BIOLOGIC SOVEREIGNTY:
THE IMPACT OF DAILY SELF-REIKI ON STRESS LEVELS
OF UNIVERSITY STUDENTS

by

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Abstract

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This study investigated the effects of self-Reiki on self-reported stress levels in university students. Reiki is an ancient Japanese healing system where healing energy is mediated to the recipient. As a biofield therapy within integrative medicine, it supports systemic regulation by activating the parasympathetic nervous system, promoting coherence, and restoring balance in the body's self-organizing processes. While Reiki research is growing, studies on self-Reiki remain limited. Given the global impact of stress on immune function and disease, this study is highly relevant. A convergent mixed-methods design integrated quantitative and qualitative data. Thirty-six students (ages 18–35) were assessed using the Perceived Stress Scale (PSS-10) and General Well-Being Schedule (GWB) before and after a 4-week intervention. Participants were randomly assigned to an experimental group ($n = 18$), receiving Reiki Level 1 attunement and practicing self-Reiki for 10 minutes daily, or a control group ($n = 18$), which read health articles for the same duration and transitioned to self-Reiki at Week 4. Statistical analysis included two-sample *t*-tests and the nonparametric sign test. Weekly journal entries provided qualitative insights into participants' lived experiences. Findings revealed reduced stress, increased well-being, and predominantly positive journal reports for both groups, supporting self-Reiki as an effective stress mitigator. Data triangulation enriched the analysis, offering a comprehensive understanding of self-Reiki's benefits. The centropic healing cartography, a novel theoretical framework, contextualizes these findings within biofield science, consciousness, and transpersonal insights, highlighting self-Reiki’s potential as a sovereign tool for stress reduction and well-being enhancement in university students.

Dedication

Reiki is the plane; 3D is the kite.

—Clare Xavier Bredell

To my beloved daughter, Ruby. Thank you for being my unwavering support throughout this personal and academic journey. Every check-in, each question about my coursework, and your genuine interest in my research meant more to me than words can express. Our reflective and healing conversations have been a source of profound connection and encouragement.

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Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction

This chapter presents an introduction to and an overview of the dissertation, commencing with an exploration of the broader integral background of the research topic. It proceeds with the problem statement, study purpose, research question, the study's significance, and a summary of the research method. The chapter culminates with a brief overview of the organization of this dissertation.

Integral Background of the Research Topic

Reiki, a Japanese energy healing system with a history spanning over 2,500 years (Bukowski, 2015), entails the transmission of healing energy from the practitioner to the recipient, fostering healing through contact or touchless approaches. Reiki, once perceived as an antiquated ancient tradition, has gained recognition as a biofield science and a complementary and alternative medicine (CAM) as Chapter 2 of this report illustrates. Understanding the integral foundations of complementary practices like Reiki is crucial for establishing a robust basis to support the rationale behind this study, which is focused on self-Reiki and its effects on stress.

Schlitz (2023a) shared the integral perspective that healing, as a path toward wholeness, is a multidimensional construct where existing materialistic, physicalist paradigms are being tested and stretched so they may include social, environmental, cultural, and spiritual relationships. Healing is not to be confused with the current allopathic concept of curing, which is contextual, situational, and generally seen as a quick fix. An integrative approach to healing acknowledges the mind-body's capacity for healing itself, including and beyond our immune and endocrine systems—beyond our basic biology.

In recent years, there has been a growing emphasis on whole-person health, particularly as highlighted by the National Center for Complementary and Integrative Health (NCCIH). This perspective seeks to promote health and well-being by considering the interconnectedness of physical, mental, emotional, and social dimensions of health, as well as the influence of environmental and spiritual factors (NCCIH, 2023). Whole-person health moves beyond merely addressing symptoms or diseases, emphasizing the importance of fostering resilience, self-care, and preventive approaches to health.

Aligned with this holistic view, the World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, n.d., para. 1). This multidimensional definition underscores the significance of integrating various aspects of well-being to achieve optimal health outcomes. Both frameworks align closely with the transpersonal and biofield perspectives explored in this dissertation, which consider the interconnected nature of human experience in the pursuit of healing and well-being.

Wilber posited that "all illness is deeply embedded in networks, systems, and chains of pathology" (as cited in Schlitz et al., 2005, p. xviii), which speaks to the interconnectivity of human beings. Wilber stressed holding the view from 50,000 feet, avoiding the repression of dimensions, and losing a coherent perspective of health. According to Wilber's four quadrants, the integral approach is composed of intentional (subjective), behavioral (objective), cultural (intersubjective), and social (interobjective)—with the upper right quadrant, the individual-exterior, being solely used in the current Western biomedical paradigm. The other three quadrants of human experience are thereby ignored in this medical model.

Astin and Astin (as cited in Schlitz et al., 2005) suggested that the mind-body split in medicine is due to the lack of a framework that conflates the biopsychosociocultural values, which led them to Wilber's integral quadrant mentioned above. Astin and Astin viewed this model as a heuristic device that could increase the range of relevant factors in clinical cases, catalyzing a more holistic outcome for patients.

Benda (as cited in Schlitz et al., 2005) perceived the integral approach as more of a template galvanizing the evolution of medical philosophy rather than its therapeutic applications. He suggested that the existing paradigm need not be torn down. According to Benda, what is needed for the integral approach to flourish is an energy source or the experience of the noetic relationship, including all quadrants in Wilber's model. He suggested this noetic relation be with oneself and extend to one another, as well as the environment in which one lives.

Beyond an interdisciplinary setting, a transdisciplinary perspective is necessary to garner a new alchemy of healing (Schlitz, 2023b). According to Jain (2018), transdisciplinary research can galvanize an emergent model that occurs from the amalgamation of various approaches and schools of thought. That amalgamation leads to a deeper, comprehensive understanding of wellness and the healing process.

In consideration of the integral approach to health and wellness and increasingly sick biosphere and noisy environs, there is a call for the incorporation of the neglected subtle forms of healing. Specifically, biofield therapies like Reiki support the concept of biologic sovereignty by offering empowerment in aiding the regulation of one's own biology.

Ancient sciences like Reiki are based on subtle biofield energies and nonlocal information that open us to a greater awareness of our own body's inherent ability to regulate itself and heal (Jain, 2022). The convergence of leading-edge science with these wisdom teachings can create a unitive narrative and a more comprehensive approach to health (Currivan as cited in Consciousness and Healing Initiative [CHI], 2023).

With a balanced, more complete approach to whole person medicine a holistic narrative is supported. The entirety of the universe is mirrored in each individual, in every pixel; everything is intricately linked to the whole (Currivan, as cited in CHI, 2023). Benda (as cited in Schlitz et al., 2005) shared beautiful imagery of interconnectedness and collaboration: “We are all part of a health care hologram—shine a light through one of us, and you will see an image of the whole” (p. 38). This paradigm shift will undoubtedly succeed through a concert of voices, including researchers in Reiki biofield therapy and its advancement.

Problem Statement

Stress, a pervasive worldwide issue, is a crucial subject to investigate for the purpose of enhancing longevity and overall well-being (American Institute of Stress, 2023). Stress is defined as a condition of mental, physical, or emotional strain and pressure that occurs when a person perceives that life’s demands exceed their available resources and personal resilience (American Institute of Stress, 2023).

Among the top sources of stress for university students are factors such as the global and national responses to COVID-19, worries about missing educational or extracurricular opportunities, handling academic workloads, limitations on recreational activities and leisure time, mental health concerns, Zoom fatigue, and domestic and international political situations (American Institute of Stress, 2021). Students experiencing elevated stress levels tend to perceive themselves as less healthy, exhibit a greater likelihood of adopting unhealthy behaviors, and report diminished levels of self-esteem (Bukowski, 2015).

The potential enduring effects of chronic stress and trauma resulting from the COVID-19 pandemic are particularly concerning for this younger population, as they grapple with unparalleled levels of uncertainty and have already begun to exhibit signs of depression

(American Institute of Stress, 2023). Stress levels are currently at an all-time high and without precedent (American Institute of Stress, 2023).

Conventional treatments for stress primarily include psychotherapy, pharmacotherapy, or a combination of both. Cognitive behavioral therapy is one of the most effective psychotherapeutic approaches for stress management, showing significant symptom reduction across various anxiety-related disorders (Bhattacharya et al., 2023). Pharmacological interventions such as selective serotonin reuptake inhibitors (SSRIs) are commonly prescribed and have demonstrated efficacy, although individual responses vary (Bandelow et al., 2017).

However, the growing recognition of the limitations of conventional treatments has led to an increasing interest in integrative approaches to stress management. The National Health Interview Survey data from 2022 indicated that practices such as yoga, meditation, and massage therapy are widely used, with stress relief being one of the primary motivators (National Center for Complementary and Integrative Health, 2022). Additionally, a recent study found that brief complementary interventions, including aromatherapy, massage, and meditation music, significantly reduced perceived stress, anxiety, salivary cortisol, and heart rate in college students, supporting the role of integrative approaches in enhancing student well-being (Cefo et al., 2025).

The biofield hypothesis within complementary and alternative medicine—more recently referred to as integrative medicine—along with existing efficacy and qualitative studies discussed in the next chapter, will support Reiki and self-Reiki as key components of an emerging integrative bio-energetic medical paradigm.

Purpose and Research Question

The purpose of this study was to explore the daily practice of self-Reiki and evaluate its potential impact on stress levels for university students (ages 18–35). According to Miles (2006), an expert in medical Reiki, the vital force energy mediated during treatment helps bring the body back to a relaxed homeodynamic state through activating its own innate natural healing mechanism. Upon receiving the initial Reiki attunement, an individual gains the capacity to utilize healing Reiki energy for self-treatment. The aim of this study was to determine if daily self-Reiki impacts stress levels for university students after 4 weeks of practice. The specific research question was: *What effects does a 10-minute daily self-Reiki practice over 4 weeks have on the perceived stress levels of university students?*

Significance

Prior to the pandemic and related challenging global events, over 33% of college students expressed a need for stress-reduction strategies and educational support (Bukowski, 2015). Self-Reiki, being a cost-free, easily accessible, and limitless practice (Baldwin, 2020; Singg, 2015), deserves significant attention in health initiatives aimed at addressing the potential outcomes of chronic stress; in this instance, enabling university students to foster self-regulation which aligns with the salutogenesis approach to well-being.

The salutogenic hypothesis suggests that humans have an inherent capacity to move toward health and well-being (Mittelmark et al., 2017). This approach emphasizes the distinction between health promotion and curative medicine, focusing on strengths and motivation to improve one’s health. Salutogenesis shifts away from the traditional risk factor and disease model, allowing for the examination of health-promoting factors that enable individuals to identify problems and find healthy solutions to overcome stress. Salutogenesis can encompass both modifiable behaviors and personal resources as pathways to well-being. Engaging in a brief 10-minute daily self-Reiki practice qualifies as a salutogenic method for promoting wellness and may serve as an effective stress-reduction technique.

This study aimed to enhance the understanding of the connection between self-Reiki and stress, and to specifically determine whether self-Reiki can effectively serve as a self-care strategy for managing stress levels for university students. While this study primarily focused on assessing stress through personal perception, the potential benefits of reduced stress could extend to significant impacts including reduced need for medication, improved overall health, and better quality of life. Moreover, as it relates to mitigating the effects of long-term chronic stress it could lower rates of cardiac and stroke-related issues and reduce healthcare costs. This study's findings may contribute valuable insights into cost-effective stress management programs at academic institutions and other high-stress environments.

This research on the effects of self-Reiki on stress levels is significant for several reasons. While there is a growing body of research on Reiki biofield therapy, studies specifically examining self-Reiki remain scarce, underscoring the need for further exploration in this area (Bukowski, 2015; Vitale, 2009). Second, by employing a mixed-methods approach that included a scientifically validated quantitative methodology within an experimental framework, this study provided data rooted in science, contributing to the knowledge of the effects of self-Reiki on stress levels among university students. Lastly, the findings contribute valuable insights for future self-Reiki research on related topics such as anxiety, depression, and pain.

Personal Significance

The topic of Reiki and health has personal significance to the author as a Reiki Master and practitioner of transpersonal counseling. The author instructs and empowers students and clients by providing guidance and attunements, recommending self-Reiki as a component of a holistic approach to enhance their health and well-being. The cumulative benefits of Reiki and self-Reiki over time have been compelling enough to drive the author to investigate the mechanism and biofield science within academia and be in the vanguard for its advancement into mainstream healthcare.

The author, a single mother of a university student, has personally observed the mental-health challenges linked to the COVID-19 pandemic and the recent broader global state of affairs and unrest, particularly as they impact Generation Z, including her own daughter. This fostered a motivation to contribute to the management of these emerging and varied mental health issues. The author attuned her daughter at the age of 13 as a rite of passage and an avenue for knowing and regulating the whole self. Her daughter has since advanced to Reiki Level 3 and consistently engages in self-Reiki practice as a form of self-care.

Self-Reiki has been a practice for the author for many years and has become as much a part of the day as brushing teeth. The author has coped with ongoing anxiety due to accumulated trauma and psychic sensitivities. Self-Reiki, in conjunction with a range of both conventional and alternative methods, has played a role in providing a health approach rooted in salutogenesis, with the primary foundation being biologic sovereignty.

Overview of Method

This convergent mixed-methods (Creswell & Creswell, 2018) study investigated whether the implementation of a daily stress management technique in the form of self-Reiki practice led to a reduction in stress levels among university students. The study involved undergraduate and graduate university students with recruitment carried out through networking and social media methods. The participant pool was 36 students, with half assigned to a control group (n = 18) and the other half to an experimental group (*n* = 18). Five participants dropped out of the study (41 participants originally consented to join).

Participants' stress levels were measured using the Perceived Stress Scale (PSS-10) and the General Well Being Schedule (GWB). The experimental group received Reiki Level 1 training and attunement and practiced 10 minutes of daily self-Reiki for 4 weeks. The control group read provided health education articles for 10 minutes a day and transitioned to the intervention group at Week 4 and performed the same prescribed treatment for the next 4 weeks. Both groups refrained from any new stress-reduction modalities during the length of this study. Posttest data using the PSS-10 and GWB instruments were collected to assess changes in stress levels. Two-sample *t*-tests were used to compare differences between the two groups in baseline measures or their change over time. The nonparametric sign test was used to test if median changes in the measures over time were significantly different than 0.

Concurrently, qualitative data were garnered through weekly journal entries that conveyed participants answers to prompted questions about their self-Reiki experience. Collecting data quantitatively and qualitatively and triangulating data sources helped to neutralize the bias and weaknesses in each method (Creswell & Creswell, 2018). In this case, the PSS-10 and GWB results for each group were converged with the journal entry responses and provided a comprehensive analysis of the research problem.

Organization of Dissertation

This chapter presented an introduction to the dissertation. Chapter 2 delves into the literature, covering a comprehensive overview of Reiki, the biofield hypothesis, complementary and alternative medicines, the implications of stress, and efficacy and qualitative studies of Reiki and self-Reiki. Chapter 3 outlines the methodology, including research design, participant details, instrumentation, data collection, and analysis methods. Chapter 4 presents the study's results, while Chapter 5 provides a discussion of these findings, explores their limitations, and offers recommendations for future research. The *centropic healing cartography* (CHC) serves as a new theoretical lens through which to interpret these results, offering a framework that combines transpersonal psychology, biofield theory, and consciousness studies. This amalgamation supports a deeper understanding of self-Reiki's impact on stress reduction and well-being.

Chapter 2: Literature Review

This chapter presents an in-depth exploration of Reiki, encompassing its definition, ancient origins, and various applications. The biofield hypothesis and definition will position Reiki as a modern biofield therapy and, as such, offer explanations regarding the mechanisms and contemporary perspectives concerning biofield science. Reiki will also be classified as a form of complementary and alternative medicine, and its prevalence in this domain will be examined. Further, a comprehensive review of stress as a pervasive global health concern will be presented, elucidating the implications and somatic repercussions of stress. Efficacy and qualitative studies on Reiki and self-Reiki will be discussed to create an understanding of the existing foundation and identify the lacuna in the literature. This review establishes connections between stress and the potential integrative role of self-Reiki in alleviating stress responses while promoting holistic well-being and biologic sovereignty.

