

ORIGINAL RESEARCH

## EXPERIENCE OF A REIKI SESSION

Joan Engebretson, RN, DrPH, and Diane Wind Wardell, RNC, PhD

**Joan Engebretson and Diane Wind Wardell are certified holistic nurses and associate professors at the University of Texas Health Science Center in Houston.**

**Context** • *Touch therapies, including Reiki, are increasingly popular complementary therapies. Previous studies of touch therapies have yielded equivocal findings.*

**Objective** • *Exploring the experiences of Reiki recipients contributes to understanding the popularity of touch therapies and possibly elucidates variables for future studies.*

**Design** • *Descriptive study with quantitative and qualitative data. This report focuses on qualitative interview data. Thematic analysis was used to discern patterns in the experience.*

**Setting** • *All Reiki treatments were given in a soundproof, windowless room by one Reiki master. Audiotaped interviews were conducted immediately after the treatment in a quiet room adjoining the treatment room.*

**Participants** • *Generally healthy volunteers (N=23) who were naive to Reiki.*

**Intervention** • *Standardized, 30-minute Reiki session.*

**Main Outcome Measures** • *Interview data supported by quantitative data.*

**Results** • *Participants described a liminal state of awareness in which sensate and symbolic phenomena were experienced in a paradoxical way. Liminality was apparent in participants' orientation to time, place, environment, and self. Paradox also was seen in participants' symbolic experiences of internal feelings, cognitive experience, and external experience of relationship to the Reiki master.*

**Conclusions** • *Liminal states and paradoxical experiences that occur in ritual healing are related to the holistic nature and individual variation of the healing experience. These findings suggest that many linear models used in researching touch therapies are not complex enough to capture the experience of participants. (*Altern Ther Health Med.* 2002;8(2):48-53)*

**T**ouch therapies have been used historically in diverse cultures. Touch has been associated with religious or ritual healing in Christian<sup>1</sup> and other cultural traditions.<sup>2</sup> Touch is fundamental to nursing practice and has been listed as a nursing intervention.<sup>3</sup> Recently, touch therapies have gained popularity with patients and healthcare providers.<sup>4</sup> Both practitioners and recipients have reported benefits of touch therapies. Despite its extensive use, research regarding efficacy is equivocal, and theoretical frameworks are not well developed or tested.

The purpose of this study was to explore the experience of receiving Reiki, a touch therapy with origins in the Orient, and to assess physiological and psychological outcomes associated with the relaxation response. This report focuses on qualitative analysis of the participants' descriptions of the experience of receiving Reiki. The physiological data are fully reported elsewhere.<sup>5</sup>

### BACKGROUND AND SIGNIFICANCE

The use of complementary therapies increased from 34% to more than 40% between 1990 and 1997, with a specific increase in the use of touch or energy therapies.<sup>4</sup> Two schools of touch therapy, therapeutic touch<sup>6</sup> (TT) and healing touch,<sup>7</sup> are popular in the nursing profession. More than 30000 nurses are estimated to practice touch therapies.<sup>8</sup>

Reiki is an Oriental form of touch healing with roots in the Tibetan sutras; it was reintroduced in Japan in the 19th century.<sup>9</sup> Symbols are used in enhancing healing energy and in initiating practitioners. Reiki practitioners progress through different levels, culminating in the master level, in which one dedicates one's life to Reiki and to the initiation and training of others. The process of becoming a Reiki practitioner can vary from a weekend workshop to a prolonged period of study.

Previous nursing research has concentrated on TT, starting with Krieger's<sup>10</sup> study on the increase in hemoglobin with exposure to touch. Many of the studies demonstrate efficacy, whereas others illustrate a lack of the expected or hypothesized results. The efficacy of touch has been demonstrated in reducing state anxiety,<sup>11-18</sup> with the exception of Quinn,<sup>19</sup> who found no significant reduction of anxiety. Numerous investigators documented a reduction of pain through the use of touch therapy.<sup>11,20</sup>pp195-213;21-24 Meehan,<sup>25</sup> however, did not find a significant reduction in pain in patients receiving TT following surgery. Muscle relaxation,

