

Narrative Medicine

Qualitative Assessment of the Impact of Implementing Reiki Training in a Supported Residence for People Older Than 50 Years with HIV/AIDS

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Abstract

Introduction: Reiki is a Japanese form of energy healing that has become popular in the US. Reiki training involves three stages—levels I, II, and III—to a master practitioner level and requires both giving and receiving Reiki. We set out to implement a program to train clients of a supported residence in Brooklyn, NY. They were all older than age 50 years and had HIV/AIDS and substance-abuse and/or mental-health disorders.

Methods: A qualitative, narrative-inquiry study was conducted. The Reiki master kept a journal of her 3 years of providing 90 minutes of Reiki treatment and/or training once weekly at the residence. Forty-five of 50 potential participants attended these sessions with various frequencies. Stories were collected from 35 participants regarding their experience of Reiki training. We posited success as continued involvement in the program.

Results: All 35 participants reported receiving benefit from participation in Reiki. Participants first took part in training because of the offered subway tokens; however, 40 continued their involvement despite a lack of compensation. When asked why they continued, participants reported life-changing experiences, including a greater ability to cope with addictions, a greater ability to manage counseling, healing of wounds, improvement of T-cell counts, and improved skills of daily living.

Conclusion: Reiki training can be successfully implemented in a supported housing facility with people with HIV/AIDS and comorbid disorders. Some people in our study population reported areas of improvement and life-changing experiences. Our study did not establish the efficacy of Reiki, but our findings support the effect of the entire gestalt of implementing a program related to spirituality and healing and supports the goal of implementing a larger randomized, controlled trial in this setting to establish the efficacy of Reiki.

Introduction

Reiki

Reiki is a Japanese form of hands-on energy healing in which a certified practitioner places his or her hands on or near the head, throat, chest, abdomen, knees, and feet of an individual to redistribute stagnant energy.¹ We see Reiki as a narrative therapy that minimizes verbal dialogue in favor of energetic and/or analog conversation. Stories unfold nonverbally through the interaction of giver and receiver that can be put into words in the post-session discussions that ensue.

Contemplative practices such as Reiki and meditation have been reported to be helpful to decrease burnout

and stress-related health problems.² Self-care practices such as Reiki studied in hospital settings with nurses have been reported to serve as a way for nurses to avoid stress and burnout, cope with increasingly busy and hectic acute-care settings, nurture themselves, and provide a caring, supportive environment for patients.^{1,3}

Brathovde³ studied 10 nurses and nursing students who attended a 1.5-hour educational Reiki session and reported that they felt “more present” with patients and “more connected” with others after learning about Reiki. Cohen-Katz et al⁴ published similar results with 25 nurses, who reported feeling more present and available to patients.

Reiki has immediate physiologic benefits.⁵ Thirty

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minutes of Reiki produced a statistically significant reduction in anxiety, increase in salivary immunoglobulin A levels, and decrease in systolic blood pressure but did not change salivary cortisol levels. Skin temperature increased and muscle tension, measured by electromyography, decreased while participants received Reiki, but differences before and after the performance of Reiki were not significant.⁶

Reiki also statistically significantly decreased cancer-related fatigue, pain, and anxiety when compared with rest in a randomized, cross-over trial.⁷ Another study, however, found no effect of Reiki healing on fibromyalgia pain when 100 study participants were randomized to treatment given by either a Reiki Master or an actor.⁸ For pain and anxiety, one randomized, controlled trial (RCT) showed intergroup differences compared with a sham control. For stress and hopelessness, another RCT showed beneficial effects of Reiki and distant Reiki compared with a distant sham control.⁹

A number of qualitative studies have shown some benefit from Reiki. Gallob¹⁰ reported benefits in anecdotes, case studies, and exploratory research for Reiki for relaxation, pain relief, physical healing, reducing emotional distress, and deepening participants' awareness of spiritual connections. Bossi et al¹¹ reported that Reiki helped cancer patients to feel more peaceful and experience less pain. Burden et al¹² report stories of Reiki's benefit in the palliative care setting, including its use for the reduction of anxiety, stress, and pain perception and for its promotion of a sense of well-being, particularly psychospiritual well-being.