Reiki

Reiki pronounced (ray-key) translates to "universal life force energy" (Dyer as cited in Harvard Divinity School, 2023, 3:23) and is an ancient Japanese healing system where the practitioner mediates this energy to the recipient. Eastern philosophies since time immemorial have believed that life force energy permeates all of life and maintains life in the physical body (Gilberti, 2004). Other languages have similar words for life force energy; for example, *ch'i* in Chinese, *prana* in Sanskrit, *mana* in Polynesian, *pneuma* in Greek, and *ruah* in Hebrew (Singg, 2015). In a Reiki session, this universal energy is transferred from the practitioner to the receiver through the hands, by either hovering or light touch, and impacts the energy and information within and around the body (Dyer, as cited in Harvard Divinity School, 2023).

This ancient healing practice is noninvasive, nondiagnostic, and nondirective and is believed to promote healing and well-being (Singg, 2015). Reiki can transcend the bounds of space and time, allowing practitioners to send healing energy through intention, even from a distance. The aim of Reiki is to support the parasympathetic nervous system, help settle the spirit deeply into the body, and facilitate and accelerate the body's innate ability to heal itself and prevent imbalances (Reiki Master C.X. Bredell, personal communication, June 10, 2015).

According to the Institute of Noetic Sciences (2015), Reiki is described in this way:

> Even though many varying schools of Reiki exist, they all ascribe to the idea that Reiki healing involves a transfer of a universal energy or life force mediated by one sentient being to another. This ancient Tibetan practice ... is currently classified by The National Center for Complementary and Alternative Medicine as an energy medicine, and explicitly as a biofield therapy. (p. 1)

The biofield hypothesis will be discussed in detail later in this chapter and will help elucidate the valuable modern worldview of this ancient science.

Reiki is primarily used to address anxiety, stress, and pain reduction while also cultivating a sense of well-being and improving quality of life (Baldwin, 2020; Bukowski, 2015; Miles, 2006). Reiki sessions can lead to deep relaxation and centering (Stein, 1995), and with the mind quieted and the essential Self present, root healing and transformation can occur.

Engaging in the exchange of Reiki energy is a transpersonal experience. Anderson described transpersonal psychology as "delving deeply into the most profound and inexplicable aspects of human experiences, including mystical and unitive experiences, experiences of transformation, extraordinary insight, meditative awareness, altered states of consciousness, and self-actualization" (Braud & Anderson, 1998, p. 69).

Friedman and Hartelius (2015) provided a succinct and rich definition of transpersonal psychology: "An approach to psychology that 1) studies phenomena beyond the ego as context for 2) an integrative/holistic psychology; this provides a framework for 3) understanding and cultivating human transformation" (p. 6). These definitions encompass a wide range of transpersonal experiences for both the practitioner and recipient, including experiences of interconnectedness and a unifying narrative that underscores the overarching concept of Universal Love (Dyer, as cited in Harvard Divinity School, 2023). Attention, focus, and love are three key ingredients in the effectiveness of Reiki (Dyer, as cited in Harvard Divinity School, 2023).

Reiki practitioners have reported working with nonphysical beings that provide guidance and past life information during Reiki sessions (Schlitz & Braud, 1985). Pohjanheimo (2012) investigated the blossoming of intuitive and magical thinking among Reiki practitioners, exploring the cognitive processes involved in such mystical experiences. Here the practitioner's experience extends into realms not considered real by Western culture (Grof, 1998). There is an element of the unknown and the ineffable present in Reiki sessions. Intuitive listening, relaxing music, the therapeutic effects of touch, compassion, and empathy are all woven in as state-altering tools (Grof, 1998), curating a transpersonal healing experience for the recipient. A study by De Vitto (2021) examined the transformative experiences of Reiki practitioners, emphasizing profound transpersonal spiritual growth. These elements firmly establish Reiki as a transpersonal practice, offering a framework for transformative experiences that align with the principles of transpersonal psychology.

Reiki's Ancient History

The hands-on energy healing system of Reiki originated in ancient Tibet some 2,500 years ago (Singg, 2015). It is said to have migrated to India, Egypt, Greece, and Rome to the West; and to China and Japan in the East (Schlitz & Braud, 1985). It is believed that sacred codes once attuned, activated natural healing energies that lifted consciousness to a higher circuit

(Schlitz & Braud, 1985). These ancient keys were rediscovered in the mid-19th century by Dr. Mikao Usui, a Japanese Scholar and Christian minister inspired by both Jesus and Buddha (Stein, 1995), who was "searching for truth and enlightenment" (Schlitz & Braud, 1985, p. 104).

According to Singg (2015), Usui studied ancient Tibetan Buddhist Sanskrit in the form of Sutras which shed light on the healing mechanism of Reiki. Not satisfied with solely reading about this healing art, Usui decided to perform an ancient Indian ritual called *Tapasya*—fasting and meditation—on Mount Koriyama near Kyoto, Japan (Singg, 2015). Usui placed a stone before him marking the passing of each day; 21 stones later a numinous experience occurred. He was struck with a "powerful, illuminating ball of light on his forehead" (Gilberti, 2004, p. 482). He reported seeing colorful light bubbles containing the holy symbols of Reiki along with instructions to memorize them and keep them sacred and safe.

With this remarkable transpersonal experience and download of mysterious symbols, he created the Usui system of Reiki. Usui attuned 21 students to Reiki Master before he died in 1926, among them was a medical doctor, Chujiro Hayashi (Miles, 2006). Hayashi opened a clinic in Tokyo, Japan, where he met an American-Japanese woman named Hawayo Takata who sought help with her poor health. She suffered from several severe illnesses and claimed Reiki energy healed her; later she became completely devoted to it. Hayashi trained and attuned her to Reiki Master to collaborate in sharing Reiki in the West. Takata brought it first to Honolulu in 1938 and from there it spread world-wide (Miles, 2006). However, like most Eastern healing modalities arriving in the West, Reiki has been mostly dismissed by the larger scientific community and viewed as alternative with insufficient evidence for its efficacy in healing. That narrative is gradually evolving, as other Eastern forms of medicine and healing, such as acupuncture, are increasingly embraced and utilized on a global scale (Xu et al., 2022).

The Sacred Reiki Symbols and Attunement

There are five sacred symbols that are integral to Reiki, once only shared in person but now widely seen in books and online (Stein, 1995). The symbols cannot be activated without an attunement from a Reiki Master and are traditionally only shared between teacher and student offering respect and reverence to Usui and the lineage of this healing art.

Attunement means initiation; in Sanskrit it is *abhiseka,* or empowerment (Stein, 1995); in Japan it is called *Reiju* (De Vitto, 2021). The ritual of attuning a student requires a Reiki Master (RM), a person who has completed all the Reiki training and received all five symbols. The RM places the symbols into the crown chakra at the top of the head, followed by placing the symbols into the receiver's palms (Stein, 1995). Passing on these ancient codes through ritual takes just a couple minutes. Upon receiving an attunement, students have reported warmth, unitive experiences, emotional release, remembering they were a healer in a past life, tingling, embodied activation of energy and more. There are as many experiences of attunements as there are students (Stein, 1995).

According to Stein (1995), a Reiki attunement serves to unlock and enhance the life force energy capacity of the recipient while also removing any blockages in their energy channels. There is a belief that bioenergetic material associated with past traumas is either released or reorganized (De Vitto, 2021). Reiki practitioners can experience a process of personal transformation and self-healing following their attunement to Reiki (De Vitto, 2021; Miles, 2006; Stein, 1995). "Healing can be understood as a transformative journey toward wholeness in which transcendence of suffering and new meaning is found" (De Vitto, 2021, p. 2). Transformation can be understood as "a profound internal shift that results in long-lasting changes in the way you experience and relate to yourself, others and the world" (Schlitz et al., as cited in De Vitto, 2021, p. 2). New practitioners have reported increased intuition and a sense of empowerment (Stein, 1995). De Vitto (2021) shared, “Healers may experience a sense of transcendence from a body-bound self to one of expansion” (p. 12). Receiving a Reiki attunement can be a profoundly transformative event.

While there are five symbols, this review will focus only on the first, *Cho-Ku-Rei*, as this attunement represents the entry into the Usui lineage of healing and empowers the recipient to practice self-Reiki, which is the focus of this study. Unlike other subtle energy touch therapies (e.g., healing touch or therapeutic touch), Reiki enables the practitioner to self-administer treatment (Vitale, 2009).

Self-Reiki is a self-practice that “involves setting the intention that the Reiki go to the highest good of ‘self’ and then allowing the energy to flow passively through the body. This process usually takes 30-60 seconds or even less” (Baldwin & Schwartz, 2012, p. 301). By simply placing the hands on one’s body, and through intention, the healing intelligence of Reiki energy can be received. According to Baldwin (2020), receiving Reiki sessions has numerous benefits but “practicing Reiki on oneself provides the ultimate gain” (p. 90) and offers a sense of empowerment. Miles (2006), a Reiki Master, recommends that her clients, especially those leading stressful lives, incorporate daily self-Reiki into their self-care routine. Cho-Ku-Rei is the ancient code that imparts the capability for self-Reiki practice.

Cho-Ku-Rei roughly translates to place the power of the universe here (Stein, 1995). It is received during the first attunement and is considered the power symbol that acts as a light switch, turning Reiki on (Stein, 1995). At this level, the recipient acquires fundamental knowledge, including basic hand positions, historical context, and guiding principles.

Cho-Ku-Rei is the foundation for all other symbols as self-Reiki primes the student for receiving the more advanced symbols. In addition to self-Reiki, the student can also utilize this symbol to bless and cleanse various items such as food, spaces, crystals, water, and more (Stein, 1995). Daily self-Reiki is believed to have many benefits including lowering stress and anxiety, relieving pain, improving sleep, and overall well-being (Baldwin, 2020; Miles, 2006). This initiation can be the start of psychospiritual transformation for the Reiki student (De Vitto, 2021).

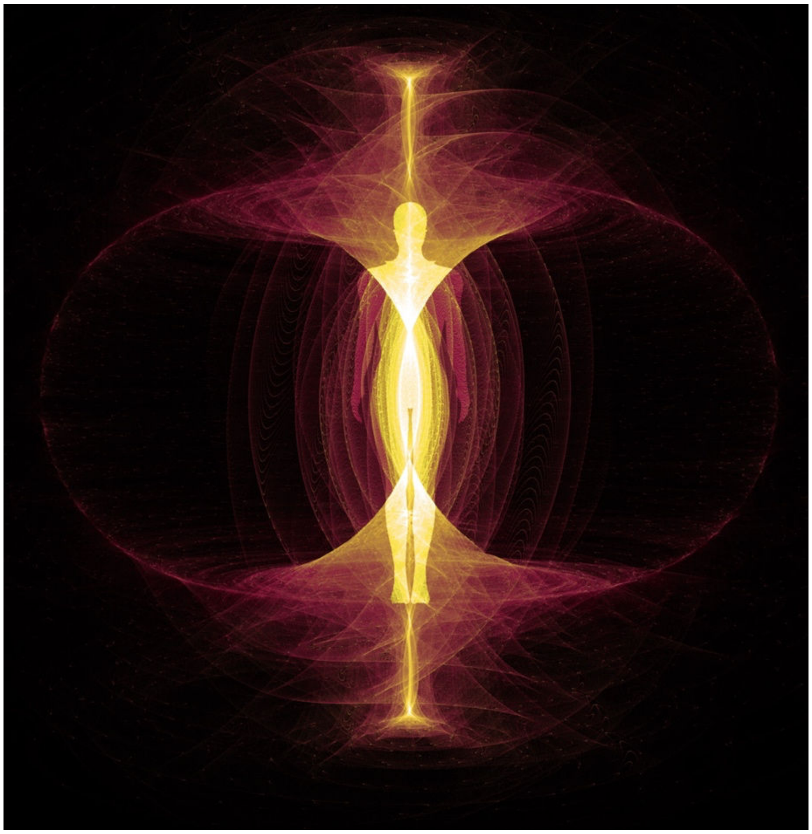
Biofield Hypothesis

It is crucial to identify Reiki as an ancient science that has been revived, playing a relevant role in biofield science, and empowering individuals as a valuable component of holistic health approaches. The science of healing is broadening with the possibility of a creative convergence of settled science and wisdom teachings (Currivan, as cited in CHI, 2023). Studying subtle energies and the biofield has the power to transform our understanding of the untapped potential and vast unplumbed capacity of human beings.

Biofields (see Figure 1) can be broadly viewed as sets of interacting and interpenetrating fields of information and energy; some electromagnetic and others more subtle in nature (Jain, 2021). The term *biofield* was coined by the Office of Alternative Medicine (OAM) at the U.S. National Institutes of Health (NIH) in 1992 (Rubik et al., 2015). Through consideration of therapies such as Reiki and acupuncture these modalities were recognized by the OAM as being based on the vital force which is largely considered the “quintessence of life” (Rubik, 2015, p. 83).

Figure 1

The Biofield Torus



Note. From *Human Vibrations Aura Energy Field*, by S. Kazemi, n.d., Shutterstock (Asset ID: 2050657475). Image used under license from Shutterstock.com.

The OAM developed the universal term, biofield, as it scientifically captured the essential organizing biological field for these vital force-based modes of healing (Rubik et al., 2015). Rubik (2015) has expanded the definition of biofield and suggested:

> The biofield as nature's original "wireless" communication system, in which the field is complex and dynamic, like a moving hologram, conveying information throughout the organism and the central regulator of homeodynamics [*sic*], the steady state behavior that changes as the organism integrates new information. (p. 90)

According to the biofield hypothesis, energy is perceived as an ever-regenerative form of information. Biofield science supports the concept of electromagnetic bioinformation, and that information affects life functions. According to Jain (2021) we are "bioelectromagnetic beings" (p. 18). Biofield therapies act informationally with the use of subtle energetic stimulation, matching in intensity to the biofield itself, and can provide integral positive effects. The biofield can also be defined as "a field of energy and information that reflects and guides the homeodynamic [*sic*] regulation of a living system, and as such influences and is influenced by consciousness" (Jain et al., 2015, p. 6). The biofield theory has been expanded to include the behavior of plants, cells, organs, relational interactions, and even the Earth (CHI, 2020).

The OAM also successfully submitted the term *biofield* as a Medical Subject Heading (MeSH term) at the National Library of Medicine making it an official search term for scholars and topic of research interest (Rubik et al, 2015). "Energy medicine (or biofield therapies) is the act of channeling and manipulating the energy that courses through your body in order to heal it" (CHI, 2020, p. 12). Research has brought forward theories on how these biofield therapies work and analysis of their potential efficacy.

Biofield Mechanism Theories

Most skeptics believe that studies documenting positive results from biofield therapies are either poorly executed or merely demonstrate the presence of a placebo effect (Ernst, 2007). However, systematic reviews found that Reiki biofield therapy, for example, is better than placebo through analyzing available clinical studies (McManus, 2017; Zadro & Stapleton, 2022). The findings indicated that Reiki shifts the autonomic balance toward parasympathetic dominance and that physiological measurements show Reiki as more effective than placebo in increasing heart rate variability and decreasing resting heart rate and blood pressure (McManus, 2017). These effects are likely driven by Reiki's power to activate the parasympathetic nervous system and increase heart rate variability, which can be understood in terms of the neurovisceral integration model and the polyvagal theory (McManus, 2017). Hence, what might be considered a placebo effect might actually reflect biofield shifts caused by biofield therapy (Jain, 2021). Exploring the notion of nested fields or systems and quantum entanglement expands this theory.

Living systems, according to Rubik (2015), are complex, dynamic, nonlinear, and self-organizing at a universal level. Within this larger system, information is in constant exchange on multiple levels, thereby maintaining existence. Organisms are metaphorically exquisitely sensitive antennae for subtle, natural electromagnetic fields. It is these natural fields where life is immutably interconnected to the environment in which it exists, as well as all the organisms within it. This form of entanglement between fields establishes an interdependent system where nonlocal regulating information can be transferred (Jain, 2021). “Entanglement allows a natural self-healing process to occur which is otherwise prevented by a local attractor in the unhealthy person’s system rather like shaking up a system so it can resettle in a new way” (Hyland, 2004, p. 203). In biofield therapies and through the theory of entanglement, the practitioner transfers nonlocal regulating information into the client’s system because both the healer and recipient have recognition, consciously or otherwise, of being within the same larger system (Hyland, 2004).

One specific concept of the biophysical field, proposed by Fröhlich, is also based on quantum physics, specifically coherent oscillations (Rubik, 2015). The physical state of coherence is where all parts of an organism oscillate simultaneously creating long-range dynamic order, with the particles being communal and inseparable. Being multidimensional vibrational entities, it is innate for humans to strive for harmony and alignment both internally and externally. This state of coherence influences biological regulation and repair mechanisms.

