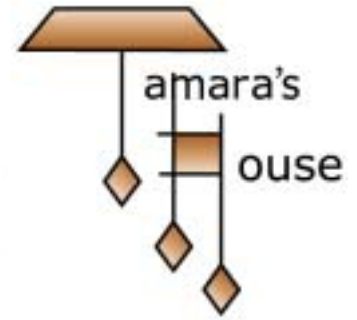


# Effects of Reiki



## An Evaluation of Tamara's House

### Reiki Is Effective

#### in Addressing Major Consequences of Child Sexual Abuse

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# Introduction

This report describes the evaluation of a pilot project involving the use of Reiki at Tamara's House. Tamara's House is a non-profit community based charity dedicated to wholistic healing from child sexual abuse. It provides a humane and cost effective strategy for dealing with the consequences of child sexual abuse. Reiki is an ancient healing touch therapy that "fuels the body's homeostatic mechanisms and thereby assists in the restoration of balance on the physical, mental and emotional levels". Although anecdotal stories are the primary source of information on the effects of Reiki, some research has been conducted. Olson and Hanson (1997) investigated the effects of Reiki on perceptions of chronic pain. Participants reported experiencing significantly less pain after a Reiki session. Mansour, Leis, Laing, and Danilkewich (1998) documented improved self image, improved affect, improved digestion, and improved relationships in their phenomenological study of four Canadian women.

## Objective

The purpose of the current study was to test the effects of Reiki on survivors of child sexual abuse. It was hypothesized that Reiki participants would demonstrate improvements in eating and sleeping habits, body pain, and trait anxiety two months after intervention.

## Participant Recruitment and Assignment

Information was provided to survivor related agencies, survivors on the Tamara's House mailing list, television advertisement, radio and newspaper announcement, and word of mouth. Participants self selected into one of three conditions (Aroma-Massage, Reiki, or Psychodramatic Bodywork®) and the time during which they would receive their sessions. The primary advantage to self selection was that women had an opportunity to choose an intervention with which they felt safe and comfortable. A disadvantage is that women who chose a particular intervention may share a common characteristic to which differences might be attributable. Random assignment would have enabled initial group differences to be attributable solely to chance. Because client centered therapy was a fundamental to the Tamara's House approach, participant choice was selected over random assignment.

### Participants:

Thirty-two women self-identified as survivors of child sexual abuse participated. Participants ranged from 21 to 66 years of age with an educational range from elementary school to Masters of Arts. Participants were single, divorced, dating, widowed, and married. The number of perpetrators per participant ranged from 1 to more than 10 and the duration of the abuse ranged from 1 incident to 39 years. More than two thirds of the women (69%) were seeing a counsellor when they became involved with the project. *Refer to Table 1 on page 2.*

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1. Manseur, A., Laing, G., Leis, A., & Danilkewich, A. (1998). The Experience of Reiki: Five middle-aged women in the Midwest. *Alternative and Complementary Therapies*, 4 (3), 211-217

2. Olson, K., & Hanson, J. (1997). Using Reiki to manage pain: a preliminary report. *Prevention & Controle en Cancerologie*, 1 (2), 108-113.

**Table 1 - Profile of Reiki Participants (n=32)**

Characteristics	Range	Comments
Age	21 - 66 yrs	40% were between 35 and 45
Marital Status	single to widowed	84% were not with a partner (divorced, single or separated)
Education	Elementary school to Graduate school	97% completed at least high school
Number of Perpetrators	1 to 12 perpetrators	79% had 2 or more perpetrators
Duration of Abuse	1 day to 39 years	89% reported abuse for more than 2 years and 50% for more than 10
Relation to Perpetrator	unknown - family	69% were abused by a family member
Disclosure of Perpetrator	yes - no	91% identified the perpetrator at first interview

*While there is no typical survivor of Child Sexual Abuse, women tended to be middle-aged, un-partnered, with at least high school education. Half of the women reported abuse lasting more than 10 years, more than three-quarters had more than one abuser, and more than two-thirds were abused by a family member.*

## Research Design

A replicated time series design was used. Primary data were collected four times at two month intervals in June, August, October, and December. Participants were divided into one of three groups. Group 1 received Reiki from June to August. Group 2 received Reiki from August to October. Group 3 received Reiki from October to December. Therefore, group 1 had one pre treatment interview and 3 post treatment interviews, group 2 had two pre treatment interviews and two post treatment interviews, and group 3 had three pre treatment interviews and one post treatment interview (Table 2).