Reprint requests: InnoVision Communications, 169 Saxony Rd, Suite 104, Encinitas, CA 92024; phone, (760) 633-3910 or (866) 828-2962; fax, (760) 633-3918; e-mail, [alternative.therapies@innerdoorway.com](mailto:alternative.therapies@innerdoorway.com).

promotion of general well-being, and stress reduction associated with receiving touch therapies have been reported.<sup>14,26,27</sup> However, a study by Randolph<sup>28</sup> did not find a significant reduction in stress. A series of studies, remarkable in their effort to conduct blinded clinical trials, demonstrated equivocal results, with 2 studies showing a significant increase in wound healing and 3 studies showing nonsignificant results or significant results for the control group.<sup>29</sup> Olson et al<sup>15</sup> demonstrated enhanced humeral immunity with the use of TT; Wardell and Engebretson<sup>5</sup> also found increased salivary IgA.

In a meta-analysis on research on touch therapies from 1986 to 1996, Peters<sup>30</sup> found that TT had a positive, medium effect on physiological and psychological variables. A second meta-analysis by Winstead-Fry and Kijek<sup>31</sup> analyzed studies from 1975 to 1997 and also found a moderate effect. Although most studies supported hypotheses of efficacy, a number showed mixed or negative efficacy.

Qualitative studies investigating the experience of receiving touch therapies reported a common experience of relaxation and a feeling of warmth.<sup>17,20,32-35(pp85-91)</sup> Heidt<sup>36</sup> reported opening to the flow of universal energy, and feelings of universality and peace and relaxation. Samarel<sup>34</sup> found that the spiritual, physical, and emotional aspects of the experience persisted after the treatments. Sneed and colleagues<sup>37</sup> identified categories of relaxation, physical sensations, cognitive activity, and emotional and spiritual experiences.

Few studies have been conducted on Reiki. Wetzel<sup>38</sup> found increased levels of hemoglobin among initiates during Reiki initiation. Wirth and colleagues<sup>39</sup> found increased wound healing with exposure to Reiki.

Despite the lack of theoretical understanding and the equivocal nature of the research, use of touch therapies has continued to increase. However, identifying appropriate outcomes for measurement has been a persistent problem for researchers of touch therapies.<sup>40</sup> Exploring the personal experience of recipients may contribute to an understanding of the popularity of this modality and elucidate variables for further quantitative analysis.

## METHODS

The current study included both qualitative and quantitative methodologies and employed a randomized block design. Quantitative data included the Spielberger's<sup>41</sup> State-Trait Anxiety Inventory, biofeedback measures, intermittent blood pressure monitoring, and salivary samples for IgA and cortisol. These were chosen as markers to explore a physiological relaxation response.

Although qualitative thematic analysis was used for part of the study, this was not a naturalistic design. In the natural setting, the Reiki master generally individualizes the treatment. In addition, individuals generally seek out a Reiki practitioner for a purpose, whereas these participants knew they were in a study and experienced a number of data-gathering procedures.

Participants were asked during the interview to describe their experience. Data checks, validating the investigator's

understanding, were incorporated within the interview. At the end of the interview, participants were queried about specific experiences based on the literature and the researchers' previous work with Reiki and healing touch.

## Procedure

Participants gave written consent in accordance with the University of Texas–Houston internal review board and received a small remuneration. Questionnaires and salivary specimens were collected before the Reiki treatment. Treatments were given in a soundproof, windowless room that was softly lit. One or 2 members of the research team were present during each session. A single Reiki master with more than 20 years of experience provided Reiki Touch<sup>SM</sup>, a form of the Usui Reiki System, brought to the United States by Takata.<sup>9</sup> Blood pressure and biofeedback equipment were applied and baseline data were collected. A standardized Reiki treatment followed, consisting of light placement of the master's hands for 15 minutes each over the face and abdomen. After completion of questionnaires and collecting specimens, interviews were conducted by 1 of the 2 investigators in an adjacent office. These interviews were audiotaped, transcribed, and thematically analyzed for persistent patterns. The data were read and reread, deconstructed, coded into units, and displayed and discussed in a series of iterations. Both investigators read the transcripts independently, then deliberated on emerging patterns. In this process, the underlying pattern of paradox was discovered.