Another piece of Fröhlich’s model is quantum electrodynamics (QED), which involves hypothetical nanostructures in water called coherent domains (Rubik, 2015). These coherent domains create dynamic order over distance, from intracellular to the entire system, and behave as antennae for exogenous fields. Given that the human body and other organisms are made up of at least 70% water, Rubik (2015) posited that the QED theory of water may “underlie the dynamic organization of life itself” (p. 88).

According to Fröhlich’s coherent modes, living organisms produce subtle photon emissions called biophotons (Rubik, 2015). Biophotons have been shown to be involved with intracellular communication and communication between organisms. There is preliminary evidence that biophoton emission measured by energy healers and their clients changes before, during, and after a session, leading to a possible cause of energy healing. Essentially, through entanglement and resonance, harmony and order can be brought back to an organism’s system and create regulation and healing.

Impediments to Mainstreaming Biofield Therapies

To ensure that integrative modalities like Reiki can find their rightful place in comprehensive healthcare, we must confront and resolve the barriers preventing their mainstream acceptance. Hufford et al. (2015) offered several characteristics of biofield therapies that create resistance. First, the terminology used with biofield science (e.g., subtle energies or vital force energy) does not fall within the ontology of conventional science which results in demarcation issues. For example, traditional positivistic-based science sees vital force without merit in explaining life sciences putting the biofield at odds with biomedicine. Scholars have historically embraced positivist thinking, rooted in objective, evidence-based truth achieved through rigorous experimentation (Park et al., 2020). Pioneers like Copernicus and Galileo revolutionized our understanding of nature through data-driven explanations. This approach continues to underpin contemporary research in clinical and basic sciences, evident in international standards for scientific rigor in prominent journals and professional organizations, shaping how clinicians pursue scholarly knowledge (Park et al., 2020).

Not only is biofield science considered outside the bounds of science, but it is also considered *pseudoscience* by some (Hufford et al., 2015). Western science dismisses the concept of vital force as it cannot be observed or quantified despite the fact that this vital force, often referred to as *élan vital*, holds a central role in the teachings and wisdom of many indigenous cultures. With recent discoveries in energy medicine, and mind-body science, the dominant biomedical paradigm is being challenged (Rubik, 2015).

Second, biofield modalities became popular more quickly with the general public than with scientists (Hufford et al., 2015). This tends to support the pseudoscience label and demarcation. This divergence in the rate of acceptance between the general public and the scientific community has led to a significant disconnection in the perception and understanding of biofield modalities. While the public has been more open to exploring these therapies due to their potential benefits and personal experiences, scientists have often approached them with caution, demanding rigorous scientific evidence for their efficacy.

Third, the use of the word *spiritual* within energy healing practices clearly moves it to the nonmaterial realm and further away from conventional materialism (Hufford et al., 2015). Science denies religion; in using the word *spiritual* it fundamentally creates a barrier to transcend the fringe of mainstream medicine. By embracing the spiritual aspect, these modalities can often find themselves distanced from the prevailing scientific paradigms, which typically eschew religious or metaphysical elements.

Lastly, and perhaps because of the aforementioned characteristics, biofield healing has been criticized for lacking an academic infrastructure in which theory and practice can thoughtfully grow. The hindered scientific study of the biofield is the result of the general rejection of religious, indigenous, or ancient medical systems (CHI, 2020). It is an Occam's razor conundrum where a simpler explanation is preferred in the current biomedical paradigm over the complexities of subtle energy medicines.

Despite sociocultural and scientific resistance, for our species to survive it will necessitate gaining knowledge of the many layers of consciousness; especially the subtle realms that are not visible to our ordinary human eyes (Singh, 2013). In support of this Singh (2013) posited, "In modern times the pursuit of knowledge has come a full circle, and the time has come to pursue the ancient science once again" (p. 101). A more complete and integrative approach to the whole capacious being can be found through dropping the binaries of traditional versus untraditional and transcending the current polarizing biomedical worldview. It underscores the need for ongoing research and dialogue to bridge this gap and better integrate biofield modalities into mainstream healthcare. The body of nascent biofield research serves as a basis and starting point from which to grow and further substantiate the effectiveness of these therapies.

Complementary and Alternative Medicine

Every biofield therapy falls under the broader category of complementary and alternative medicine (CAM). According to the National Library of Medicine (2019) CAM is described as a group of diverse healthcare practices and products that are not generally deemed as conventional medicine. As the name implies CAM modalities are used to complement or as an alternative to traditional medical protocols (Nguyen et al., 2010). CAM theories generally posit that the body can heal itself through restoring balance. There are five overarching CAM categories including alternative medicine, energy healing, manipulative somatic therapies, biologically based therapies, and mind–body therapies. Reiki, as a biofield energy healing system with an estimated 300,000 practitioners in the United States (Vitale, 2009), clearly belongs to the CAM category of nonallopathic healthcare approaches.

While the term CAM has historically been used, the landscape is shifting, and the National Center for Complementary and Integrative Health (NCCIH, 2016) now uses the term *complementary health approaches* to reflect the growing integration of these modalities into conventional medicine. This change underscores the evolving recognition of the value these practices bring to holistic health care.

A survey funded by the NCCIH revealed that 55% of the 31,000 participants felt that incorporating complementary therapies alongside conventional medical treatments enhanced their overall health (Singg, 2015). CAM users are drawn to these integrative therapies predominantly because of philosophical congruence (Astin, 1998). Specifically, they are in alignment with patients' holistic worldview and values as it relates to the meaning of health and wellness. People holding this philosophical perspective may be drawn to CAM because these modalities acknowledge the role of the nonphysical (Astin, 1998). The nonphysical alludes to biofields, as described earlier as sets of interacting and interpenetrating fields of information and subtle energy (Jain, 2021). With growing interest in CAM, it could indicate a shift in the biomedical paradigm regarding health and practices (Astin, 1998).

Research on Reiki is marginal and often with results that are neither replicable nor quantifiable, which historically has kept this CAM from fully advancing into mainstream healthcare (Bukowski, 2015). Despite widespread use of CAM modalities, and the fact that in 2021 it was an 18.8-billion-dollar industry and is projected to explode by 2030 due to extensive interest and use (Grand View Research, 2023), there is still scarcity in academic literature (Baldwin, 2020), and an even greater paucity on the topic of self-Reiki (De Vitto, 2021). According to Vitale (2009), "There is little or no research that has examined, much less supported, the use of Reiki in self-care or self-treatment" (p. 131). While Reiki has been studied for issues including pain, anxiety, and depression, it has not been proven to be effective most likely due to low-quality research with inconsistent results (National Center for Complementary and Integrative Health, 2018). However, in 2020, CHI reported,

> Over the past two decades, a number of studies have shown that Reiki treatments help diminish the negative side effects of chemotherapy, improve surgical outcomes, regulate the autonomic nervous system, and dramatically alter people's experience of physical and emotional pain associated with illness … Reiki treatment, training, and education are now available at many esteemed hospitals in the United States, including Memorial Sloan Kettering, Cleveland Clinic, New York Presbyterian, the Yale Cancer Center, the Mayo Clinic, and Brigham and Women's Hospital. (p. 15)

Moreover, Reiki treatments are available at more than 60 hospitals and clinics across the United States (Baldwin, 2020; Singg, 2015; Zadro & Stapleton, 2022). Even with these gradual progressions, Reiki continues to reside on the outskirts of mainstream acceptance.

Stress-reduction and increased relaxation are reasons Reiki is beginning to earn acceptance among patients and medical staff alike (Vitale, 2009). Nguyen et al. (2010) concluded CAM use may generally result in health improvement and emphatically suggested large-scale randomized controlled studies to rigorously bring forth a causal relationship between CAM treatments and positive effects on health. Further explorations of the biofield and biofield CAM therapies like Reiki could potentially unite *particle* and *field* views of life, augmenting medicine in integrative ways (Rubik, 2015).

Implications of Stress

Stress, a current global epidemic, is a vital topic worth exploring for the sake of greater longevity and overall improved health (American Institute of Stress, 2023). Stress is characterized as a state of mental, physical, and/or psychological tension and pressure that arises when an individual believes that the challenges of life surpass their available resources and personal resilience. Hans Selye coined the term *stress* in 1936, broadly meaning an adaptive response to a demand for change. It is important to differentiate between *distress,* which often leads to health issues, and the less commonly referred to *eustress*, which often connotes euphoria. Eustress can be illustrated by the experience of a long-distance relationship, where the anticipation of reuniting creates stress, but it is a positive and motivating kind of stress. This review will center on the effects of distress on both mental and physical well-being.

After a 2022 *Stress in America* survey, the American Institute of Stress (2023) declared the nation is facing a mental-health crisis that could lead to serious social and health repercussions for years to come. Stress statistics culled from this 2022 survey in the United States include:

- Current stress of Americans is 20 percentage points higher than the global average.
- 55% of Americans are stressed during the day.
- 57% of U.S. respondents feel paralyzed by stress.
- 63% of U.S. workers are ready to quit their job due to work-related stress.
- 94% of workers report chronic stress at work.
- 77% report that they find the future of our nation to be a major cause of stress.
- Top sources of stress were inflation (cited by 87%), supply chain issues (81%), global uncertainty (81%), Russia's invasion of Ukraine (80%), and potential retaliation from Russia (e.g., in the form of cyberattacks or nuclear threats; 80%). (Roy, 2022)

While stress is an innate physiological and psychological response to life events, the levels and severity of chronic stress to new and unique circumstances are at an all-time high.

Stressful situations and events are globally prevalent from natural disasters such as floods, earthquakes, and tsunamis, to those caused by humans like war, terrorism, and mismanagement of our planet’s resources (Halbreich, 2021). Additionally, COVID-19 has created more severe stressors that have manifested many new and diverse mental and physical symptoms (Halbreich, 2021). The estimated long-term consequences of chronic stress and trauma created by the pandemic are especially serious for Generation Z, who are coping with unprecedented uncertainty and as a result are already reporting symptoms of depression (American Institute of Stress, 2023). Over 33% of college students expressed a need for stress reduction methods and educational resources (Bukowski, 2015) even before the surge of stress brought on by the pandemic and subsequent world events.

Chronic stress epigenetically taxes our stress response mechanism and can lead to depression and other mood disorders (Wenuganen et al., 2021). The stress hypothesis posits that depression is caused by the exhaustion of the hypothalamic-pituitary-adrenal (HPA) axis, the brain’s stress machinery. Stress chemistry, specifically cortisol, weakens the immune system which in turn increases inflammation. With the inflammatory system intensified there is a heightened risk for cardiovascular disease, cancer, and type 2 diabetes (Baldwin, 2020; Rosmond, 2003).

Stress begins in the brain and not only affects the brain but the entire body or system (McEwen, 2008). Chronic stress can cause pathophysiology and dysregulation through the neural, cardiovascular, autonomic, immune, and metabolic systems. Chronic stress resulting in poor lifestyle choices, such as smoking or eating or drinking too much is called *allostatic overload* (McEwen, 2008). Chronically increased heart rate and blood pressure, caused by stress and the chemical mediators catecholamines (e.g., cortisol), cause issues with the cardiovascular system that can result in an eventual stroke or heart attack (McEwen, 2008). Further, stress may cause or exacerbate almost any physical or mental symptom, with few exceptions (Halbreich, 2021).

Individuals experiencing stress and anxiety frequently express willingness to explore alternative and complementary therapies (Kemper et al., 2011). The parasympathetic nervous system plays a critical regulatory role in this nonlinear network of allostasis (achieving stability through change), as it switches the sympathetic nervous system off and slows the heart (McEwen, 2008). Interventions that induce a relaxation response can lead to the reduction of stress, improve wellness, and counter the clinical effects of stress in conditions like hypertension (Wenuganen et al., 2021).

Reiki has the ability to activate the parasympathetic nervous system (Baldwin, 2020; McManus, 2017), which bolsters the hypothesis that self-Reiki could help mitigate stress through relaxation. Further, based on the existing evidence from Zadro's and Stapleton's (2022) systematic review, it appears that Reiki consistently exhibits more significant therapeutic benefits compared to a placebo. The evidence is particularly strong for effectively reducing clinically relevant levels of stress (Baldwin, 2020; Zadro & Stapleton, 2022). Promoting self-Reiki as a no-cost, straightforward, readily available, and boundless practice (Baldwin, 2020) should be a central focus of public health initiatives to address the anticipated consequences of chronic stress and enhance an individual's biologic sovereignty.

This is consistent with the *salutogenesis* perspective on health. Salutogenesis is the study of the origins of health and focuses on factors that support human health and well-being, rather than factors that cause disease or pathogenesis (Mittelmark et al., 2017). Traditional practices generally work in response to illness with some preventative aspects. To have a salutogenic orientation, particularly in health promotion research and practice, would mean focusing attention on positive health and coherence, contra to the origins of disease and risk factors.

Since stress is related to many illnesses and our global environment is continuously getting noisier and more chaotic versus orderly, then this exploration of self-regulation is part of a critical need to change and evolve the existing Western paradigms of the science of healing and health (Bukowski, 2015). As Lipton (2017) stated, “This is where the future will take us: Knowledge that we are powerful is quite different than the program we receive that we are victims” (p. 49). Undoubtedly, the concept of biologic sovereignty is a valuable insight that justifies further investigation through studies, such as this self-Reiki research, and promotes dialogue to prevent the abdication of our biological authority.

Reiki and Self-Reiki Studies

Well-Being and Reiki

In this study, the researchers sought to investigate the benefits of a single session of Reiki, a complementary energy healing technique, on the physical and psychological health of a nonclinical sample (Dyer et al., 2019). They engaged 99 Reiki practitioners, who then invited their clients to participate in the study. The research collected data from a significant number of Reiki sessions (*n* = 1,411) across multiple sites in the United States.

The findings revealed remarkable improvements in various aspects of well-being (Dyer et al., 2019). Participants reported positive changes in affect, suggesting an overall enhancement in emotional states. Moreover, physical symptoms such as pain, drowsiness, tiredness, nausea, appetite, and shortness of breath significantly improved. Aspects of mental health, anxiety, depression, and overall well-being also showed positive changes. These results collectively indicate that a single session of Reiki can have a beneficial impact on various facets of physical and psychological health. The authors recognized the absence of a control group as they adopted a pragmatic study design, which evaluated the real-world impact of Reiki treatment outcomes. The study provides valuable insights into the potential of Reiki as a holistic approach to well-being and warrants further exploration in clinical and research settings.

Healthcare Frontline Workers and Distance Reiki

This study aimed to investigate the feasibility and effects of a remote Reiki program on the health-related symptoms of frontline healthcare workers during the COVID-19 pandemic (Dyer et al., 2023). Globally, healthcare workers' stress, depression, anxiety, sleep, and post-traumatic stress disorder were considerably increased during the COVID-19 pandemic. Forty healthcare professionals (e.g., nurses, physicians, ambulance paramedics) working for the National Health Service in the UK, primarily female, with a mean age of 43.9, participated in this pragmatic within-subject pilot trial. Eight Reiki practitioners delivered remote Reiki sessions lasting 20 minutes each for 4 consecutive days. The research found that the study was feasible, with satisfactory recruitment, data completeness, acceptability, and intervention fidelity. The results indicated significant improvements, including reduced stress, anxiety, and pain, as well as increased well-being and sleep quality among participants.

The remote Reiki program demonstrated feasibility and offered positive outcomes for frontline healthcare workers experiencing the health-related impact of the COVID-19 pandemic (Dyer et al., 2023). The intervention of distance Reiki was associated with health improvements suggesting that Reiki may serve as a beneficial approach to support the mental and physical well-being of healthcare professionals during highly stressful times like the pandemic. Limitations of this study include the lack of a comparison group, and the issue of participant self-selection, which could result in expectation effects.

Reiki and the Autonomic Nervous System

This study investigated the potential effects of Reiki on the autonomic nervous system (Mackay et al., 2004). It was designed as a blind trial study and took place in a quiet room within an outpatient clinic. The research included 45 subjects who were randomly assigned to one of three groups: a group that received no treatment (rest only), a group that received Reiki treatment administered by an experienced Reiki practitioner, and a group that received placebo treatment from an individual with no knowledge of Reiki, who mimicked the Reiki treatment.

Quantitative measures of autonomic nervous system function were continuously recorded for each heartbeat (Mackay et al., 2004). These measures included heart rate, cardiac vagal tone, blood pressure, cardiac sensitivity to baroreflex, and breathing activity. The recorded values during and after the treatment period were then compared with baseline data.