In this report, we describe a pilot project of Reiki use in a unique population of clients in whom HIV/AIDS had been diagnosed who lived in a group residence in Brooklyn, NY managed by Housing Works, a New York City not-for-profit agency providing shelter, housing or housing assistance, and medical treatment to impoverished, HIV positive, not otherwise housed and marginalized patients. We wanted to determine whether residents would accept Reiki training and would engage in its practice, and we also wanted to test the feasibility of a larger clinical trial. We report the results of our Reiki master's (NR) experience (as chronicled in her journal) and the results of qualitative assessment, through narrative inquiry, of the experiences of participants.

Narrative Inquiry

Narrative inquiry is an approach to understanding and researching the way people make meaning of their lives as stories.¹³ Feminist scholars have found narrative

analysis useful for data collection of perspectives that have been traditionally marginalized, such as those of the people whom we studied.

Connelly and Clandinin¹⁴ defined narrative inquiry as the study of experience of story, first and foremost as a way of thinking about experience. It is based on the idea that people lead storied lives, shaping their daily lives by stories of who they and others are, and how they interpret their past in terms of these stories. Story is a portal through which a person enters the world and by which the person's experience of the world is interpreted and made personally meaningful. Narrative is the phenomenon studied in inquiry. Connelly and Clandinin identified three commonplaces of narrative inquiry—temporality, sociality, and place, all of which specify the dimensions of an inquiry space or places to direct one's attention in conducting a narrative inquiry, and all of which must be addressed simultaneously.

Within this model, events and people always have a past, present, and future. It is important to understand people, places, and events as in process, as always in transition. Narrative inquirers are concerned with the feelings, hopes, desires, aesthetic reactions, and moral dispositions of the inquirer and study participants.¹⁴ They draw attention to the existential conditions, the environment, surrounding factors and forces—people and other presences—that form each individual's context. The specificity of location is crucial. Narrative inquirers think through the impact of each place on experience. Narrative beginnings speak to the researcher's relationship to and interest in the inquiry. In this case, NR felt challenged to do all she could for this population and wondered how best to do that. She believed that Reiki was effective and would help, but she did not know whether people would be attracted to learning how to give it or would accept and incorporate it. The larger social context of this, for her, was the typical limitation of Reiki training to people of higher socioeconomic status who can afford it. NR wondered how a lower socioeconomic group would accept being trained to offer Reiki.

Thus, the study of narrative is the study of the ways humans experience the world. This general concept is refined to the view that research is the construction and reconstruction of personal and social stories.

Methods

Design

Naturalistic or narrative inquiry methods were used from a standpoint of the methodology of constructivist inquiry^{15,16} to collect stories from participants about their interaction with Reiki. We wanted to know their

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perceptions of the experience of receiving and sometimes giving Reiki and also their explanations for why they continued to go to treatment for so long (three years), which typically was much longer than the usual duration of treatment attendance.

This type of qualitative research uses participant stories, or testimony, to explore the complexity of responses to a phenomenon such as introducing Reiki into the milieu of a supported-living residence for people older than age 50 years with HIV/AIDS.¹⁷⁻²¹ We wanted to compare the perspectives of receivers, givers, and observing staff. In addition, we wanted to understand what it meant to these different constituencies for a Reiki program to be implemented and how people who participated experienced it, as clients and as practitioners. The collection of story was an interactive, iterative process that took place over weeks and months as the Reiki master and the participants and then the other 2 coauthors spoke together about the stories that had been told, working discursively with the participants and with one another to achieve a consensus about what the Reiki experience meant to the participants.