**Table 2 - Design of Reiki Study**

	Sample Size	June	Aug.	Oct.	Dec.
Group 1	8	0 X	0	0	0
Group 2	12	0	0 X	0	0
Group 3	12	0	0	0 X	0

*0 = pre/post intervention measures: trait anxiety, sleeping habits, eating habits, back pain, headaches, and overall feeling*

*X = treatment: Reiki session of approximately 1 hour per week for 9 weeks*

*This table describes the design of the study. Three groups received intervention at three different time points. Participants completed pre and post intervention measures.*

# Data Collection and Measures

Data were collected at bi monthly intervals using standardized and internally developed questionnaires. Trait anxiety was measured using a self administered, closed ended quantitative questionnaire, the State-Trait Anxiety Inventory (Spielberger, 1977). Eating and sleeping habits, back pain, headaches, and overall feeling were measured using an open ended interview developed by the researcher in consultation with a sample of the population and based on existing literature. *For more information refer to table 3 on page 5.*

## Intervention

Sessions took the shape of nine weekly Reiki treatments that lasted up to one hour. Decisions pertaining to the treatment (length and areas treated) were made by participants based on their comfort.

**Context:** Intervention began before Reiki sessions began. Many safeguards were in place to ensure safety, meet basic needs, and facilitate access to services.

**Services:** Food, childcare compensation, and transportation were provided to participants. Participants were also invited to access Tamara's House services such as the Healing Center.

**Additional support:** Participants met with the researcher and/or safe care worker for an interview. The safe care worker and researcher were also available to speak with participants regarding the research or other pressing issues. The role of a safe care worker was developed by Tamara's House to ensure the safety of clients in all Tamara's House activities. The safe care worker was on hand for support and in case of crisis.

## Analysis

The trait anxiety variable was created by adding up the scores (1 to 4). The range of scores was 20 to 80. This variable is comprised of 20 items and has no subscales. Tests for kurtosis and skew revealed a normal distribution. The internal consistencies of the scale were satisfactory with an average alpha of .95. An extremely high alpha indicates there may be redundancy in the items.

Results from the qualitative interviews were coded according to positive or negative responses. For instance, if the question "how are you sleeping" elicited the following response "terribly, I have real trouble getting to sleep", the response would be coded as a negative response. The raw data and codes were provided to the research assistant who coded the data. The researcher and assistant achieved 100% reliability in coding the data. See table 3 for a description of variables.

A one-way ANOVA was also conducted to determine whether the groups differed significantly prior to intervention. Three (groups 1-3) X 3 (interview time, t2-t4) ANOVAs were conducted to determine whether participants' TRAIT Anxiety improved after intervention, whether participants' TRAIT Anxiety improved without intervention, and whether the degree of TRAIT Anxiety improvement was significantly greater for participants receiving Reiki.

Data from the categorized qualitative data were analyzed using t-tests comparing the proportion of positive responses before intervention with positive responses two months after intervention. Refer to "Voices of Healing" (MacDermott, 2001) for qualitative results.

## Findings

Groups did not differ at Time 1 on TRAIT Anxiety measure  $F(2, 19) = .680, p = .520$ .

The Group by Interview time ANOVA revealed a significant interaction  $F(2, 19) = 4.437, p = .01$ . At the first interview, before intervention was introduced, participants in group 1 indicated a mean TRAIT score of 52.00, immediately after intervention, scores decreased to 43.75, two months after intervention scores increased to 47.00, and four months after intervention scores decreased again to 45.50. The mean TRAIT score for participants in group 2 two months before intervention was 54.75. Immediately before intervention the mean score remained constant at 56.00. After intervention the mean score had decreased to 42.43 and two months after intervention the mean score maintained at 43.43, consistent with the hypothesis. The mean TRAIT score for participants in group 3 two months prior to intervention was 62.00, immediately before intervention the mean scores maintained at 62.13, and after intervention the score decreased to 55.00. From the results it appeared that indices of TRAIT improved after intervention when no improvement was evident during baseline. Furthermore, it appeared that these improved levels maintain for two months<sup>3</sup>.

Interview responses pertaining to eating and sleeping habits, body pain and headaches, and general feeling are presented in Table 5. The difference between the proportion of positive responses before and after intervention were significantly different, general feeling  $t(62) = 5.15, p < .001$ , sleeping habits  $t(62) = 5.07, p < .001$ , eating habits  $t(62) = 2.41, p < .01$ , back pain  $t(62) = 5.38, p < .001$ , and headaches  $t(62) = 4.95, p < .001$ .