The results of the study indicated that the group that received Reiki treatment experienced a significant reduction in heart rate and diastolic blood pressure compared to both the placebo and control groups (Mackay et al., 2004). However, it is important to note that the observed changes were relatively small. This pilot study suggests that Reiki may have some influence on the autonomic nervous system, which in turn effects stress levels, but further, more extensive research with larger sample sizes is needed to comprehensively explore the effects of Reiki treatment.

Reiki and Stress Reduction Biological Correlates

This study investigated the potential biological correlates of Reiki healing by examining its effects on relaxation and stress reduction (Wardell & Engebretson, 2001). The research, conducted in 1996, involved 23 essentially healthy participants who underwent a 30-minute Reiki session. Various physiological and biochemical markers related to stress reduction were assessed before, during, and immediately after the treatment. The researchers acknowledged that the absence of a control group was a limitation in their study design.

The results indicated several significant changes associated with relaxation (Wardell & Engebretson, 2001). Anxiety levels were significantly reduced after the Reiki session. Salivary IgA levels increased significantly, while salivary cortisol did not show statistically significant changes. Systolic blood pressure (SBP) experienced a significant drop during the session. Skin temperature increased, and electromyograph (EMG) values decreased, although the before-and-after differences were not significant.

These findings suggest that Reiki may lead to both biochemical and physiological changes associated with relaxation, with the salivary IgA findings warranting further investigation to explore the effects of Reiki on humeral immune function (Wardell & Engebretson, 2001). Future research measuring biomarkers such as the ones used in this study could provide valuable quantitative data in the study of Reiki's effects on stress levels.

Distance Reiki During COVID-19 Pandemic

In the context of the COVID-19 pandemic, which has resulted in increased stress and anxiety worldwide, this study specifically focused on the potential benefits of a distance Reiki intervention program for individuals in Lima, Peru (Gálvez Escudero & Reyes-Bosio, 2022). A quasi-experimental design was employed with pre- and post-tests and included 28 participants (12 in the experimental group and 16 in the control group). The following instruments were used: the EPGE (Spanish version of the Perceived Stress Scale), the IDARE (Spanish version of State-Trait Anxiety Scale), and the Coronavirus Anxiety Scale (CAS).

The findings revealed significant reductions in distress and state anxiety, indicating that the distance Reiki intervention had a positive effect in alleviating pandemic-induced stress and anxiety. Moreover, participants reported an increase in eustress, which suggests that Reiki may contribute to a more positive and motivated emotional state during challenging times.

It is important to note that trait anxiety also decreased for all participants, compared to the control group. However, the impact on coronavirus anxiety was not as significant and the CAS was admittedly a new scale. These results provide initial insights into the potential effectiveness of distance Reiki in a Peruvian context, opening the door for further research and promoting the use of this cost-effective therapy as a practical intervention to address stress and anxiety in challenging situations like the COVID-19 pandemic.

Reiki and Depression

This quantitative study focused on the effectiveness of Reiki as an alternative therapy for managing mildly depressed patients (Swarup, 2022). It aimed to dispel misconceptions about using Reiki for depression treatment and evaluates its impact on patients' well-being. The study comprised 25 randomly selected mildly depressed patients participating in therapeutic clinical trials, and notably, it did not incorporate a control group. Depression was measured using a questionnaire based on a Likert-rating scale. After each complete Reiki session, post-tests were conducted and recorded.

The findings indicated a significant reduction in depression levels with positive changes in perception, thinking, and behavior. Even a single therapy session demonstrated noticeable improvements, and a series of treatments led to a shift from mild to normal depression levels. Specific outcomes included reduced muscle tension and stress, decreased agitation and sadness, enhanced interpersonal relationships, improved self-expression and self-awareness, better emotional differentiation, increased coping abilities, patient empowerment, and the discovery of new resources for life. Participants reported feeling relaxed, at peace, and normal. This suggested that Reiki can effectively contribute to managing depression and enhancing overall well-being without side effects. Given the connection between stress and depression, this study provided valuable insights into how Reiki can be advantageous in enhancing mental health conditions.

Maternal Stress and Reiki

The objective of this 8-month study was to assess the impact of Reiki therapy as a form of nursing care on maternal stress levels in mothers with hospitalized neonates (Ortega-Jiménez et al., 2023). Reiki is a CAM therapy approved by the World Health Organization, which has been used to treat stress, anxiety, pain, and quality of life in various hospital settings (Ortega-Jiménez et al., 2023). The study was conducted as an explanatory pre-experimental investigation, and participants were recruited on a voluntary basis through availability sampling. The research involved 32 mothers over 18 years of age. The parental stress variable was measured with the Parental Stress Scale: NICU (PSS: NICU). The results showed that 9.4% of the participants experienced excessive parental stress, with the highest stress levels linked to their parental role.

After receiving Reiki therapy, the parental stress scores showed a significant decrease of 12 points. Furthermore, participants noted experiencing a sense of tranquility, calmness, relaxation, and heightened serenity following the intervention, aligning with the concept of eustress. As a result, the research hypothesis was accepted, suggesting that Reiki therapy may provide an alternative nursing intervention within the neonatal intensive care unit (NICU) to manage and reduce parental stress. This Reiki research reinforces the use of quantitative scales as a valid method for assessing stress levels.

COVID-19 and the Adaptations of Reiki Practitioners

Abdurahman and Payne (2022) explored the impact of the COVID-19 pandemic on the experience and projected future of Reiki as perceived by practitioners through a qualitative study. The researchers positioned Reiki as a sought-after nonpharmacological, complementary, and alternative medicine, and as such a potential key in integrative care. Reiki and self-Reiki benefits include decreased anxiety, depression, fatigue, pain, and stress. According to Abdurahman and Payne (2022), self-Reiki has demonstrated the ability to reduce stress and burnout in nursing students. According to the authors' research, another study found significant improvements in stress for recipients of distant Reiki during the COVID-19 pandemic.

Abdurahman and Payne (2022) conducted a qualitative study that employed semi-structured interviews. The participants consisted of 10 Reiki practitioners, all female except one male, drawn from a pool that followed specific criteria: 18 years or older, based in the UK, English speaking, and practiced both hands-on and distant Reiki healing services. Once the transcripts were created, the researchers used thematic analysis to identify three main themes: "1) adapting and growing with the challenges of COVID-19, 2) Reiki for individual and community resilience, 3) moving from mainstream hands-on to the lesser-known distance Reiki" (Abdurahman & Payne, 2022, p. 3). Along with quoted narratives from the participants, these themes were expounded and included subthemes, such as acceptance, balance, innovation, personal development, and broadened community.

The researchers' findings showed that, at least within this small group size, Reiki practitioners successfully turned adversity into opportunity. Adaptability was the overarching theme and key insight that is meaningful to Reiki practitioners and people in general.

Long-Term Effects of Reiki for Depression and Stress

This study investigated the long-term effects of energetic healing on depression and stress through an experimental design involving 46 participants randomly assigned to one of three groups: hands-on Reiki, distance Reiki, or distance Reiki placebo. Participants received 1 to 1.5-hour treatments weekly for 6 weeks (Shore, 2004). The study assessed symptoms of psychological depression and self-perceived stress using the Beck Depression Inventory, Beck Hopelessness, and Perceived Stress scales. Pretest data showed no significant differences among the groups. However, upon completing the treatment, the groups that received Reiki showed a significant reduction in psychological distress symptoms compared to the control group. Importantly, these differences persisted 1 year later, suggesting enduring positive effects of Reiki on psychological well-being.

Reiki as Self-Care

According to Winters (2023) exploring well-being from an energetic perspective, in addition to physical and mental health, provides a more comprehensive understanding. Neglecting the energetic aspect in self-care can lead to a limited view. Reiki has demonstrated its ability to provide physical and psychological benefits. Reiki offers an added advantage by enhancing the ability to receive (Winters, 2023). In Reiki, there’s a saying that “when you give Reiki, you get Reiki.” This means that Reiki energy flows through the practitioner. Whether practicing self-Reiki or offering it to someone else, the process begins by connecting with and receiving Reiki energy.

A pilot study involving 15-minute self-Reiki sessions for hospital staff yielded a substantial (60%) reduction in self-reported stress, as per pre- and post-session surveys (Winters, 2023). Moreover, Reiki was seamlessly integrated into daily routines, allowing care providers to harness its advantages. This study positioned self-Reiki as a current, accessible, and effective modality for self-care, supporting the need for further research.

Elevated Stress Due to Medical Conditions and Reiki

A 9-year-old girl with a medical history including perinatal stroke, seizures, and type 1 diabetes underwent a 6-week Reiki intervention (including 2 Reiki treatments per week) to assess its impact on relaxation and, subsequently, the prevention of seizures (Bukowski & Berardi, 2014). The study also aimed to evaluate Reiki's effects on sleep patterns and the stress levels of the child's mother. The results indicated a decrease in stress for both the child and the mother, as measured by modified Perceived Stress Scales. However, there was no change in the child's overall sense of well-being, as assessed through a global questionnaire (QOL). Furthermore, there was a positive change in sleep patterns on 33.3% of the nights during the study, as reported in a sleep log kept by the mother. The child relaxed within the first 5 to 7 minutes of each session, and there were no reported seizures during the study.

The findings of this case study suggested that Reiki may serve as a helpful complementary approach for children dealing with elevated stress levels and sleep disturbances due to their medical conditions. (Bukowski & Berardi, 2014). Further research, particularly with larger sample sizes, is warranted to explore the use of Reiki in children and its potential for long-term effects on stress management. This study has limitations, including the involvement of a single participant and the absence of a control group or an alternative CAM therapy for comparative purposes.

Reiki Attunement and Transformation

This research delved into the experiences of healing and transformation among Reiki practitioners, who used a traditional hands-on healing technique involving the channeling of life-force energy. De Vitto's (2021) specific research question was "to explore the self-healing and personal transformation of Reiki practitioners who channel Reiki to heal themselves or others" (p. 3). Through qualitative intuitive inquiry and thematic content analysis (TCA) of interviews with eight participants, themes emerged including shifts in beliefs, lifestyle changes, spiritual connection, and self-empowerment.

The findings revealed that Reiki practitioners underwent transformation across mental, emotional, physical, and spiritual dimensions, often interpreting struggles as meaningful and leading to positive changes in their lives. This transformation also involved shifts in personal beliefs and a greater sense of self-empowerment. This study highlights the valuable insights that can be obtained through hermeneutical research, despite the limitation of subjectivity, particularly concerning the attunement process and Reiki self-healing.

Subjective Experience of Receiving Reiki

This study explored the subjective experiences of 1,284 individuals who received Reiki treatments as part of a pragmatic effectiveness trial, aiming to complement quantitative findings with qualitative insights. Using semi-structured interviews, Dyer et al. (2022) gathered data from participants who described various physical, emotional, and mental effects of Reiki sessions. The qualitative analysis revealed key themes, including deep relaxation, emotional release, enhanced mental clarity, and a profound sense of calm and peace. Participants frequently described these benefits as transformative, reporting reductions in stress, anxiety, and physical discomfort, which underscore Reiki's potential to support overall well-being.

The findings emphasized the holistic nature of Reiki, with many participants expressing a sense of energetic balance and connection to something greater than themselves, often interpreted as a transcendent or spiritual experience. These subjective benefits, while difficult to empirically measure, highlight the importance of integrating qualitative data to capture the full scope of Reiki's impact on emotional and mental health. The researchers concluded that Reiki offers meaningful and unique benefits to recipients, warranting further exploration in research and clinical contexts.

Self-Reiki Meta-Analysis

This meta-analysis examined literature on the topic of self-Reiki and chronic pain within the context of the COVID-19 pandemic (Billot et al., 2021). CAM offers a potential avenue for addressing chronic pain, with self-Reiki therapy being a notable approach. While Reiki administered by a practitioner has shown promise in reducing pain, alleviating psychological distress, and improving the quality of life, self-Reiki practice requires evidence-based support for broader dissemination.

The COVID-19 pandemic has presented new challenges for individuals dealing with chronic pain (CP; Billot et al., 2021). CAM, particularly Reiki, has demonstrated promise in alleviating pain, decreasing stress, and enhancing the quality of life for CP patients. While self-Reiki practice lacks robust evidence-based support, it can be reasonably assumed to offer positive outcomes from bodies of anecdotal evidence and qualitative research. As such, self-Reiki may be considered a complementary option alongside conventional medical approaches without interfering with established treatments.

Nurses and Self-Reiki

This phenomenological study aimed to investigate the experiences of nurses who practice self-Reiki for self-care (Vitale, 2009). The study involved in-person interviews with 11 nurses who met specific criteria and employed open-ended questions to delve into their perceptions and experiences of using Reiki for self-treatment. The inclusion criteria for this study were as follows: (a) Registered nurses (RNs) who identified themselves as Reiki practitioners, (b) RNs who confirmed the use of self-Reiki practice, (c) RNs who were proficient in English, and (d) RNs who could express their Reiki self-care or self-treatment experiences. Data analysis using the Colaizzi method revealed thematic categories and clusters related to daily stress management, self-healing, spirituality, and the interconnectedness of self, others, and the broader universe. The study findings hold implications for nursing practice and education, as well as potential applications within Jean Watson's *transpersonal caring theory* within the framework of caring science. This theory guides nurses to practice within a caring-healing model, emphasizing caring competencies that encompass mind-body-spirit therapeutics and advanced noninvasive healing modalities to enhance wholeness, self-healing, and well-being.

The researcher recommended conducting further investigations involving energy work to assess its effectiveness in managing stress and promoting relaxation (Vitale, 2009). These findings have relevance for nursing practice and education and may contribute to the understanding of caring science within nursing, offering opportunities for further research in this area and the broader topic of self-care and self-Reiki. The study had certain limitations, such as the inclusion of an all-female group of RNs who were already highly knowledgeable about Reiki and shared similar perspectives making it difficult to generalize the results. However, given the paucity of research on self-Reiki, this study provides an excellent foundation for future investigations. The author also suggested that incorporating a mixed-methods approach could be valuable in augmenting the research's findings.

College Student Stress Reduction and Self-Reiki

This study was designed to explore the effects of a self-Reiki protocol for a group of 20 college students recruited from Stockton University (Bukowski, 2015). In contrast to most Reiki studies, this research featured self-administered Reiki by individuals rather than the traditional healer-client model. The researcher's hypothesis was "self-Reiki would decrease stress levels and promote relaxation in college students" (Bukowski, 2015, p. 337).

Participants were attuned to Reiki level 1, given instructions, and shown hand positions for performing self-Reiki twice a week for 20 weeks (Bukowski, 2015). Participants completed a Reiki Baseline Credibility Scale, a Reiki Expectancy Scale, and a Perceived Stress Scale (PSS-10) at the start of the study. The PSS-10 was completed every 4 weeks once the self-Reiki practice commenced. A global assessment questionnaire was completed at the end of the study.

There was a significant decrement in stress levels from pre- to post-intervention confirming the researcher's hypothesis that the use of self-Reiki promotes relaxation (Bukowski, 2015). In this case, individuals had the capacity to exert influence over their own biofield, thereby achieving a degree of regulation in managing their stress levels. This research has established a strong foundation for designing future studies, which would encompass a larger participant pool engaging in daily self-Reiki, as opposed to the twice-weekly sessions of this study and incorporate a control group.

Chapter 3: Research Methods

In this chapter, the method used for this study is detailed, focusing on the investigation into the impact of daily self-Reiki treatments on perceived stress in university students. The study employed a pre- and posttest design with a crossover control group as well as the collection of qualitative data. The chapter commences with the research rationale, design, explanations of participant selection, study procedure, and addresses validity threats. It also covers the instrumentation used, followed by ethical considerations.

Research Design Rationale

According to Hufford et al. (2015), "Solid, systematic research that is scrupulously rigorous is the most important response for biofield healing research to mainstream barriers" (p. 87). A comprehensive convergent mixed-methods approach reinforced the need for an accurate depiction of this self-Reiki investigation. Research findings are best understood through gathering and circumambulating different forms of data (Creswell & Creswell, 2018). Further, within the field of transpersonal psychology, researchers are encouraged to blend research methods that best suit the topic (Braud & Anderson, 1998). Given its status as a biofield therapy with limited existing research, the exploration of self-Reiki demands a robust approach that is both quantifiable and insightful.

Qualitative data gathered the unique and personal effects of self-Reiki that otherwise would have gone unearthed through solely using numerical scales (Baldwin, 2020). As Maslow stated, "There is no substitute for experience, none at all" (as cited in Braud & Anderson, 1998, p. 81). The Perceived Stress Scale (PSS-10) and the General Well-Being Schedule (GWB) results measured stress levels and well-being differences before and after the intervention and provided a dataset for comparison with the experiential insights shared by the participants.