Participants

Forty participants chose to participate in weekly Reiki sessions; 5 were lost to follow-up monitoring. All participants were older than age 50 years, had HIV/AIDS, needed supportive housing, and almost always had comorbid substance abuse and/or mental health conditions and chemical dependence in addition to histories of homelessness, incarceration, and domestic violence that other organizations deemed “too challenging to serve.” All received supported-living services at Housing Works’ East New York (Brooklyn) facility, offering a program of “health, housing, AIDS prevention, legal, and case management services” to “help our clients empower themselves and actively manage their HIV.” Eighty-five percent were men (Table 1).

Program

In May 2007, NR joined the Housing Works program staff to offer Reiki for 1.5 hours 1 day per week. Housing Works also provided yoga, meditation, massage, and acupuncture in addition to conventional medical services. The program provided its clients with a 2-fare Metro Card for public transportation as an incentive each time they availed themselves of an alternative or conventional service. The Reiki program began with five 10-minute sessions. During the 3-year period that

Table 1. Summary of population demographics and results

Demographic	Value
Number of people eligible to participate	45
Number who chose to participate	40
Number lost to follow-up monitoring	5
Number participating in narrative interviews	35
Number who were HIV positive	45
Number with “high stress”	45
Number with pain-related disorders	23
Number with HIV complications	45
Number with drug abuse	39
Number with a mental-illness diagnosis	43
Number who reported improvement	35 (100%)
Number attending once or more per month for three years	10 (25%)
Number attending at least once every other month for three years	19 (47.5%)
Number trained to give Reiki	23 (57.5%)

the Over-Fifty Program continued, the group comprised some 40 people who attended Reiki sessions. Thirty-five continued to attend over the course of 3 years, with as many as 20 people being seen in any given month, of whom 10 were regulars, meaning an average attendance of more than once a month. (Clients were not allowed to attend twice in succession.) Thirty-five people were available in the final quarter of 2009 to tell their stories about participation in the project.

Data Collection

The Reiki master collected stories from participants during and between sessions at the residence. Structured, specific questions were not asked. Rather, the focus was to stimulate a conversation about the participants’ experience of receiving Reiki and learning to give Reiki. Before each session, clients would be asked how they were doing in general, about their specific conditions in particular, and on what they wanted to focus during that session. Everyone was asked about 1) what their experience of the session was like; 2) if they were ongoing clients, what their ongoing experience was, including whether they believed that attending Reiki sessions was helping their ongoing condition; 3) about any other therapies that they believed were helping; 4) about any other life changes; and 5) about their personal practice of Reiki and whether they use it on themselves and/or others. This was done in a conversational manner,

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sometimes in Spanish. This is consistent with methods of ethnography advocated by others.^{17,18} Many people spontaneously told stories in a desire to “testify” about the impact of Reiki upon them. The Reiki master recorded stories in her journal. She also kept a journal of her own experiences in the program. As recommended by Mills et al²² to achieve equal sharing of power, interviews were done when the participants found it convenient—before or after their Reiki sessions, as they were waiting for other activities or treatments, at lunchtime, and at other times. Given their sensitivity to hierarchical interviews by people with power over their lives, we felt it important to adopt a more flexible and unstructured approach to questioning, giving participants power over the direction of the conversation and sharing the interviewer’s understanding of the key issues arising. She used an open stance that

included sharing of personal details and answering questions.²³ Not only was this ethically important to us but it was also the case that some participants would not have spoken had any other stance been taken.

In keeping with our constructivist approach to qualitative methodology, including grounded theory, we did not construct an independent panel of external raters as is often done; instead, we took the stories back to the people who told them for comment, refinement, and evaluation as to the accuracy of our version compared with what they meant. In later work, the originators moved toward acknowledging the coconstruction of meaning between researcher and participant as implicit in the interview process. Constructivists believe that the data that will emerge from the inquiry arises precisely through the interaction of the interviewer and the study participant.²⁴

Results

Stories were collected from clients about their experiences of giving and receiving Reiki. Some of these stories were phenomenal and may represent the role of Reiki in activating what Benson has called the self-healing response.²⁵ As primary data, 12 people’s stories, taken from the journal of the Reiki master (NR), are presented as representative of all 35 participants. The other two authors (BM and LMM) visited with 22 of the participants and confirmed that these stories represented accurate portrayals of their experience. All participants confirmed the accuracy and sometimes added more details. Their names have been changed, of course.