## Sample

Twenty-three participants were recruited through word-of-mouth and flyers placed in buildings in a large health-science center. Inclusion criteria were the ability to read English and an absence of diagnosed immune, adrenal, neurological, or cardiovascular disorders that required pharmacological management. Participants included 17 women and 5 men aged 29 to 55 years, with an education range between 12 and 22 years. Of these 23 participants, 19 were white, 3 were Asian, and 1 was Hispanic. Fifteen had previously used some type of complementary therapy; 8 had not. None had experienced a Reiki treatment.

## RESULTS

Comparing before and after measures of the quantitative data, anxiety was significantly reduced ( $t_{22}=2.45$ ,  $P=.02$ ). Systolic blood pressure dropped significantly ( $F_{2,44}=6.60$ ,  $P=.003$ ). Biofeedback changes included an increase in skin temperature and a decrease in electromyographic (EMG) readings during the treatment, though the before and after changes were not significant. Salivary IgA levels rose significantly ( $t_{19}=2.33$ ,  $P=.03$ ), whereas salivary cortisol showed a downward trend that was not statistically significant.<sup>3</sup>

Ethnographic research uses both interviews and observational data. Observation data revealed that the speech pattern of many participants in the postsession interviews was slowed in length of time to respond to questions, in spacing between words, and in pronouncing individual words. Most reported that

it was difficult to describe their experience or "put it into words."

An intriguing pattern throughout the narratives was that of paradox, both in the aggregate and on an individual basis. Paradox refers to experiences that are inexplicable or self-contradictory or contradictory to common sense.<sup>42</sup> For example, some participants reported feelings of heaviness and weightlessness and some even reported both feelings occurring simultaneously. These disparities initially presented an analytic challenge; however, conceptualizing these findings into the fundamental theme of paradox provided a new perspective from which to understand the data.

Experience is perceived as sensate and symbolic. In the normal state of awareness, especially in Western traditions, people tend to see disparate phenomena as distinct, discrete, and contradictory. Most people resolve that disparity by denying or suppressing the existence of one of the poles.<sup>43(pp117-151)</sup> The contradictory aspects of a phenomenon are therefore perceived as separate or mutually exclusive.

The Figure represents the experience of participants as their state of awareness was changed during the Reiki session. As their state of awareness changed, they experienced paradox in both sensate and symbolic domains.

### State of Awareness

Participants described a change in their state of awareness through reports of a liminal state, which included changes in orientation to time, place, and self. Turner<sup>44</sup> describes liminal states as states between 2 known states, but fully in neither one, such as