According to the former President of the Center for Reiki Research, Ann Baldwin (2020), critical components of a good study consist of:

1. Inclusion and exclusion criteria for participants.
2. Randomization of participants between groups.
3. Comparison conditions.
4. Appropriate control groups.
5. Blinding of participants and data collectors regarding participant grouping.
6. Standardized implementation of treatment protocol.
7. Careful selection of outcomes and their measurement with reliable relevant instruments.
8. Appropriate analyses. (p. 33)

In designing this study, the investigator incorporated criteria such as randomly assigning experimental and control groups, implementing a standardized protocol, and utilizing reliable instruments with appropriate analyses. Following the withdrawal of five participants, the study concluded with a total of 36 participants. Based on a sample size of 36 participants, an assumed medium effect size (Cohen's $d = 0.5$), and a significance level of 0.05, the statistical power of this study is approximately 0.83 (83%). The converged quantitative and qualitative data offered a comprehensive understanding into self-Reiki and its effects on stress levels and provided a more nuanced and integral perspective.

Research Design and Procedure

Utilizing a convergent mixed-methods design (Creswell & Creswell, 2018), this research integrated a controlled quantitative experiment employing the PSS-10 and GWB scales with qualitative research conducted through weekly journaling.

The quantitative aspect of this study followed a controlled experimental design. The participant pool consisted of 36 students, with half assigned to an experimental group and the other half to a control group. Participants were randomly assigned to one of the two groups to ensure unbiased behavior, both by study participants and researcher (Baldwin, 2020). Group A (*n* = 18) received an attunement to Reiki Level 1 and followed a specific self-Reiki protocol. To avoid compensatory threat and ensure ethical integrity, Group B (*n* = 18) was also given an attunement at Week 4. This design maintained the study's internal validity while allowing data collection from both groups after the intervention. Group B read health-education articles daily, and at Week 4, they transitioned to the intervention group, began practicing self-Reiki according to the same protocol, and completed the same journal prompts.

At the start of this study, all participants signed consent forms (see Appendix A) and filled out screening questionnaires (see Appendix B). Demographic details including age, gender, and ethnicity, along with the necessary inclusion criteria were gathered. All screened participants were given the instruments of PSS-10 and GWB via Google Forms as pre-tests (https://policies.google.com/privacy?hl=en).

Group A was given access to the 60-minute online Reiki Level 1 Course (https://www.kikihocking.com/challenge-page/eaae1387-4e22-40af-8f74-4d524b2eee1f) and asked to complete the course within a few days. The participants had the flexibility to engage in the online course at their own pace and in the comfort of their own home. Additionally, the course offered digital materials for reference throughout the study. The commencement and completion of the online course for each participant were communicated to the researcher through automated notifications. After completing the course, participants had the opportunity to ask any remaining questions before receiving their Reiki Level 1 attunement. Group B, the control group, read health education articles for 10 minutes a day for 4 weeks.

At Week 4 a second assessment of all participants was made and Group B, initially the control group, underwent the same process and transitioned into being an intervention group for the next 4 weeks. The ease of participation was designed specifically for increased engagement of the university student participants, to respect their privacy, and to avoid attrition.

Following the attunement to Reiki Level 1, participants received the detailed protocol for self-Reiki and engaged in self-Reiki for 10 minutes a day for 4 weeks. This timeframe was chosen to avoid an attrition threat to this study's internal validity. Participants practiced self-Reiki in the privacy and comfort of their own residences, thereby promoting confidentiality and the benefits of a natural setting.

The designated protocol for self-Reiki involved the activation of the hands by drawing the *Cho-Ku-Rei* symbol on the palms, which directly translates to "the light-switch" (Stein, 1995, p. 58). Alternatively, it was shared with participants that the hands can be activated for Reiki through intention alone. Participants were instructed to place their right hand to the heart and their left hand to the abdomen for 10 consecutive minutes using their phone's timer. It is worth noting that in some approaches to Reiki training, the Cho-Ku-Rei symbol is not introduced until Reiki Level 2.

Participants were informed that they could revisit the online Reiki Level 1 course materials as needed for reference or contact the researcher via email or text with any questions. Participants were given a log to keep track of their daily self-Reiki sessions and responded to weekly journal prompts related to their experiences with self-Reiki via Google Forms. Both groups were asked to refrain from any new activities designed to reduce stress during the study to address the internal validity of this research. Bringing together quantitative scales, qualitative journal entries, and integrating these diverse data sets with a thoughtful and systematic approach ensured a comprehensive understanding of the research question and findings.

Participants and Recruitment

Participants for this study were recruited primarily within regional universities in central Virginia. For example, digital recruitment flyers (see Appendix C) were sent to employees at the University of Virginia (UVA) such as the chief mental health officer, the director of research at the Contemplative Science Center, the co-director at the Compassionate Care Initiative that fosters mindfulness for nursing and medical students, the Women's Center director, and a researcher at the Division of Perceptual Studies. Additionally, a flyer was sent to the president of the Darden Business School Resilience Club with distribution of the recruitment materials to students in UVA's MBA program. A printed flyer was hung at the UVA teen clinic, yoga studios, natural food stores, and wellness centers. An ad was placed in the *C'ville Weekly* newspaper and in its online version. Virginia Commonwealth University (VCU) and UVA campuses were both canvased with flyers. Digital flyers were posted on VCU and UVA subreddits.

A social media banner (see Appendix C) was shared on Instagram and Facebook platforms. It prompted followers to disseminate recruitment details, thereby expanding the audience reach. Additionally, a specialized QR code linking to a contact page was created and included on all recruitment materials to facilitate ease in responding.

The researcher acknowledges that the chosen sample may impact the external validity of the study yet considers it a representative and suitable sample for the student population within the 18–35 age group. The participant count of 36 enhanced the statistical power of the findings.

The researcher recruited 36 students primarily from universities in central Virginia, aged 18–35, who underwent training in Reiki Level 1 and engaged in daily self-Reiki practice for a duration of 4 weeks. Inclusion criteria screened through the above-mentioned questionnaire required a participant to (a) be a full or part-time university student, (b) be at least 18 years old, (c) have the ability to read and write English well enough to complete the pre- and post-testing, (d) be willing to receive a Reiki Level 1 attunement, and (e) be willing to practice self-Reiki daily for 4 weeks.

Additionally, while Reiki is not a religious act, this study naturally excluded anyone whose religious beliefs conflicted with learning and practicing self-Reiki. This study also excluded individuals who were not at least 18 years old and who were not registered university students.

Data Collection

Data were collected again at the end of 4 weeks and again at 8 weeks; participants from Group A and Group B repeated the PSS-10 and GWB scales (post-tests). The researcher assessed the amount of change on the value of the dependent variables from the pre-test to the post-test for each group. After waiting 4 weeks Group B received Reiki Level 1 training and moved into the intervention phase. Both groups underwent the final observation at Week 8, during which they completed the PSS-10 and GWB scales for the last time which enabled the collection of both control and intervention data. The study collected qualitative data from participants during each respective intervention phase.

During the intervention period, participants were asked to respond to weekly journal prompts (see Appendix D) that invited them to explore the lived experience of practicing self-Reiki. Questions were sent via Google Forms (https://policies.google.com/privacy?hl=en) with questions to be answered at the end of each week for 4 weeks. The prompts encompassed the exploration of the experience during the first week post-attunement, integration of self-Reiki into daily routines, assessment of personal stress changes, consideration of the prospect of continuing self-Reiki post-study and closing comments and suggestions at the study's conclusion.

Data Analysis

Combining quantitative and qualitative data in this mixed-methods study involved a process called data triangulation, where findings from different data sources are merged and compared to gain a comprehensive understanding of the research question and strengthen conclusions (Creswell & Creswell, 2018). This involved using qualitative data to elaborate on or provide context for the quantitative results and vice versa.

Evaluation of the quantitative data obtained from the scales for the treatment and control groups involved statistical analysis to measure changes over 4 weeks within each group and compare differences between the treatment and control groups. Quantitative trends, statistical significance, or patterns in the numerical data that emerged from the scales were identified. For instance, changes in scores before and after treatment within each group and differences between the treatment and control groups.

Thematic analysis of the qualitative data obtained from journal entries aided in identifying recurring themes, patterns, or insights within the narratives provided by participants. Qualitative data were coded to categorize responses, opinions, or experiences related to the treatment.

Triangulation was employed to validate and further explain the findings. A side-by-side comparison (Creswell & Creswell, 2018) of the quantitative data and qualitative insights highlighted similarities and differences across the entire group, rather than focusing on individual participants. The researcher scanned for qualitative themes aligned with or in contrast to the quantitative changes observed in the groups. This led to the discovery of how the quantitative and qualitative data complemented or diverged from each other, provided possible explanations for any inconsistencies or disparities observed, and offered a holistic interpretation of the study's results (Creswell & Creswell, 2018).

Quantitative data were analyzed using the SAS statistics program version 9.4. Two-sample *t*-tests were used to compare differences between the two groups in baseline measures or their change over time. The nonparametric sign test was used to test if median changes in the measures over time were significantly different from 0.

Differences in change scores from pre- to post-intervention were analyzed via an independent samples *t*-test. A *t*-test involves a dichotomous independent variable and continuous dependent variables. The means of the dependent variables (PSS-10 and GWB scores) for participants in the two groups were compared. The *t*-test determined if the independent variable, self-Reiki, produced a large difference between the means on the dependent variables. The nonparametric sign test was used to test if median changes in the measures over time were significantly different from 0.

The null hypothesis for a within-subjects design is always that there is no change in scores from the first observation to the second. A difference in the stress levels between students on the treatment and control groups at the $\alpha = 0.05$ level was examined. Alpha is the type 1 error rate and refers to the risk taken in saying there is a real nonzero correlation when in fact it is not real. The commonly accepted value of 0.05 was set, which allowed for a 5% chance of a false positive.

Thematic analysis was employed to categorize and interpret patterns in the qualitative data. This involved coding segments, grouping related codes into themes, and creating a structured understanding of the data, which offered insights aligned with the research question.

After reviewing the gathered journal data, the researcher engaged in indwelling to expand the analysis process. Indwelling, "the process of turning inward to seek a deeper, more extended comprehension of the nature of meaning of a quality or theme of human experience" (Braud & Anderson, 1998, p. 83), added depth to the research. This combined approach of converging the two data sets allowed for a richer interpretation of the research findings and incorporated both numerical measurements and the depth of qualitative insights.

Validity Concerns

In addition to the potential validity threats already addressed, other precautions were taken. The researcher holds the title of Reiki Master; all attunements were performed by the researcher, which ensured consistency with each participant.

Construct validity pertains to how accurately a test measures what it is intended to assess. Construct validity was maintained through operationalizing the subjective experience of stress with test measurements from the PSS-10 and GWB. The PSS-10 has been established as valid and reliable (Bukowski, 2015; Cohen et al., 1983), as has the GWB (Baldwin, 2020).

Perceived Stress Scale

The PSS-10, a widely employed research tool, served as a data collection instrument in this study. The PSS-10, developed by Cohen et al. (1983), is a classic stress assessment means. It was designed to address the limitations associated with measuring specific stressors, as overall stress levels can have a significant impact on an individual's health and response to events. Instead of focusing on reactions to particular stressors, the PSS-10 concentrates on global appraisals of stress, inquiring about the degree to which individuals perceive their lives as uncontrollable or overloaded.

Questions inquire about the frequency of feeling upset due to unexpected events or experiencing nervousness and stress in the last month, using a scale from 0 (*never*) to 4 (*very often*). Answers are rated on a 5-point scale: 0 = *never*, 1= almost never, 2 = sometimes, 3 = fairly often, and 4 = *very often.* Scores range from 0 to 40, with a score below 14 indicating low stress, a score between 14 and 26 indicating moderate stress, and a score above 27 indicating high stress levels.

The PSS-10 serves to measure various aspects of stress, including current changes in stress, chronic stress from past events, and perceived stress related to ongoing or upcoming events (Cohen et al., 1983). The scale is easy to administer and complete and is designed for individuals with at least a junior high school education making it applicable for university students.

The proposed 10-item version of this scale has been validated and found to have strong psychometric properties, including reliability and validity (Bukowski, 2015; Cohen et al., 1983; Smith et al., 2014; Shaw et al., 2017). The reliability coefficient of the PSS-10 is reported as Cronbach's alpha, which measures the internal consistency of the scale. For the PSS-10, Cronbach's alpha typically ranges from around 0.70 to 0.90, indicating good to excellent reliability (Cohen et al., 1983). Normative data for the PSS-10 is available by sex or age, making it a valuable tool for assessing perceived stress in research and clinical settings. Data from this measure were evaluated for fluctuation in perceived stress levels.

General Well-Being Schedule

The established and validated General Well Being Schedule (GWB) is an 18-item questionnaire initially created for the U.S. Health and Nutrition Examination Survey to measure subjective feelings of psychological well-being and distress (Baldwin, 2020; Fagan, 1994; Fazio, 1977). Experiencing traumatic events, regardless of whether post-traumatic stress disorder develops, can impact overall well-being. The GWB specifically targets this crucial aspect of adapting after trauma (Fazio, 1977). The Cronbach's alpha values for the GWB often range from approximately 0.70 to 0.90, indicating good to excellent internal consistency (Fagan, 1994; Leonardson et al., 2003).

GWB covers six dimensions of the inner personal state—positive well-being, self-control, vitality, depression, anxiety, and general health—using both positive and negative questions. Responses are based on experiences over the last month. The questionnaire typically takes around 10 minutes to complete (Fagan, 1994; Fazio, 1977).

The first 14 questions employ 6-point scales indicating intensity or frequency, while the remaining four questions use 0–10 rating scales defined by adjectives. To score, the polarity of specific items is reversed (1, 3, 6, 7, 9, 11, 13, 15, and 16), and scores within each dimension are summed. Lower scores indicate distress, while higher scores indicate positive well-being (Fagan, 1994; Fazio, 1977). Scores range from 0 to 110, with a score below 60 indicating severe distress, a score between 61 and 72 indicating moderate distress, and a score above 73 indicating positive well-being. Data from this measure were evaluated for fluctuation in perceived well-being and distress.

Ethical Considerations

Permission for this study was sought from the Sofia University Research Ethics Committee. Every participant was given an information sheet on the study, was encouraged to ask questions, and given an informed consent to participate in the study. This study was conducted over a 9-month period without any outside funding.

While there was not an anticipation of adverse effects from self-Reiki, ethical principles dictated the furnishment of Reiki information to participants. An introductory email was sent to each potential participant, encompassing general details about Reiki and a consent form. The researcher’s contact information was included in the email and on the form itself, which facilitated participants to seek clarification or pose any questions.

Exclusive access to participants’ personal information was restricted to the researcher alone. Each participant was assigned a unique code number, a measure taken to safeguard against unintended disclosure of identities. Electronic data were securely stored on a password-protected personal computer, while paper documents were in a locked drawer and will be destroyed after 5 years. Identifying information will remain confidential, with no disclosure in any study-related publications or sharing with external organizations.

Chapter 4: Results

The purpose of this research was to evaluate the effects of daily self-Reiki on the perceived stress levels of university students. Specifically, the research sought to answer the question: *What effects does a 10-minute daily self-Reiki practice over 4 weeks have on the perceived stress levels of university students?* To investigate this, data were collected using the Perceived Stress Scale (PSS-10), the General Well-Being Scale (GWB), and weekly journal prompts. Participants in Group A completed pre-test assessments at the start of the study, followed by a post-test after the 4-week intervention, and again 4 weeks later. The control Group B also completed a pre-test, transitioned into the intervention after 4 weeks, and took the assessments before attunement and again at the end of the study.

This chapter details the results of the data analysis, beginning with demographic findings. It then examines the treatment of data, followed by the results for quantitative primary analyses. Finally, the chapter discusses the qualitative findings, organized through weekly summaries and emerging themes.

Demographic Findings

As seen in Table 1, the majority of university participants were female (63.9%), and African American (55.6%). Participants were full- or part-time university students predominantly recruited from central Virginia universities with ages ranging from 18 to 35 years old with an average age of 24.86 years old (SD = 4.72). Participants in the intervention group had an average age of 23.17 years (SD = 3.49), while those in the control group had an average age of 26.06 years (SD = 4.83).