Effects on Individuals

What was intriguing about this population was its consistency in attending Reiki sessions for the 3 years that the Over-Fifty Program lasted, with only 5 people dropping out. We wondered why; we wondered what made the difference for them. All 35 participants told positive stories about their participation in Reiki, with all reporting some level of benefit immediately after the session. All reported consistently experiencing benefit over time. Because these are not people who typically want to please, we wondered what story they would tell about the benefit and why they kept coming. Table 1 summarizes our population and our results.

Nick reported a large open wound on one leg that would not heal for more than 10 years; it was always bandaged and smelled. NR made frequent entries in her journal about Nick telling her that his wound was healing and that he was certain that it was because of Reiki. (He learned Reiki in the first class.) Nick told her that at one point, maggots grew in the wound. In November 2008, he announced that it had healed completely, and he rolled back his pants leg to show NR. Indeed, there was no open sore. He proudly attributed its healing to Reiki, though he was reluctant to believe that his doing Reiki on himself from time to time had helped much. He insisted that the sessions he had received from NR had healed his wound. Descriptions of Nick in the journal showed that in general, he moved from being very pessimistic and angry to being someone who solved his daily-living problems as they came up, felt grateful, and said he wanted to be a “better person.” Nick described what he felt after sessions by saying, “I feel the energy going from [various places in his body], down through my legs and out”; “I feel things leaving my body through my feet”; “I feel as if a hand is massaging my muscles deeply.” (He said this often even when not being actually physically touched.) He reported his T-cell count rising from 19 cells/mm³ when he first started the Reiki, to more than 200 cells/mm³ by February 2010. In LMM’s interview with him, he also said that after the Reiki sessions, he was able to think more clearly and he made more progress in his counseling sessions.

After the second class, one of the clients, **Batiste**, who had received level 2 attunement, came forward to speak. (There are three levels of attunement. Level 1 enables people to work on themselves and on friends and family. Level 2 adds symbols drawn on the palm of the hand so that the person can actively use those symbols when he or she works. The person is given a paper with the three symbols to take home and study.

Level 2 also adds the capacity to do distance healing. The three symbols connect to the physical level, the mental–emotional level, and the spiritual level. Level 3 is the master level, in which people learn to teach to others.) Batiste spoke emphatically about how much the self-Reiki had helped him, especially emphasizing his being able to do it on himself. He said it had taken away the severe stomach problems he had had. He also said Reiki had taken away his severe depression and that for the first time in a long time, he actually felt hopeful. He added that Reiki had given him a purpose in life. NR learned that he had been a nurse's aide in his country for 32 years. He asked NR how much money he would have to pull together to learn how to teach Reiki to others, saying that he thought he could get some money from his brother for this, and he offered to pay NR for training at the master level. She said that she would teach him as part of the program. She wanted to start a large program for teaching the poor and homeless; he was very excited and said that he wanted to be part of it. At the same time, he began volunteering at Housing Works, including packaging and distributing condoms at subway stops.

With his level-2 Reiki, he voluntarily began offering Reiki to members of the staff at Housing Works and to clients who were not part of the Over-Fifty Program. He told NR that the lead physician asked him at times to help incoming clients who were having a hard time (with drugs and detoxification), by giving them Reiki sessions. He reported that he did this with "great success." In a meeting that Batiste set up, the physician said to NR that he knew that the Reiki worked and that he would like NR to offer it at three other sites.