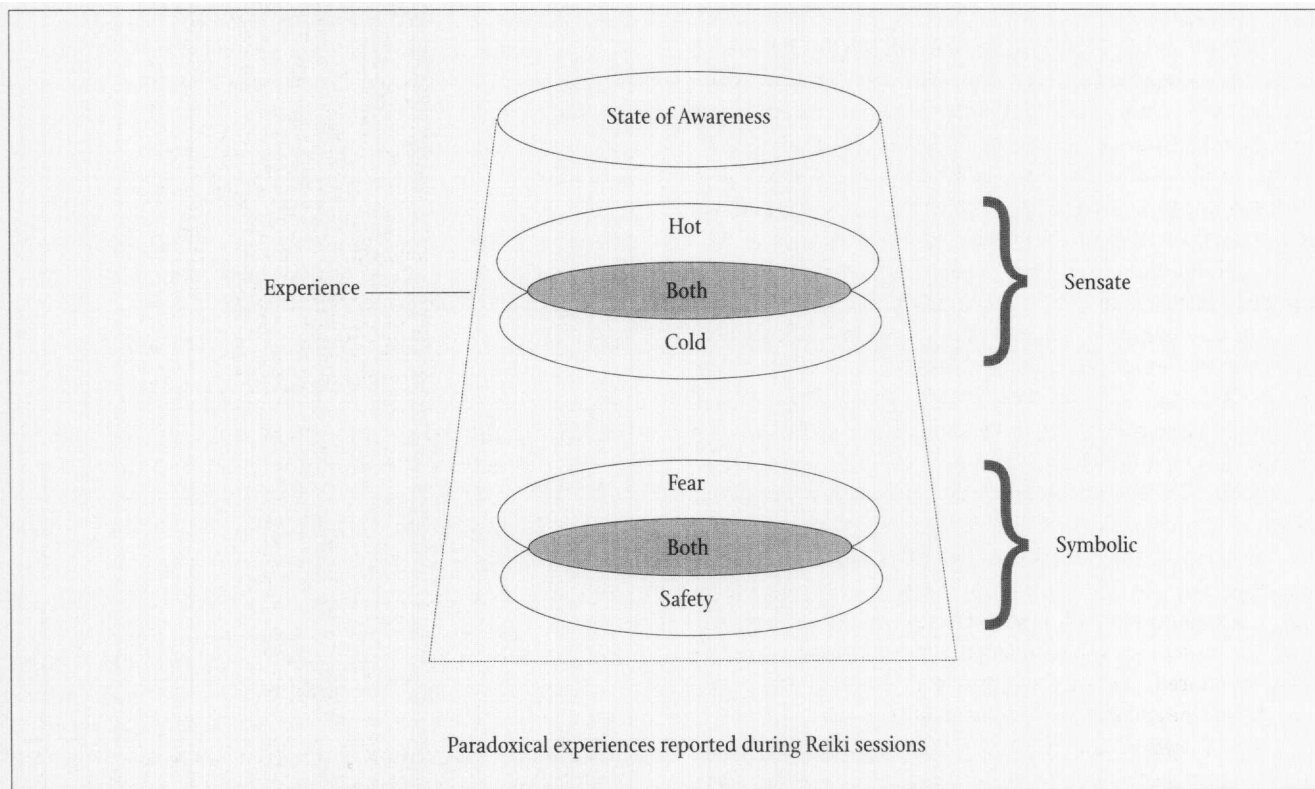
a state between waking consciousness and dreaming. Liminal states imply a type of paradoxical inclusion of opposites.

*Liminal State of Awareness.* Participants described altered awareness as exemplified by such comments as "[I knew my] mind had thoughts, but didn't know what they were." Other recorded descriptors included "[a] daydream-like trance," "detached," and "a meditative state." Several iterated that they were on a "threshold," for example: "... when you're still drifting, have everyday pictures on one's mind and then, just before they get hazy and dreamlike ... I got to that stage," and, "You're under an anesthesia.... That's how it must feel ... dying ... lifting up, very, very light ... not like sleeping."

The transition into the liminal state was described as "gentle, gradual, nothing happening any faster than you were able to handle." Another described a rhythm: "I fade in and out.... I get into a deeper state of relaxation and then move back out, in and out, ... progressive[ly] deeper, but like this [participant moves hand in a deep, wavelike motion] rather than straight into relaxation." Another stated: "My dream freezes ... like a trance ... it's only momentarily and it happens in a split second.... It feels like [I'm] paralyzed almost."

*Orientation to Time.* Time was experienced as moving very fast, very slowly, or both simultaneously, and some participants had no concept of time. Some participants observed that physical stimulation of the monitoring equipment brought them back to a temporal reality.

*Orientation to Place and Environment.* Reports included being



hyperaware of the environment (“... more aware, more clarity, notice more”). This awareness included presence of others in the room and noting with detail the times that the Reiki master cleared her throat or the blood-pressure cuff inflated. In contrast to hyper-awareness of the environment, others related: “[I had] no awareness of others in the room or where they were or what they were doing.” Other examples of altered orientation to the environment included an experience of “flying and seeing stars and birds,” and of “diving down into water 20-30 feet.” One reported that the research assistant had touched her when in fact no one had.

*Orientation to Self.* Discordant sensations in both sensate and symbolic domains exemplified the change in orientation to self. Distortions in personal awareness of space included perceptions of floating or sinking. This was often accompanied by a general unawareness of parts of the body, disruption in the perception of body alignment, and incongruencies about participants’ own boundaries and those of the healers.

One reported: “I think [my arm] fell off my leg onto the table, but I’m not sure. I didn’t disturb myself to see where it was.” Other sensations were described: “It felt like I wasn’t breathing at all ... like parts of my body would disappear because I really couldn’t feel them.”