Table 1

Frequencies and Percentages of Demographic Variables for Entire Participant Pool

	Variable	*n*	%
Gender	Female	23	63.9
	Male	12	33.3
	Transgender	1	2.8
Ethnicity	African American	20	55.6
	White	13	36.1
	Latino or Hispanic	2	5.6
	Preferred not to say	1	2.7

Participants were randomly assigned to the Intervention and Control groups using a computerized randomization process facilitated by ChatGPT. This process employed a randomization algorithm to ensure an even and unbiased allocation. Despite the randomization, the groups were relatively balanced across demographic variables (see Table 2 and Table 3 for details), including gender and ethnicity, with each group containing a similar distribution of females, males, and participants of diverse ethnic backgrounds. This demographic alignment helps to support the comparability of the groups, enhancing the validity of the study's findings by minimizing potential confounding variables related to demographic differences.

Table 2

Frequencies and Percentages of Demographic Variables for Intervention Group

	Variable	*n*	%
Gender	Female	12	66.7
	Male	6	33.3
Ethnicity	African American	8	44.4
	White	8	44.4
	Latino or Hispanic	1	5.6
	Preferred not to say	1	5.6

Table 3

Frequencies and Percentages of Demographic Variables for Wait-Listed Control Group

	Variable	*n*	%
Gender	Female	11	61.2
	Male	6	33.3
	Transgender	1	5.5
Ethnicity	African American	12	66.7
	White	5	27.8
	Latino or Hispanic	1	5.5

Note. A total of 36 (n = 36) participants completed the study. Five participants dropped out after signing consent forms (initially 41 students enrolled) and were, therefore, excluded from both the demographic and primary data analyses.

Treatment of Data

Prior to analysis, the data were reviewed for completeness and accuracy. Missing values were identified, and participants who did not complete the intervention or the required assessment surveys were excluded from the analysis. Data were organized into two groups: Group A, which completed the 4-week self-Reiki intervention, and Group B, a control that crossed over to the intervention at Week 4. Scores for the dependent variable (perceived stress and general well-being) were recorded at three time points: pre-test and two post-tests, while qualitative data from journal entries was organized by weekly summaries and emerging themes.

For the quantitative analysis, two-sample *t*-tests were used to compare differences between the two groups in baseline measures or their change over time. The nonparametric sign test was used to test if median changes in the measures over time were significantly different from 0. The level of statistical significance was set at $p < 0.05$. All quantitative data analyses were conducted using SAS version 9.4.

Qualitative data from weekly journal entries were analyzed using thematic analysis. Responses were coded into categories, and recurring themes were identified. These qualitative data were used to provide deeper insights into the experiences and perceptions of participants during the intervention.

Quantitative Results

This section presents the quantitative findings from the study, examining the effects of a 10-minute daily self-Reiki practice on perceived stress (PSS-10) and general well-being (GWB) over an 8-week period. Results are presented in alignment with the study's time points (baseline, Week 4, and Week 8) and grouped by the intervention and control conditions. Statistical analyses include *t*-tests and sign tests, focusing solely on reporting the results without interpretation, which will follow in Chapter 5.

Descriptive Statistics

At baseline, there were no significant differences between the intervention and control groups in perceived stressor general well-being (see Table 4). Tables 5–10 present detailed changes in perceived stress and general well-being over time, including baseline comparisons, within-group and between-group changes, and statistical significance.

Table 4

Baseline Scores for PSS-10 and GWB

Measure	Group	Mean (*SD*)	Min	Max	*t*-statistic	*p*-value
PSS-10	Intervention	22.39 (6.32)	11.00	32.00	$t(34) = 0.17$	0.87
	Control	22.78 (7.60)	7.00	40.00		
GWB	Intervention	49.67 (17.15)	7.00	73.00	$t(34) = 0.12$	0.90
	Control	50.44 (21.19)	22.00	95.00		

Note. The baseline PSS-10 scores are within a general range from 18.4 to 22.10 found in other U.S. student populations (Bukowski, 2015; Du et al., 2017; Roberti et al., 2006). The baseline GWB scores are within a general range 45 to 71.2 found in other U.S. student populations (Beri & Jain, 2020; Bughi et al., 2017). Both groups started with comparable levels of moderate stress, indicating effective randomization and equivalence at baseline.

Perceived Stress (PSS-10)

Baseline to Week 4. The intervention group experienced a significant reduction in perceived stress (*M* = 10.89, *SD* = 9.11, *p* = 0.0001), while the control group showed a smaller, nonsignificant decrease (*M* = 5.72, *SD* = 12.54, *p* = 1.00). However, the difference in stress reduction between the groups was not statistically significant (*p* = 0.17).

Week 4 to Week 8. During this period, the original control group began practicing self-Reiki, resulting in a significant reduction in stress (*M* = 7.17, *SD* = 7.06, *p* = 0.0005). Group A, the first intervention group maintained their reduced stress levels without significant further changes (*M* = 1.11, *SD* = 4.87, *p* = 0.63).

Baseline to Week 8. The intervention group showed an overall reduction of *M* = 12.00 (*p* = 0.0001). The crossover control group demonstrated a reduction of *M* = 12.89 (*p* = 0.0001).

Table 5

Changes in Perceived Stress (PSS-10) Scores

Group	Baseline mean	4-wk mean	Difference (4-wk - BL)	8-wk mean	Difference (8-wk - 4-wk)	Difference (BL - 8-wk)
Intervention	22.39	11.5	10.89	10.39	1.11	12.0
Cont/Int	22.78	17.06	5.72	9.89	7.17	12.89

Note. BL = Baseline. Cont/Int = Control/Intervention.

Table 6

p-Values for Stress Score Changes Over Time

Timeframe	Group	Mean (SD)	*t*-statistic	*p*-value
Baseline to Week 4	Intervention	10.89 (9.11)	$t(17) = 4.35$	0.0001
	Control	5.72 (12.54)	$t(17) = 1.41$	1.00
Week 4 to Week 8	Intervention	1.11 (4.87)	M = 1.5	0.63
	Cont/Int	7.17 (7.06)	M = 7	0.0005
Baseline to Week 8	Intervention	12.0 (10.52)	$t(17) =4.82$	0.0001
	Cont/Int	12.89 (10.59)	$t(17) = 5.28$	0.0001

Note. Differences over time are calculated such that a positive difference indicates improvement, and a negative difference indicates deterioration. For perceived stress that means starting levels minus subsequent levels. Cont/Int indicates that the group initially served as a control but began receiving the self-Reiki intervention at Week 4. BL stands for baseline and M refers to statistic for sign test (nonparametric alternative to one-sample *t*-test) rather than mean.

Table 7

Mean PSS-10 Scores by Group

Time	Intervention	Control
Pre-test	22.39	22.78
Post-test Week 4	11.5	17.06
Post-test Week 8	10.39	9.89

Note. Scores 0-13 = low stress, 14-26 = moderate stress, 27-40 = high stress.

General Well-Being (GWB)

Baseline to Week 4. The intervention group exhibited a significant improvement in well-being (M = 32.67, SD = 22.75, p = 0.001), while the control group's improvement was smaller and nonsignificant (M = 10.67, SD = 25.89, p = 1.00). The between-group difference was statistically significant (p = 0.01).

Week 4 to Week 8. After beginning self-Reiki, the control group showed significant improvements in well-being (M = 25.78, SD = 21.85, p = 0.0023). The intervention group's well-being scores remained stable, with no significant changes (M = 1.72, SD = 19.65, p = 1.00).

Baseline to Week 8. By Week 8, the intervention group improved by M = 34.39 (p = 0.0001). The crossover control group improved by M = 36.44 (p = 0.0001).

Table 8

Changes in General Well-Being (GWB) Scores

Group	Baseline (BL) mean	4-Wk mean	Difference (4-wk - BL)	8-Wk mean	Difference (8-wk - 4-wk)	Difference (BL - 8-wk)
Intervention	49.67	82.33	32.67	84.06	1.72	34.39
Cont/Int	50.44	61.11	10.67	86.89	25.78	36.44

Table 9

p-Values for General Well-Being Score Changes Over Time

Timeframe	Group	Mean (*SD*)	*t*-statistic	*p*-value
Baseline to Week 4	Intervention	32.67 (22.75)	$t(17) = 5.89$	0.001
	Control	10.67 (25.89)	$t(17) = 2.12$	1.00
Week 4 to Week 8	Intervention	1.72 (19.65)	M = -0.5	1.00
	Cont/Int	25.78 (21.85)	M = 6.5	0.0023
Baseline to Week 8	Intervention	34.39 (27.54)	$t(17) = 5.26$	0.0001
	Cont/Int	36.44 (27.28)	$t(17) = 5.32$	0.0001

Note. Differences over time are calculated such that a positive difference indicates improvement, and a negative difference indicates deterioration. For well-being that means subsequent levels minus starting levels. Cont/Int indicates that the group initially served as a control but began receiving the self-Reiki intervention at Week 4. BL stands for baseline and M refers to statistic for sign test (nonparametric alternative to one-sample *t*-test) rather than mean.

Table 10

Mean GWB Scores by Group

Time	Intervention	Control
Pre-test	49.67	50.44
Post-test Week 4	82.33	61.11
Post-test Week 8	84.06	86.89

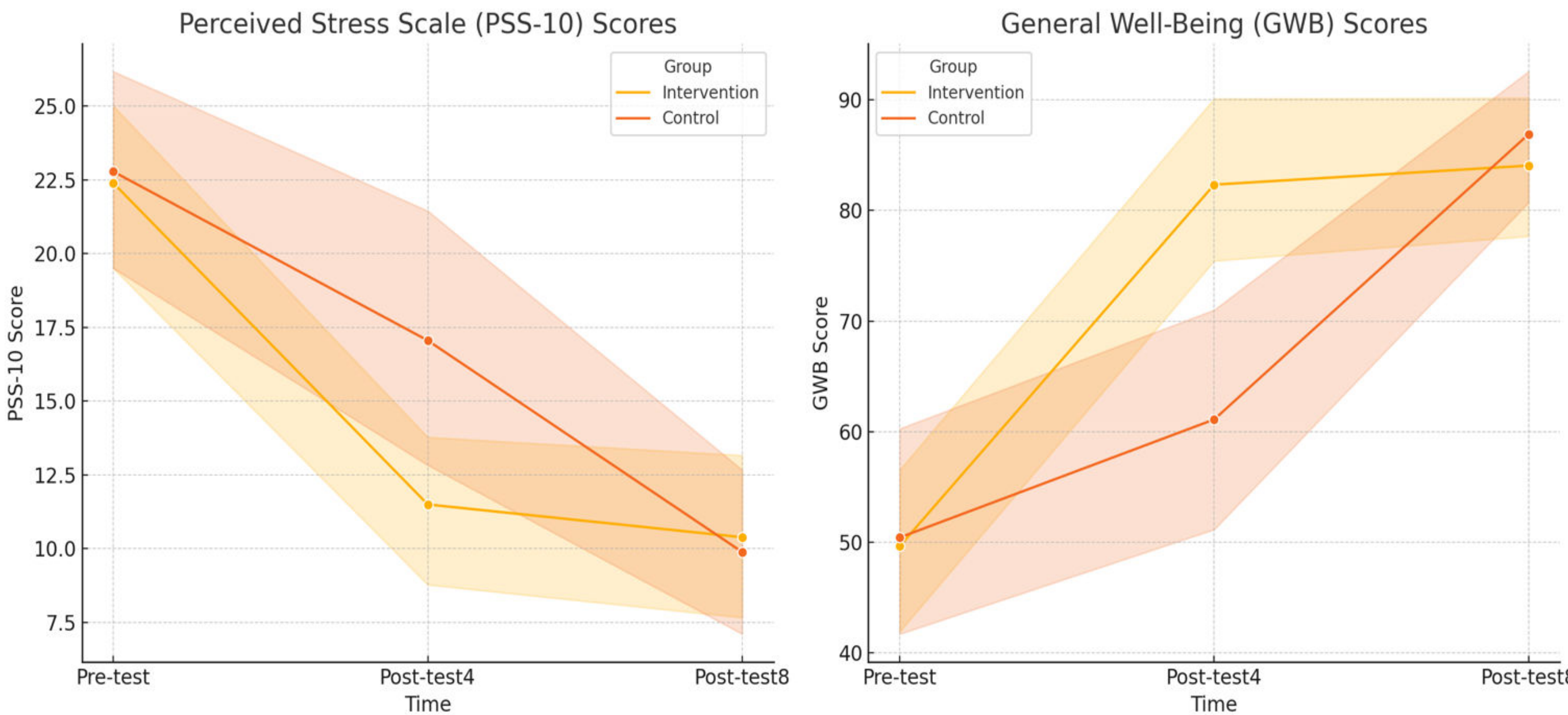
Note. Scores of 0-60 = severe distress, 61-72 = moderate distress, 73-110 = positive well-being.

Summary

The quantitative data reveal a consistent pattern of improvement in perceived stress and general well-being following self-Reiki, as seen in Figure 2. The intervention group experienced immediate and significant benefits in both measures by Week 4. The control group also experienced improvements in stress and well-being by Week 4, likely due to the assigned health articles, which may have provided a stress-reducing effect similar to that observed in the study by Rizzolo et al. (2009), where reading was shown to significantly decrease stress. However, these improvements were not as pronounced as those in the intervention group. Similarly, the control group demonstrated significant improvements in stress and well-being once they began self-Reiki, catching up to the intervention group that showed sustained effects by Week 8.

Figure 2

Changes in Perceived Stress and General Well-Being Scores Over Time



Note. This figure created by researcher N. J. Hocking, 2025.

The data suggest that self-Reiki is an effective practice for reducing stress and enhancing overall well-being. The quantitative findings provide a foundational understanding of its impact. The following section explores participants' qualitative experiences, offering deeper insights into these results.

Qualitative Results

This research study aimed to explore how the integration of self-Reiki into daily routines impacts university students' stress levels. By analyzing weekly journal entries from participants over a 4-week period, effects of self-Reiki on stress reduction were identified, but also its potential for personal growth and improved well-being.

Each week, participants received a journal prompt in the form of a question via Google Forms. By analyzing their weekly responses, several key themes unfolded that provided nuanced insight into how self-Reiki has impacted their stress levels and general well-being.

Thematic analysis was employed to identify recurring patterns in the qualitative data. The data were printed out for the initial coding phase, allowing the researcher to thoroughly review and highlight significant phrases, concepts, and sentiments. Through multiple reviews of the highlighted segments, both patterns and contrasting experiences were identified, aiding in the refinement of the themes. Weekly summaries captured the evolution of the self-Reiki practice, providing a comprehensive overview from which key themes were derived.

As the researcher, prior experience as a Reiki Master influenced the way participants' experiences were interpreted. While this allowed for a deeper understanding of their reports, the researcher held awareness of the need for neutrality to ensure all perspectives were given equal weight.

Week 1: Initial Experience with Self-Reiki

After the 1st week of practicing self-Reiki participants were asked: *What are your experiences of self-Reiki since being attuned to Reiki Level 1?* Participants described their early experiences with self-Reiki as a blend of curiosity, challenges, and some noticeable benefits. Many initially struggled with finding time in their busy school schedules to dedicate to self-Reiki. For some, this led to feelings of frustration and also uncertainty if they were doing it "right." However, despite these challenges, many participants noticed immediate benefits, particularly in terms of relaxation and emotional regulation, naming it "a useful tool to combat everyday stress."

Nearly all mentioned feeling more relaxed, centered, and calmer after their self-Reiki sessions. This often led to longer and better sleep due to reported induced calmness and the reduction of stress. Some participants were surprised by an unexpected start to a healing journey with self-Reiki contributing to personal growth. This was described as being kinder to themselves and more mindful, as well as increased confidence and a heightened awareness of their emotions.

One participant noted, "I find it difficult to remember to do self-Reiki every day, but when I do, I feel more grounded and less anxious." This reflects a common sentiment among participants who found the practice beneficial but struggled with making it a regular part of their routine. There was an emphasis on the calming effects of their self-Reiki practice. There was one participant who reported feeling "uncertain" about any effects and one conveyed that it was "very hard to learn as a beginner" in the first week. While most found self-Reiki beneficial in the first week, it was not perceived as such across all participants.

