliness, 67% said it improved their attitude, and 30% said it helped with their appetite.

A team of researchers conducted a [review](#) of randomized controlled trials of Reiki for pain and anxiety. All studies in the review included a control or treatment as usual group and a Reiki group; all were published in peer-reviewed journals since 2000. Reiki achieved small effect sizes, measured by Cohen's *d*, for reducing anxiety and pain, suggesting that Reiki may be effective for addressing these concerns.

The body of evidence supporting Reiki as a complementary therapy for people with cancer is growing, but small. More, larger studies will help move the field forward. In spite of the research, many oncology centers offer Reiki to their patients. The Memorial Sloan Kettering Cancer Center, MD Anderson Cancer Center, Dana Farber Cancer Institute, and Penn Medicine's Abramson Cancer Center offer Reiki; all have participated in gathering some evidence of its efficacy.

## Who gives Reiki treatments?

Reiki providers do not hold professional licenses in that method, though in some states they must carry a massage therapy license. Some professionals who use energy psychology also use Reiki in their practice.

There are three or four levels of training; each comes with an attunement given from Reiki master to student. At the first level, practitioners learn the hand positions. In the second level, they learn to do distant Reiki. At the third level, they deepen their understanding, learn symbols, and are prepared to teach Reiki to others. After giving an attunement to a trainee, they are called Reiki Masters.

Trainings, however, vary widely. Some people can become Reiki Masters in a weekend or through online courses. One study suggested that Reiki practitioners with more experience generated better results. On the other hand, studies found that practitioners untrained in Reiki giving sham Reiki actually help patients feel better. It will be interesting to see how the field of Reiki changes as the practice becomes more popular and more evidence based.

## Bottom Line

Reiki is a form of energy therapy that has roots in the East and is gaining popularity and a research base in the West. It is particularly popular in cancer centers because of its ability to help with anxiety and to reduce pain.

Want to learn more about the research on energy healing and energy psychology? Explore [energypsych.org/research](http://energypsych.org/research) or sign up for our online [Science of Energy Healing](#) course and earn CEs.

## Author

Sarah Murphy is a licensed professional counselor with more than 15 years of clinical experience. She is Communications Committee Chair for ACEP and staff therapist for [Unite for HER](#). She specializes in using energy psychology, mindfulness, and hypnotherapy in working with cancer patients. Learn more at [www.transformative-therapy.com](http://www.transformative-therapy.com).

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## Comments

 **Patricia A. Iyer, MSN, RN, BC says:**  
 October 12, 2021 at 3:22 pm

Thank you for this article. I have been performing Reiki for all kinds of issues for 29 years and can attest to its benefits for people undergoing treatments for cancer. I would say that there are persons trained at all level of Reiki that are capable of giving treatments, most facilities require those with a minimum of Second Level Certification to give Reiki in a clinical setting. Committed and dedicated practice takes a bit of time to build and as the author noted there is great diversity in the methods of teaching this very important modality.

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 **LIESL MEURIS says:**  
 October 13, 2021 at 7:41 am

I have practiced Reiki for 31 years in any kind of setting. As a teacher I would use it with my students in stressful situations, e.g exams, period pains, broken legs or arms from rough play in the yard, headaches etc. Now in my retirement I use it mainly on myself to manage my ageing symptoms as well my spiritual advancement. I do teach it and I know every-time a person is ready to 'put hands on' another light is added to humanity.

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