Experiences of loss of boundaries between the participant’s body and the Reiki master’s also were reported. “I’m not aware where my body ends and begins.” A dramatic sense of boundary disintegration was iterated by several participants and is captured in this statement: “I felt something on my stomach and couldn’t tell if it was inside or outside.”

### **Sensate Experience**

Sensate refers to a local or systemic physical sensation. Participants reported numbness, involuntary muscle twitching, and feelings of heat, which clustered into sensations in temperature, sound, proprioception, and discordant sense of touch. The paradoxical nature of these experiences was reflected in this comment: “Sensation and no sensation, like something is about to happen.” Another stated: “[I tried to] sense my pulse or heartbeat [as I did in transcendental meditation], and I couldn’t find my heartbeat after awhile while doing this.”

*Temperature Sensations.* Sensations of temperature included internal and external feelings of “warmth” and “a centered glow.” Some felt cold and warm simultaneously: “There’s a difference in being cold on the surface and being cold in the inside. I wasn’t cold in the inside.”

*Sound.* Some participants reported that the air conditioning and monitoring equipment were loud, whereas others reported no sounds at all. One participant commented on “the soft soothing music, [I] liked the music,” but no music was played in the room. Another was keenly aware of the absence of sound: “I concentrate on noises.... If I was going to notice anything ... trust me, I would notice [sounds].... I am very auditorially aware.... I realized this at the end that I didn’t notice any [sounds].”

*Proprioception.* Participants described experiences related to their sense of spatial position and movement. They reported such

disparate sensations as “heavy,” “buoyant,” “swollen,” and “sinking into the table,” as well as “not feeling the table,” “floating,” or “weightless.” Contrasting changes in perceptions of breathing were described as “rapid and slow” and “shallow and deeper.”

*Energy.* Participants described feelings in their bodies that they equated with “energy.” Descriptors included “pulsing,” “throbbing,” “strobe,” “surge,” “electricity,” and a sensation of a “current.” Others described a progression “like a charge ... all of a sudden I felt ... all the way to my toes and that something had happened and then everything was relaxed.” One participant commented: “It wasn’t a bad feeling, but if she keeps on like this, I’m not going to have a face any longer.”

*Discordant Touch.* Several participants reported sensations of feeling the Reiki master’s hands in areas where they were not physically present or in several places at the same time. “When she took her hands off my abdomen, I could still feel them and I knew that she wasn’t touching me anymore.”

### **Symbolic Experience**

Symbolic experience refers to the meaning and interpretation the participants ascribed to the experience. These experiences clustered into internal feelings and cognition, and the meaning attached to the external relationship with the healer.

*Internal Feelings.* Most participants reported feeling relaxed throughout the session and used the words *peaceful* and *calm* and

described the treatment as “soothing,” “quiet,” and “gentle.” Some felt a combination of feelings such as “relaxed yet very alert” or “relaxed with high arousal” or “relaxed with tension.” Some reported feelings of “nervousness,” “a build-up of energy,” and “being refreshed” or combinations of the above. One described a sensation as “the brain is feeling calm and ... it calms the rest of the body.”

*Cognitive Experience.* Cognitive or mental experiences included feelings of detachment and clarity. Detachment from events allowed for a coherence that was different from participants' usual state. In addition, one participant felt this was a forced relaxation that “challenged one to face [one]self.” Other responses included being “unable to focus” and “addled.” Others reported greater clarity: “I can focus better” and “increased mental clarity, decreased narrowness.”

*External Experience of Relationship to the Reiki Master.* Paradoxes of vulnerability and safety, giving and receiving, were reflected in the interpretation of participants' relationship to the Reiki master. Some respondents reported feeling vulnerable, whereas others reported feelings of claustrophobia and being “a little panicky.” Even those who expressed discomfort felt safe: “It reminds me of putting hands on children [for reassurance].” Some ascribed meanings of “safety,” “stability,” “security,” and “trust” to the experience; for example, “[I felt] protected, [her] hands staying here, like they are going to be there.” Someone else commented that the experience was “like someone saying, ‘I’m here with you ... you’re not by yourself.’” Another reported: “I trusted the people around me to do this right.”