Batiste also got permission to schedule regular Reiki sessions as part of the creative arts program for clients and staff. He began a campaign of voluntary work to help staff file items away and put their offices in order. He cleaned up the Reiki room before sessions and set up the Reiki table for NR. Before he began doing this, NR had had to spend time between sessions looking for the next client on the list, which wasted time.

NR wrote in her journal that she noticed that the energy in the shelter was changing and becoming more relaxed. Batiste proudly told her how he spent time doing Reiki in different rooms every day to change the energy. He was proud that the atmosphere felt different. The Director of Creative Arts confirmed how much the Reiki program helped, carrying over to the general situation: She agreed that the energy of the residence was indeed changing.

Batiste began bringing a CD player and music (Gre-

gorian chants, Beethoven, etc) for the sessions and purchased a lace table mat and incense, which clients loved. Several times, when his name was on the list, he asked NR to give his session to someone else who needed it more than he did. He also brought staff to experience Reiki sessions to understand the benefits, saying that this would help to change the energy of stress in the residence. Some of the staff began to ask him for Reiki sessions.

In her journal, NR noted an increase in interest in Reiki by all her clients after the second round of classes.

Tomas, who had received level-2 attunement, and had said from the beginning that Reiki helped him, explicitly said that Reiki made a difference in his life. He did Reiki on himself regularly (sometimes daily), decreasing the arthritis pain in his knees. NR saw that his knees were less bent when he walked. He spent a few days in jail at one point in early 2009, and he told NR that the Reiki helped when he was "sleeping on concrete." He also said that he had done Reiki on his children, and they were amazed at the heat in his hands.

Helen had a bad leg, which was shorter than the other one, because of a hip lesion, and she walked with a cane. She began attending Reiki sessions in early 2009 and would frequently report the high levels of pain that she felt. She came only to the second part of the class for Reiki 1 in 2009 and therefore had only two of the four level-1 attunements. Nevertheless, she began saying that normally when she got up every morning, there was terrible pain in her leg, but since she had been doing Reiki on it, the pain would go away for the rest of the day. In addition, she had surprised her family by doing some dance steps.

Helen also said she began doing Reiki on her daughter, who had regular asthma attacks and needed to use an inhaler several times a week. At first, her daughter had been skeptical, said Helen, but over the summer her daughter had had to use the inhaler only once.

An older man, **Ernesto**, came at the beginning of the program. He was confused and told NR that he had Alzheimer disease and terrible arthritis pain throughout his body. After the first Reiki class, he stopped coming to the sessions. Because he seemed so confused, NR did not expect him to keep up the Reiki. When asked why he no longer came for Reiki sessions, he said that he had dropped out of the Over-Fifty Program. In the summer of 2009, NR encountered him on the street. She noticed that he no longer seemed confused. When asked to come to Reiki sessions sometime, he smiled, and, motioning to his

hands, said, "That heat—it really helps the pain." He did Reiki on himself at least once a week, whenever he lay down and "remembered." "It helps a lot," he said. NR noticed that he walked better.

Nick, during the first year and a half of the program, attended sessions infrequently. When he did come, he was very angry and agitated, saying that he was "stressed out." He would wear earphones and listen to rap music during the sessions. He said he came because during the sessions, he went to "bye-bye land," and it reduced his stress. During the summer of 2009, he attended more often because of a bad pain on the back of his thigh (which he thought was due to past shingles) and beginning neuropathy in his foot, also very painful. He soon stopped wearing earphones during the Reiki sessions and became visibly more relaxed, even energetic. At first, the pain in his thigh would come back, he said, about an hour after each session, but it gradually took longer to come back, until it was completely gone. His foot pain was also reduced to almost nothing most of the time.

Since **Donald** had undergone surgery for cancer on his leg, he had felt much pain on walking. Over the months, the pain was relieved during the sessions, and it came back less and less until it was nearly gone. He then walked much better. He did Reiki on himself regularly (sometimes every day), and even though he was not a verbal person, he said that it helped him. Eventually, he no longer mentioned his leg and just requested an overall body session because his leg didn't need treatment.