Week 2: Developing Awareness and Emotional Shifts

At the 2nd week mark, participants were asked: *Please describe your experience of self-Reiki (sensations, insights, etc.).* Some reported a deeper awareness of their emotional and physical states. For example, one participant shared, "On days where I had low energy or was sad … noticed the warmth of my hand over my heart-space more than usual" and another stated, "I feel my heart racing less throughout the day." This heightened awareness often led to more intentional practice, with some participants noting that they began to use self-Reiki as a tool for regulation during specific stressful moments. Some described it as an experience where stress seemed to "melt away." One participant remarked, "I was feeling heightened levels of stress due to my academic commitments and found myself using reiki as a calming period and a reflective period." This demonstrates the busy and stressful nature of being a university student and the ease of employing self-Reiki in response. It also conveys that the practice lends itself to contemplative, centering moments. However, one participant shared, "I sometimes find myself getting overwhelmed that I have to do it" illustrating that the daily practice did not resonate with everyone.

Some participants (n = 10) reported sensing Reiki energy as a warm, tingling energy flow, or as a "calming wave over the body" especially hands, torso and chest. One participant shared, "I felt buzzy and energetic, as if a live wire were connected to my being." Several (n = 3) mentioned an increased sensitivity to their environment and "a sense of grounding, and connection to the body and the present moment." The practice continued to be seen as a source of relaxation and stress relief to the majority (n = 28) of participants.

There was also a noticeable shift in participants' attitudes toward self-Reiki, with many (n = 15) expressing an appreciation for the practice. Sentiments such as, "At first, it was not an easy task for me. But I am happy I got through it" and "One of the days I did it, I had a feeling of such calmness that I have never felt before" were shared and echoed by many others. One participant highlighted, "I'm becoming more aware of my emotions and how I can use self-Reiki to manage them. It's like I'm learning a new way to take care of myself." One however noted, "I haven't noticed any unique sensations." This difference illustrates that self-Reiki can evoke varied responses and are unique to the practitioner. For most, participants were beginning to integrate self-Reiki into their lives not only as a relaxation technique, but as a means of self-regulation during stressful events.

Week 3: Stress Reduction and Personal Growth

The third week of practice marked a significant turning point for many participants when asked: *How is the experience of incorporating self-Reiki into your daily routine and has stress reduced?* Most participants (n = 29) reported reduced stress levels, with several participants noting that self-Reiki helped them manage their stress more effectively, even if it did not eliminate it entirely. Reports such as, "Yes, it has significantly reduced my stress and anxiety even helps me sleep better" were common indicating lower stress and anxiety often led to improved sleep for participants. Some shared that they felt more capable of calming themselves when coping with stressful situations. Overall, in addition to less stress, there were continued reports of better sleep, reduced anxiety, and some easing of physical pain.

There was also an emerging theme of personal growth, with participants mentioning increased self-compassion, improved focus, and a greater sense of inner peace. One participant shared, "I've noticed that my stress levels are much lower. I'm more patient with myself and others, and I feel like I'm growing as a person" while another wrote "I noticed that I had more peace" after performing self-Reiki. This reflects the dual impact of self-Reiki on both stress management and personal development, suggesting that the practice may lead to a broader transformation in one's life. Many participants (*n* = 12) found that self-Reiki helped them stay more centered and in touch with their feelings, which contributed to a general sense of peace.

Week 4: Impact and Commitment to Practice

By the fourth week, the month-long impact of self-Reiki became evident in participants' reflections. Participants received a final prompt: *Have you noticed any changes in yourself or stress levels since you started practicing self-Reiki? Will you continue to practice self-Reiki after this study? Any additional concluding comments?* Many (*n* = 25) reported significant positive changes, including reduced stress, improved emotional regulation, and enhanced self-awareness.

For many, the practice had become an integral part of their daily routines with mention of relief from stress, muscle tension, and stomach issues, with many participants (*n* = 23) expressing a desire to continue practicing self-Reiki even after the study concluded. One participant's final comment was:

> This practice has really helped me a lot as I now see the value of life and what comes with it, my mental health has been really great so far as I now enjoy time being creative and productive without having to worry so much about stress and anxiety or having to go through a lot. This practice has helped me and I will don to practice it. My additional comments are that if a community can be formed, I would want to be a part of it. Thank you for helping out.

This illustrates an appreciation for learning self-Reiki as well as their perceived benefits of improved mental health, decreased stress and anxiety, and a desire to connect with others in a Reiki community. Many participants expressed gratitude for the opportunity to learn self-Reiki, which highlights the practice as a means of empowerment and biologic sovereignty.

Interestingly, it was noted that *daily* self-Reiki felt unnecessary while using it as needed felt more practical as in this comment, "I will practice self-reiki after the study at times where I am having high stress or difficulty sleeping." Another participant remarked, "This practice has really helped me a lot. My stress levels are lower, and I feel more connected to myself. I will definitely continue practicing self-Reiki." This sentiment was echoed by others who also expressed an interest in learning more about Reiki and for a few, the desire to be a part of a Reiki community. One participant shared, "I will continue to practice self-reiki after this study and want to continue learning more about reiki going forward." Several participants requested more Reiki resources and specific ways to continue expanding and incorporating Reiki into their lives.

Emerging Themes

Through thematic analysis, codes were organized into several categories that further expounded the themes and relationships between the different aspects of participants' experiences. This process of transforming the participants' "everyday language into a statement using psychological terms to describe the phenomenon being investigated" (Polkinghorne, 1989, p. 55) is essential for uncovering the deeper, more nuanced outcomes of practicing self-Reiki.

Stress Reduction and Management. The primary goal of this research was to examine the effects of self-Reiki on participants' stress levels. The majority of participants (n = 29) consistently reported increased relaxation and reduced stress, though the degree varied among individuals. Many noted that while self-Reiki did not always eliminate stress entirely, it helped them manage it more effectively. Participants frequently described self-Reiki as a source of stress relief, sharing that they felt calmer and more relaxed after each session.

- "I feel my stress melt away every session."
- "It definitely helped me relax later in the day, which is when my stress levels were highest. For the most part, yes, my stress has reduced, especially at night."
- "I was able to better deal with/manage stress when it came on."
- "Yes, it has significantly reduced my stress and anxiety even helps me sleep better."

- "My stress level is reduced to a minimal point and I now find it easier to focus on myself and what I love doing most."

- "My stress has diminished due to more restful sleep and a greater sense of relaxation in my body."

Over time, as participants found ideal times to self-Reiki and smoothly incorporated it into their daily routines, they seemed to experience a deeper level of stress relief, with some mentioning specific techniques like focusing on their breath. Many (n = 21) felt more capable of calming themselves and coping with stressful situations. By the end of the study participants reported a significant reduction in stress levels with many noting that stress became more tolerable and easier to manage. While stress may not have been entirely eliminated, it became more manageable, which is a realistic and encouraging outcome.

Physical and Emotional Sensations. Throughout the weeks, participants frequently described physical sensations (e.g., warmth, tingling, relaxation) and emotional responses (e.g., calmness, centeredness, peace) from practicing self-Reiki. This highlights the physical benefits of self-Reiki while addressing and enhancing general well-being.

- "Some sensations I experience include tingling on my scalp and palms and waves of calm over my torso."

- "My muscle and nerves is [*sic*] more relaxed."

- "I often feel a tingling sensation in my hands when I practice the self-reiki. My chest and stomach start to feel a bit warmer."

- "When practicing self-Reiki, I often felt a very warm sensation in the area that I was touching which radiated into my body from that point."

- "I feel the warmth in my entire body."

- "Feels like it goes through my whole body, makes me tired, happy, calm, concentrated"

- "I had a feeling of such calmness that I have never felt before."

- "Definite calmness, settling of the mind."
- "After self-reiki, I would feel very relaxed and calm."
- "I have a lot of stomach issues but self-reiki has been helping me bring calmness to my body."
- "I now feel a good energy around me."

The nature of these sensations evolved, with some individuals reporting more profound or consistent experiences as the weeks progressed. This included feeling more connected to their bodies and emotions along with reduced stress levels.

Increased Self-Awareness and Mindfulness. Self-Reiki practice led to an increase in self-awareness and mindfulness. Participants became more attuned to their emotions, thoughts, and bodily sensations, often leading to a more mindful approach to stress. Clarity, adaptability, and shifts in world views were reported.

- "I feel like I am able to think more clearly at times and also connect with my breaths in moments of high stress."
- "Changes in plans that would have usually sent me into a spiral were met with a pivot rather than a breakdown."
- "I now see the value of life and what comes with it, my mental health has been really great so far."
- "I am more aware of my emotions throughout the day and use more intentional focus to calm down and re-regulate."
- "I noticed the new habit of tracing the rune on my palm or thinking of it in my mind's eye before calling in the intention of balance."
- "My insights had developed positively, and I now have a closer feeling to nature and things around me."

This self-awareness grew over time, with many participants reporting that they were more mindful of their reactions and better able to regulate their emotions by the end of the study.

Commitment and Routine. Integrating self-Reiki varied, with some participants (*n* = 8) struggling to find a consistent time to practice while others incorporated it more easily into their day. This suggests that personal routines and academic demands significantly influence a student's ability to integrate new practices into daily life. These challenges point to the initial resistance people often face when establishing new habits.

- "It can be hard to find time sometimes."
- "It took a few weeks, but I noticed I'm reacting to stress differently now."
- "Sometimes hard to find time which can make me stressed but once I dedicate time and do it, I feel better."
- "I noticed that I had more peace … and that has really helped me a lot."
- "Yes, I have and will continue practicing self-Reiki indefinitely following this study."
- "I will continue this practice as it has helped me improve my mental health."

By the end of the study, many participants expressed a desire to continue practicing self-Reiki, noting that it had become a valuable part of their lives. Some also mentioned an interest in developing new habits related to their practice (e.g., meditation), suggesting a growing appreciation for transpersonal practices.

Desire for Community and Continued Learning. In addition to forming a new stress-mitigator practice, a few participants (*n* = 4) expressed interest in forming a community or continuing their learning about Reiki beyond the study.

- "If a community can be formed, I would want to be a part of it."
- "I would see myself practicing this technique weekly and also teaching people around me, because I would want them to also experience this peace and joy."
- "I wanted to know suggestions for continuing to learn about reiki and further my self reiki [*sic*] practice."

- "I will continue to practice self-reiki after this study and want to continue learning more about reiki going forward."

This theme emerged more strongly toward the end of the study as several participants began to see the value of an ongoing practice. After the study, resources and suggestions on ways to expand their Reiki knowledge were provided to participants who inquired.

Summary

The qualitative results of this study revealed that incorporating daily self-Reiki into university students' daily routines significantly influenced stress reduction, emotional regulation, and personal growth. Over the 4 weeks of self-Reiki, participants reported a progressive deepening of relaxation, increased self-awareness, and mindfulness, accompanied by enhanced emotional and physical well-being. Early challenges in maintaining a consistent practice were overcome by an appreciation for self-Reiki's calming effects, with many participants integrating it as a tool for managing stress and improving sleep. Personal growth emerged as a key theme, with reports of heightened self-compassion, patience, and emotional clarity. While individual experiences varied, the majority found the practice valuable and expressed a commitment to continuing self-Reiki beyond the study, with some expressing interest in further learning or joining a Reiki community. These findings underscore self-Reiki's potential as a transformative practice that supports both stress management and holistic well-being.

Chapter 5: Discussion

This chapter provides a comprehensive discussion of the study's findings, exploring their broader significance and implications. It examines how the converged quantitative and qualitative data sets complement or contrast with one another, offering a nuanced interpretation of the results. The *centropic healing cartography* (CHC) is introduced as a new theoretical framework for interpreting participants' experiences with self-Reiki, integrating insights from transpersonal psychology, biofield theory, and consciousness studies. The CHC builds upon existing transpersonal maps by Grof and Wilber, offering a nuanced lens for understanding shifts in stress and well-being. Additionally, the chapter addresses the study's limitations and explores the practical applications of self-Reiki. Finally, recommendations for future research are proposed.

Summary

In converging the qualitative findings with the quantitative data, participants in both groups demonstrated significant reductions in perceived stress and improvements in general well-being over the 8-week study period. In converging the qualitative findings with the quantitative data, participants in both groups demonstrated significant reductions in perceived stress and improvements in general well-being over the 8-week study period, as outlined in the Results chapter. The intervention group showed substantial improvements by Week 4, which were maintained through Week 8. After beginning self-Reiki at Week 4, the crossover control group also experienced significant gains in both stress reduction and well-being, ultimately achieving similar outcomes to the intervention group by Week 8. These findings underscore the effectiveness of self-Reiki in promoting sustained stress reduction and enhanced well-being across diverse participants. These improvements echo participants' qualitative descriptions of stress relief, such as one participant who shared, "I feel my stress melt away every session."

These insights illuminate not just the efficacy of the self-Reiki practice quantitatively measured, but also the rich personal experiences that contribute to its perceived benefits. The themes of increased self-awareness and emotional regulation suggest that self-Reiki may enhance individuals' abilities to manage their emotions, providing a deeper understanding of how self-Reiki can be integrated into daily routines for sustained mental health improvement.

The themes reflect both individual and collective experiences, illustrating how self-Reiki impacted participants on multiple levels over time. The analysis of participants' experiences with self-Reiki highlights the multitude of benefits from the practice. Self-Reiki not only served as a stress mitigator but also facilitated personal growth and improved well-being. These findings align with the existing literature that identified self-Reiki as a useful stress-reduction technique (Bukowski, 2015; Vitale, 2009; Winters, 2023). The theme of lowered stress levels was closely tied to the participants' reports of enhanced emotional regulation. As participants became more aware of their physical and emotional states through self-Reiki, they developed an increased capacity to manage their stress levels. This awareness also contributed to personal growth, as many noted improvements in self-compassion and mindfulness.

Participants reported a range of positive outcomes, including and especially reduced stress levels, improved mental health, greater emotional regulation, and a deeper connection with themselves. The initial challenge of finding time to practice for busy university students was resolved when the realization that the benefits of self-Reiki were valuable. This underscores the demanding schedules of this participant population, where even a 10-minute practice can feel daunting amidst their daily commitments. Nearly all participants shared their desire to continue self-Reiki after the study's completion but *not necessarily daily* or preventatively but as needed in stressful situations.

While no major contrasts emerged between the data sets, the qualitative data provided a deeper understanding of the pathways through which self-Reiki facilitated stress reduction, while the quantitative data supported the participants mostly positive reports. These insights suggest a comprehensive alignment between the two data sources, underscoring the efficacy of self-Reiki.

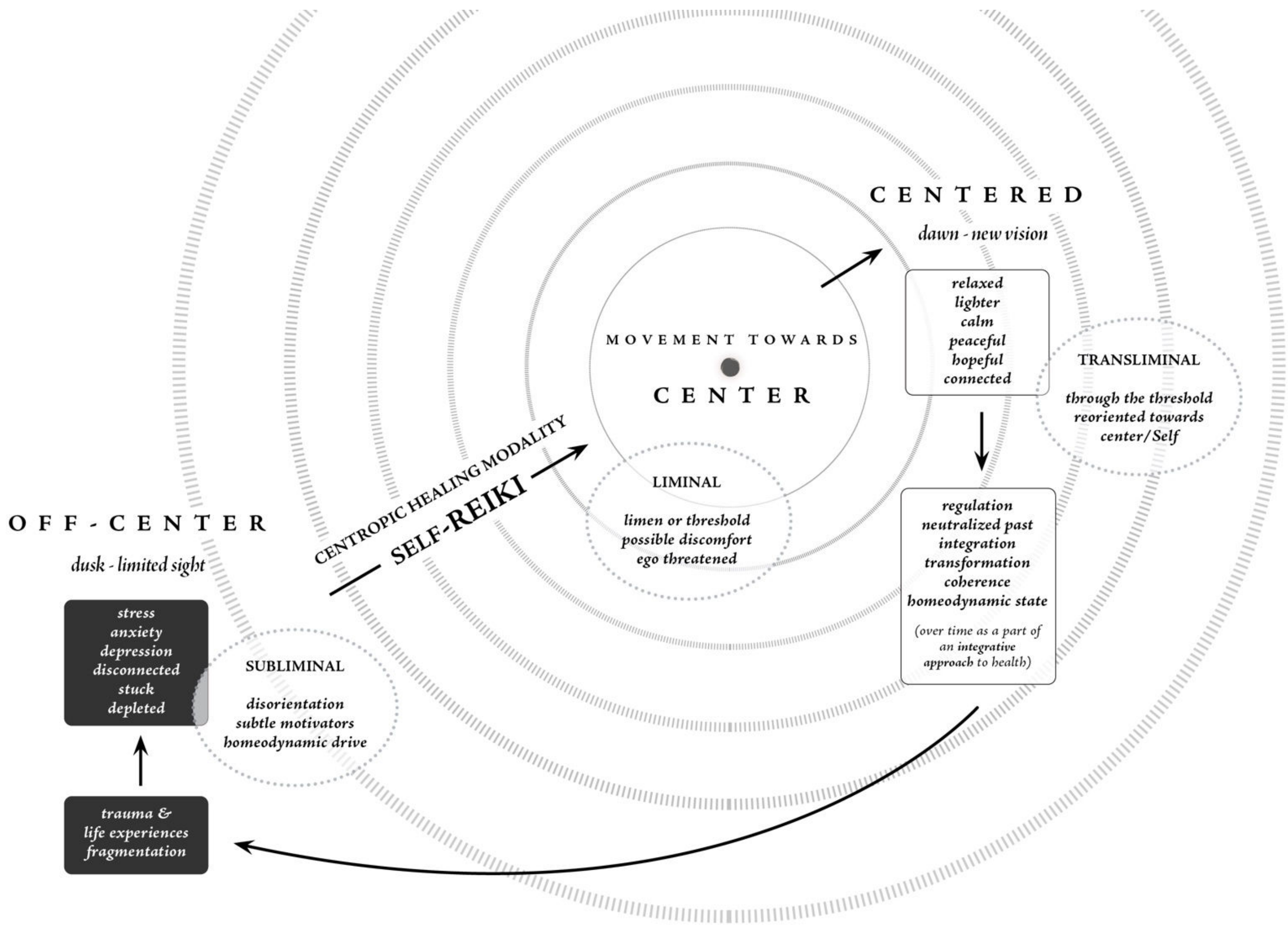
In summary, the participants' experiences and assessments suggest that self-Reiki is a valuable practice that can lead to significant reductions in stress levels as well as improvements in physical, emotional, and general well-being. The findings indicate that with continued practice, individuals may experience not only reduced stress but also meaningful personal growth. As such, self-Reiki holds promise as a holistic approach to self-care that supports stress reduction, healing, and personal development. The desire for community and further learning expressed by participants also points to the potential for broader adoption and support for self-Reiki practices in various contexts such as academic institutions. To further interpret these findings, the centropic healing cartography (CHC) is introduced, providing a lens through which to understand the transformative effects of self-Reiki on participants' stress levels and overall well-being from a transpersonal perspective.