The interaction required both parties to engage in the giving and receiving role simultaneously, thus an inherent paradox. In receiving the Reiki, the recipient also gives the master the gift of acceptance. The master, in accepting the recipient, gives the gift of Reiki. Being accepted and the corollary response of being receptive was expressed as feeling “cared-for.” One participant commented: “[I felt] acceptance of what is happening, [it was a] mutual thing where nothing would happen to you if you didn't want it to.” Receptivity was exemplified as follows: “You don't earn this. You don't have to worry about it if you deserve it or not; it's there and you enjoy it.”

## COMMENT

In addition to the paradoxical nature of the experience, paradox provided a lens with which to examine the study findings. Compared to other accounts, participants' descriptions revealed a holistic experience that suggests a more complex model and a liminal state of awareness, similar to experiences of ritual healing.

The salivary IgA, blood pressure, anxiety, skin temperature, and EMG readings all changed in the direction of relaxation, which was the anticipated outcome. These findings were consistent with the qualitative findings of relaxation, safety, and feelings of warmth and acceptance. A number of other markers for the relaxation response, however, showed no significant change. These results hint at another paradox. For example, cortisol, as expected, decreased in most of the participants (n=15), but increased in others (n=7), producing an overall nonsignificant result.

Healers conceptualize the process of healing as facilitating self-healing by balancing the recipient's energy.<sup>45</sup> Touch therapists describe techniques in which the pathways of action are less direct, not necessarily specific to a disease, and more individualized, with subtle effects that are often noncontiguous in time. These subtle changes may be very effective for promoting the health—in particular, self-healing—of the individual.

Biomedicine's major concern is with effective treatments for specific diseases. Most biomedical research is predicated on determining aggregate effects through normal distributions. Mechanisms of action are determined and the direct effects of interventions are measured. Concluding that nothing happened to participants based on analysis of aggregate data could misinterpret these balancing actions that are described by healers. Individual variations could cancel each other on numerical reductions.

Consistent with other touch studies, these recipients reported a holistic experience. Touch therapies appear to engage the recipient in an integrated experience that links body, mind, and spirit in a unique manner that allows the recipient to experience paradox. Other studies report similar experiences that are classified into physical, psychological, cognitive, and spiritual or transformative.<sup>34,36</sup> This study also found that attempts to categorize the experience needed to be balanced by the inherent integration of the experience.

This exploratory study was limited because of the nondistributive, small sample size. Also, a causal relationship cannot be determined between the Reiki treatment and some of the outcomes; other factors may have been involved. The history, philosophical background, or variations in the practice of Reiki are beyond the scope of this study.

## Ritual Healing

Liminal states of consciousness, by definition paradoxical, are frequently associated with profound religious experience and have been linked to ritual healing practices across cultures. Liminal or altered states are reported as optimal states for healing.<sup>2</sup> Generally, in ritual healing, both the practitioner and recipient share a common belief in the symbolic nature of the activity. For example, the Catholic Church has healing rites for anointing the ill, in which both parties believe in the sacredness of the experience. The participants in this study exhibited liminal states; however, they did not share a specific belief system regarding the ritual use of Reiki. This suggests that laying-on of hands is deeply ingrained as a form of ritual healing and may tap into universal healing archetypes.

## Implications

The narratives suggest that the experience of receiving Reiki is dynamic and incorporates subtle fluctuations and variations; hence it may defy measurement. Fluctuations within an individual could be a salutary process of attaining or resuming a balance.

The paradoxical findings suggest that many of the previous models employed to investigate touch therapies, including the linear model of relaxation used to structure this study, are not complex enough to capture the experience of the recipients. A

more complex model that incorporates polarities and a process of balance and self-regulation would be more appropriate to investigate the utility of touch therapies. These therapies may repattern individual functions so that the body can self-correct. Martin<sup>46</sup> describes the immune system as an information system rather than a mechanical system. This recasts human function in a more complex and flexible metaphor. The shift from a view of the body as a mechanical system to an information system is one in which subtle input may have large, nonlinear effects.

The findings of this study suggest features that warrant further exploration, such as how, when, and under what conditions these variations represent fluctuations in response, individual differences, and actual simultaneous paradoxical experiences. An exploration of these features could advance the understanding of the body's complex system of self-regulation and contribute toward our efforts to promote health and prevent disease as well as supporting healing and symptom reduction in disease.

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