Bradley went through a period of dealing with kidney stones and terrible pain. He would come for Reiki to alleviate the pain, and he continued attending sessions after he had an operation. He said that he did Reiki on himself regularly. He never said much, but NR overheard him explaining to someone what Reiki is, and he said, "She puts her hands on you, and it takes the negative energy out."

Olivia came for Reiki only a few times during the Over-Fifty Program. She said so little that NR could not tell what she thought of the Reiki. NR figured that Olivia was only there for the Metro Cards. At one class, she received the Reiki level-1 attunements and instruction, but NR did not expect her to practice. NR was surprised when, much later, she asked Olivia what she thought of Reiki. Olivia replied that she did it on herself about once a week, and it helped.

Ned was blind and attended sessions infrequently. When he did, he said that Reiki relieved the stress in his eyes.

George began attending sessions regularly during the last year of the program. He was depressed because he had prostate cancer. He asked for Reiki to relieve the pain, often in his lower back. Slowly, NR watched his mood change. Toward the end of the program, he said that the cancer was contained and that he really wanted to live, because he was "beginning to enjoy life again." He said that he was doing Reiki on himself regularly, sometimes every day. He wanted to work on other people more. When NR had him work on someone one day, she noted that he was good at giving Reiki.

Most of the remaining stories were about people feeling that the Reiki was relieving their stress and/or pain. These people were even less verbal than the others, though all expressed that their stress and/or pain was reduced after the sessions. NR reported in her journal that people left sessions with a different expression on their faces than they had had when they arrived.

As recently as March 2010, when NR came to lead sessions, **Oscar** said to her, "I want to thank you so much for the Reiki. I am here today because of the Reiki." He explained that he had been having a very hard time and had decided to just give up. He had gotten on the subway with the intention of never going back to Housing Works, but then he remembered NR saying to just breathe in the light through his crown and out through his hands, placing them somewhere on his body, even if he thought it wasn't working. He said that when he tried it, it did indeed work. Soon he felt okay again, so he turned around and went back to Housing Works. He insisted that he would not have returned if not for Reiki.

Oscar then said he wanted to begin filming the sessions, and he brought out his video camera and a TV set, because his camera's monitor did not work, so he attached short wires to the TV monitor to use it. Oscar recorded the sessions on video, with Batiste and Eduardo performing Reiki on a staff member and another client and on each other. They looked like professionals and were extremely happy about it. They all hugged NR and thanked her.

Effects on the Reiki Master

In the beginning, NR noted in her journal that many of the clients barely spoke. She described some as being grouchy or sullen when asked a question. Only one was initially enthusiastic about Reiki, and only another two or three were friendly. Slowly, however, her journal entries showed that the clients began to be open to

participating, saying that they looked forward to the sessions and to learning Reiki. Initially NR believed that the clients were more interested in the Metro Card they received for attending Reiki treatments than in the treatments themselves. NR found it difficult to fill her five sessions in the beginning, but during the first six months, this changed. Participants began regularly asking for Reiki, and they continued to attend sessions after the offer of free Metro Cards was stopped. They gave her testimonials of how Reiki helped them. NR noted in her journal that in the first year of the program, a few clients would occasionally and spontaneously help her set up or put things away after the sessions. This encouraged her.

NR wrote that she had seen a marked difference in the attitudes of her clients since she started working with them. When they first came to sessions, they were mostly all complainers, and she described them as having a “victim attitude.” Within a year, however, she wrote that this attitude was gone. She described them as relating to her like ordinary people who had stopped by for a session. Even though they told her that everything was good, it took several questions to learn that they indeed felt pain somewhere or had something to work on.