## Discussion

The primary objective of this study was to assess the degree of improvement in participants' health status, which resulted from their use of Reiki. Comparison of pre- and post-observations revealed a dramatic improvement in six aspects of health status. These included: (1) improved sleep; (2) improved eating; (3) decreased anxiety; (4) decreased body pain; and (5) overall feeling. Tests of statistical significance indicated that these improvements were far outside the bounds of what could be attributable to random variation. Furthermore, effects were of sufficient magnitude to translate into dramatic and significant improvement in overall quality of life for participants, some of whom described the Tamara's House intervention as a life-altering experience.

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3. No differences were discovered between Aroma-Massage and Reiki participants and analyses using both samples were also significant.

## Table 3 - Description of Variables and Measures

Variable	Method	# of items	Reliability <sup>cc</sup>	Sample items
Trait Anxiety	SAa & CEB questionnaire	20	0.95	I feel rested I feel like a failure
Sleeping Habits	OEc & CE semi-structured interview	3	N/A	How have you been sleeping? How many hours of sleep do you usually get in a night?
Eating Habits	OE & CE semi-structured interview	3	N/A	How have you been eating? What do you normally eat during a day?
Back Pain	OE & CE semi-structured interview	4	N/A	Do you generally experience back pain? How much back pain have you experienced lately?
Head Aches	OE & CE semi-structured interview	4	N/A	Do you generally experience headaches? Has there been any change in the headaches you experience?

a - self-administered  
b - closed ended  
c - open ended

Table 4 displays that means changed consistent with hypotheses. Means remained consistent during baseline, however, they decreased from before to after intervention.

## Table 4 - Interaction Breakdown for Trait Anxiety

Group	Interview Time	F (df)	Significance	Means
		4.44 (2, 19)	0.01	
Group 1	Interview 1 (<intervention) <sup>a</sup>			52.00
	Interview 2 (>intervention) <sup>b</sup>			43.75
	Interview 3 (>intervention)			47.00
	Interview 4 (>intervention)			45.50
Group 2	Interview 1 (<intervention)			54.75
	Interview 2 (<intervention)			56.00
	Interview 3 (>intervention)			42.43
	Interview 4 (>intervention)			43.43
Group 3	Interview 1			
	Interview 2 (<intervention)			62.00
	Interview 3 (<intervention)			62.13
	Interview 4 (>intervention)			55.00

a - before Reiki sessions  
b - after Reiki sessions

**Table 5 - Categorized Qualitative Results from before to two months after intervention**

Variables	Immediately Before <sup>a</sup>	2 months after <sup>b</sup>	Change <sup>c</sup>	%Change <sup>d</sup>	t (df=62) <sup>e</sup>	Significance <sup>f</sup>
Overall feelings	0.14	0.67	0.53	479%	5.15	<.001
Sleeping habits	0.09	0.6	0.51	667%	5.07	<.001
Eating habits	0.4	0.71	0.31	178%	2.41	<.01
Back pain	0.17	0.67	0.56	418%	5.38	<.001
Headaches	0.13	0.67	0.55	536%	4.95	<.001

a - responses to interview questions reported before intervention

b - responses to interview questions two months after intervention

c - the change in responses from before to two months after intervention

d - the percent or proportion of improvement from before to two months after intervention

e - none of the differences are likely attributable to chance. The significance levels are estimated based on the smallest difference on the table

f - this number is an estimate based on the next largest proportion of change

note: if a participant reported having no headaches, this is a positive response. If they reported eating poorly it is a negative response.

## Conclusion

The proposition that Reiki effectively addresses the consequences of child sexual abuse including anxiety, body pain, headaches, eating habits, sleeping habits, and general feeling is strongly supported by the present study.

## Notes

1. MacDermott, W., & Epstein, M. (2000). Reiki is Effective in Addressing Major Consequences of Child Sexual Abuse - technical Report.
2. MacDermott, W. (2000). The impacts of Aroma-Massage and Reiki on Survivors of Sexual Abuse. Unpublished Masters Thesis. Department of Psychology, University of Saskatchewan.
3. MacDermott, W. (2000). An Outcome Evaluation of Psychodramatic Bodywork® Using Goal Attainment Scaling. Practicum Report, University of Saskatchewan.
4. MacDermott, W., Epstein, M., Elliott, A., Schachter, C. (2000). Evaluation of Tamara's House - A Community-Based Strategy for Healing Consequences of Child Sexual Abuse. Report to Saskatoon District Health.

5. Mansour, A., Laing, G., Leis, A., & Danilkewich, A. (1998). The experience of Reiki: Five Middle-aged women in the Midwest. *Alternative and Complementary Therapies*, 4(3). 211-217.
6. Kite, S., Maher, E., Anderson, K., Young, T., Young, J., Wood, J., Howells, N., & Bradburn, J. (1998). Development of an aromatherapy service at a cancer centre. *Palliative Medicine*, 12, 171-180.