After the level-1 class, and especially after the level-2 class, NR noted that the overall mood among her clients was noticeably better, even among those who did not take the class. She wrote that this came from the clients such as Batiste, who said that he was working to bring about changes in “the energy of the place.” He repeatedly stated, “We are changing the energy of this place. There was a lot of negative energy, and we are changing that with the Reiki.” Also, NR described a degree of pride in Batiste that he was doing something important that the staff were not able to do and that he could even offer Reiki to some staff.

As the program progressed, NR reported that even the Housing Works staff became friendlier. The head of the Department of Creative Arts Therapy came to her and said, “What you are doing is really helping these people. This program changed Batiste’s life.” She thanked NR profusely.

Discussion

Most importantly, we demonstrated that a program of Reiki training can be implemented in a supported residential setting for people with HIV/AIDS. This program was implemented by one practitioner who provided weekly 90-minute Reiki treatment and training sessions for 3 years. Funding was available through a

New York City program for residents older than age 50 years who had AIDS, so Metro Cards for public transportation were provided to those who came for Reiki for the first 2.5 years of the program. When that program’s funding stopped, Reiki continued and clients continued to participate. It is doubtful that this population would continue something without benefit—in the form of either Metro Cards or symptom relief.

This study was not designed to demonstrate efficacy of Reiki but rather to qualitatively describe the implementation of a Reiki training program. The beneficial changes observed could be because of time and attention, to the spirituality that is intimately related to Reiki, or to other factors beyond our understanding. The synergy of a Reiki program and the residence’s other programming cannot be discounted. We believe that it is feasible to provide Reiki and garner a positive response from Reiki participants. Further studies should explore the efficacy of Reiki itself apart from time and attention.

People living in shelters and supported-living residences have significant stress. It is clearly to their advantage to decrease their stress and improve their ability to solve problems and capacity to focus.

The increased self-agency and self-efficacy of people who learned how to offer Reiki sessions to others appeared to generalize to a positive sense of ability to move in the world, leading several of our participants to become employed. The financial investment necessary to offer self-care options such as Reiki at first seem unjustifiable to administrators, given the considerable needs of homeless people. However, the long-term benefit could be large. The savings achieved through shelter residents becoming employable could easily justify paying a Reiki master. Hidden savings to the health care system may result from decreased stress and greater self-agency. Unfortunately, the savings are born by different cost sectors than the shelter or residence itself, which has the same costs whether residents become employed and move out or instead remain in the residence; the residence does not share in the savings in health care costs. Nevertheless, the benefit of the Reiki program in elevating the mood of the residence or shelter and the morale of staff was noticeable and could translate into reduced burnout and reduced staff turnover. Offering Reiki classes may prove to be profitable if these classes affect attendance, increase employment, and promote healthy behaviors or attitudes among those who participate.

The increased self-agency and self-efficacy of people who learned how to offer Reiki sessions to others appeared to generalize to a positive sense of ability to move in the world, leading several of our participants to become employed.

Our pilot study supports the feasibility of a rigorous clinical trial in the setting of a supported residential program for people with HIV/AIDS, mental-health problems, and substance-abuse problems for the efficacy and effectiveness of Reiki. Participants accepted the program and kept Reiki session appointments even after their Metro Card incentive ended. Participants provided positive testimonials and spontaneously gave other residents and staff Reiki treatments outside of the sessions supervised by the Reiki master. Participants reported stories that indicated a beneficial effect of Reiki in their recovery, including reduction of substance abuse; increased ability to use other services, especially psychotherapy and group therapy; and decreased medical problems that had previously resisted successful treatment. This pilot study was not designed to define the contribution of attention apart from the contribution of Reiki. The focus was to demonstrate that Reiki (sometimes associated with middle-class or upper-class clients and with New Age or alternative lifestyles) would be acceptable to people who have been homeless, lived on the streets, engaged in drug abuse, been incarcerated, and definitely not among those often associated with using Reiki. This population enthusiastically embraced Reiki and reported benefits, setting the stage for a rigorous RCT that we plan to mount. ❖

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