Centropic Healing Cartography (CHC)

This section introduces the CHC (see Figure 3), a model that maps the transpersonal and sovereign journey of healing, well-being, and personal growth. The biofield, as recognized in complementary and alternative medicine, may also reflect alignment with deeper quantum coherence, as explored in the literature review (Rubik, 2015). Currivan (2023) proposed that biological systems are influenced by nonlocal, holographic fields of information, aligning with the CHC model's principle that self-Reiki enables access to these deeper, subtle, foundational energetic fields. The biofield functions as the interface between the physical body and the transpersonal dimensions of consciousness, enabling self-Reiki to facilitate shifts in coherence and alignment.

Figure 3

Centropic Healing Cartography



Note. This figure created by researcher N. J. Hocking, 2025.

These hidden realms or variables, as Bohm suggested in his theory of the enfolded implicate order (Joye, 2020), are perhaps the subtle layers underlying the biofield, the biosphere, and beyond. Bohm proposed that everything in the universe is interconnected through this profound, underlying reality, which holds the potential for everything we experience. This implicate order serves as a blueprint where all information, relationships, and connections are already embedded, even if we are not physically able to perceive them directly (Joye, 2020).

The CHC integrates biofield theory, the science of consciousness, and transpersonal insights, exploring how its subtleties support the journey toward healing and well-being. Rooted in the centropic principle, the CHC refers to the natural tendency to move toward one's center, reflecting the process of returning to the core of oneself (Clark, 1999). In this study, which examined the effects of daily self-Reiki on stress levels in university students, the CHC serves as a theoretical framework to interpret participants' transitions from heightened stress to a more relaxed state. These shifts can be viewed as movements toward the center, where reorientation leads to greater well-being, illustrating the progression from imbalance and stress to a more centered state of coherence.

The findings of this study revealed a consistent pattern of participants moving from heightened stress toward reduced stress levels, mirroring the centropic movement toward one's center that is central to the CHC. In this sense, self-Reiki functions as a centropic healing modality, facilitating the reorientation of participants with their center.

According to this model, healing modalities like self-Reiki can catalyze deeper layers of self-awareness and expand one's access to pure consciousness, even if one is not fully conscious of this process at a cognitive level. During the intervention stage, participants in this study reported feelings of relaxation, calmness, and centeredness after self-Reiki. These states align with the CHC's depiction of moving toward the center, resulting in greater homeodynamic coherence. As participants practiced self-Reiki, they not only mitigated stress levels but most also experienced subtle shifts in perception that could lead to long-term psychological integration and regulation.

By incorporating both qualitative reports and quantitative measures (i.e., PSS-10 and GWB), this study provided empirical support for the CHC model. However, the findings do not rule out other explanations, such as the relaxation response, activation of the parasympathetic nervous system, or even placebo effects. These mechanisms likely play a role in the observed reduction in perceived stress and improvement in well-being. While the CHC model offers a transpersonal lens for interpreting these shifts, acknowledging these theories ensures a balanced interpretation of the results.

The intervention group demonstrated a statistically significant reduction in perceived stress and an increase in general well-being by Week 4 and sustained the reduction through Week 8. The control group, after transitioning to the intervention at Week 4, also showed significant improvements in stress reduction and well-being by the study's conclusion. These findings align with participants' subjective reports of moving toward a more relaxed and centered state through self-Reiki. For example, one participant noted, "After self-Reiki, I would feel very relaxed and calm," echoing the statistical trends observed.

The CHC framework further suggests that such healing processes are not linear but cyclical and multidimensional, allowing for ongoing growth and transformation through a regular practice of self-Reiki and in response to life's stressful events. This cyclical process may reflect the ongoing realignment with the nonlocal quantum fields. Understanding the central motif to the CHC, the immeasurable center, will help radiate the deeper meaning as the path toward wholeness.

The Immeasurable Center

There is a clear center in the biofield torus and within the body that holds the mystery and science of the existence and experience of living human (C. Moseley, M.D., personal communication, 2018). The biofield has been established as an energy field surrounding and permeating the body, often depicted as a torus shape. This shape allows energy to flow in a continuous loop, inward and outward, which mirrors the movement toward and from the center of one's being. The center of the torus is the core of one's consciousness, where the true self or pure awareness resides. The ever-regenerative center of one's being is immeasurable, just as the true center of a circle cannot be measured (C. Moseley, M.D., personal communication, 2018). This insight reflects the paradox of self-awareness: it is both the source of consciousness and an elusive, indefinable point of existence.

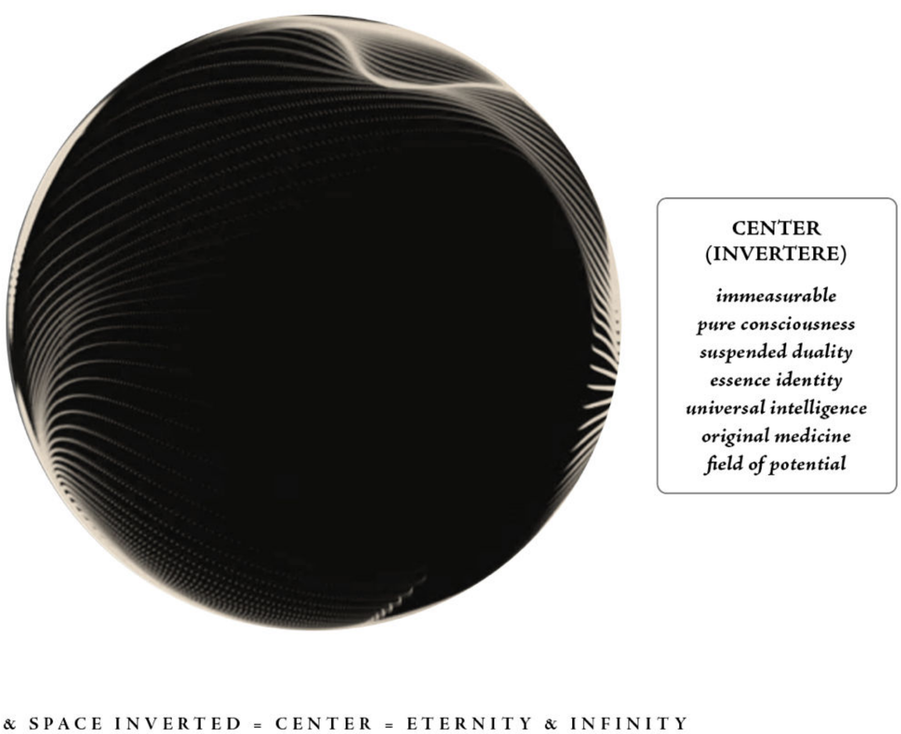
As Ken Wilber (1977) noted, dualistic views fall away when one reaches the center, leaving only Ultimate Reality, a state of unified consciousness. The nondual center serves as a field of potential for different states of consciousness and healing, that a self-Reiki practitioner for example can access. The center holds the potential for any possible state, waiting for the energy (e.g., self-Reiki) to manifest it. This insight of nonduality is essential when exploring the center within transpersonal frameworks. The center is experienced from the inside out, contrasting with the dualistic nature of consensual reality, where mental constructs like time and space replace the eternal and infinite. The earthly realm operates within this polarity.

The center houses the higher Self, your beingness, your aliveness, or Mind. According to Wilber (1975), "The Mind is what there is and all there is, spaceless and therefore infinite, timeless and therefore eternal, outside of which nothing exists" (p. 106). This immeasurable center with its inverted nature has alternatively been termed *invertere* (see Figure 4). It reflects the paradoxical nature of the center: it contains everything yet remains immeasurable emphasizing the suspension of duality and the recognition of one's essence. The invertere emphasizes the complexity and depth of human experience and existence.

Self-Reiki, with its focus on cultivating vibrational alignment and energetic balance, helps individuals access this center, aiding them to transcend or better manage everyday stressors. It is not surprising that many participants reported feeling calm after practicing self-Reiki. One specifically stated, "I found [it] most helpful to ground myself and redirect my energy inward."

Figure 4

Invertere



Note. This figure created by researcher N. J. Hocking, 2025.

The sacred circle and the invertere are rooted in primordial origins. Drake in *National Geographic* (2016) reported that mysterious stone circles made from stalagmites, dating back roughly 170,000 years, were found inside Bruniquel Cave in France. It is believed that these rings were created by Neanderthals not modern humans (Drake, 2016). The discovery of these ancient circles illustrates humanity's longstanding, instinctual connection to the sacred geometry of the circle and its center, a concept that transcends culture and time, aligning with the transpersonal understanding of the conscious self.

The concept of the center has been a recurring theme in philosophical, psychological, and mythological discussions throughout history. Ralph Waldo Emerson, writing in his 1841 essay *Circles*, described "the nature of God as a circle whose centre was everywhere, and its circumference nowhere" (Emerson, 1848/2020, p. 123). Campbell (1973) contemplated what he called the *World Navel*, where "God's grace is the food of the soul ... the torrent pours from an invisible source, the point of entry being the center of the symbolic circle of the universe" (p. 40).

In Jung's (1989) explorations with the mandala he had the revelation, "It is the exponent of all paths. It is the path to the *center*, to individuation" (p. 196). Jung (1964), in reference to personal development stated, "There is no linear evolution; there is only circumambulation of the self" (p. 196). Plato described the circle or sphere as a symbol of the self and the psyche (as cited in Jung, 1964). Jung's understanding of the mandala as a path to individuation aligns with the transpersonal journey toward wholeness, an inward spiral to the center. Similarly, Plato's symbolic circle of the self echoes these ancient philosophies, reinforcing the universal significance of this symbol across time.

Contemplations on this mystical sacred geometry have been met with transpersonal riddles. For example, “Where we had thought to travel outward, we shall come to the center of our own existence; where we had thought to be alone, we shall be with all the world” (Campbell, 1973, p. 25). The center *is* the pristine nature of reality.

These reflections on the center, from the prehistoric stone circles to philosophical and psychological insights, serve as a foundation for the CHC. The following sections will explore how this map, grounded in transpersonal principles, offers a path for navigating the inner landscape toward healing and transformation. The findings from this self-Reiki study demonstrate how the map’s framework aligns with the experiences and outcomes observed in participants.

The Cartography

The next several sections will survey the territory of the CHC with its phases: off-centered, movement toward the center, and centered; and its more subtle subphases: subliminal, liminal, and transliminal. While these terms may seem overly simplified, they were chosen to reflect the Universe, as simple as can be but no simpler (Currivan, 2023). These ethereally plotted areas will rest in the support primarily from Wilber’s (1977) *Spectrum of Consciousness* and Grof’s (Thomas, 2017) *Cartography of the Human Psyche*.

Although both Wilber’s and Grof’s maps are two-dimensional, they provide valuable transpersonal guidance and establish them as significant contributors to the field of transpersonal psychology. The CHC bridges biofield healing and transpersonal states, offering a novel approach where self-regulation and self-awareness are intertwined with the energy body.

Most transpersonal maps serve as overlays to the actual territory. Wilber (1977) stated, “In seeing our maps as maps, we are finally in a position to go beyond them to the territory itself, to relinquish the hold these social dreams exercise over us" (p. 230). The territory itself is the *unified field*. Maharishi defined the unified field in this way:

> It is a field of all possibilities where all creative potentialities exist together, infinitely correlated but as yet unexpressed. It is a state of perfect order, the matrix from which all the laws of nature emerge, the source of creative intelligence.
> (as cited in Alexander et al., 1987, p. 93)

Theories in modern physics hold a similar description of an "infinitely dynamic, self-interacting, unified field at the basis of physical existence" (Alexander et al., 1987, p. 94). The CHC exists in this multidimensional dynamic territory, the unified field, with a path toward healing and radical liberation. Grof (1998) described this freedom as a process of purging old programs and bioenergetic material allowing an emergence into consciousness thereby reducing suffering.

The CHC model emphasizes the regenerative healing center, using lived human experiences to foster a deeper self-awareness, transcend or mitigate suffering (e.g., reduce stress and its negative impact), and integrate these internal and energetic shifts which can result in transformation and growth. To begin this CHC journey of experiencing coherence and healing specifically as it relates to this self-Reiki study, it commences with the unmistakable feeling of being "off."

Off-Center. Rohr (2009) offered a transformative, healing lens when he wrote, "Love and suffering are a part of most human lives. *Without doubt they are the primary spiritual teachers*" (p. 122). Suffering can manifest as feeling stressed, anxious, depleted, stuck, disconnected, grief-stricken, or depressed and are a result of challenging life experiences that shift the individual to the off-center phase.

These types of experiences, according to Grof's cartography of the human psyche, originate from postnatal or biographical personal history from birth as well as the perinatal birth memories themselves (Thomas, 2017). According to Grof (1998) personal memories are "stored in the unconscious not as a mosaic of isolated imprints, but in the form of complex dynamic constellations" (p. 7). The associated thoughts and perceptions of these memories account for the abstract and psychodynamic levels on Grof's map. People feel off-center because they believe their thoughts and have forgotten that human feelings are transient, because there is a tendency to identify with them; and because the illusion of separation is present.

Separation of the seer and seen creates space while life versus death create time (Wilber 1975), which lands the individual directly back into a dimension of duality and away from the center. This is not to say one should succumb to spiritual bypass and repress such glum or even euphoric emotions, rather feel them, process them, and return to one's center as a means to travel through life meaningfully.

This off-center phase of the path is metaphorically dusk when the light is limited and the ability to see clearly is reduced. This is comparable to the shadow and ego levels on Wilber's (1977) spectrum of consciousness where individuals identify with only parts of the ego and hides fragments that are deemed dark on the shadow level. This can cause a myriad of psychological, physical, and spiritual issues, like depression and anxiety, disease, and stagnation. According to Wilber (1975), the ego was created to escape the supreme reality of death. On the ego level, man identifies as the mental constructs of his total organism neglecting higher states of consciousness (Wilber, 1975).

When one feels stressed, disconnected, anxious, depleted, or depressed, the experience of the center of now remains present, though obscured by thoughtforms and mental narratives shaped by trauma, past experiences, and conditioning. This disorientation is influenced by Grof's (1998) systems of condensed experiences, which include prenatal, postnatal, and transpersonal experiences. As stated above this involves one's personal biography but also experiences such as past life memories and psi experiences.

Conditioning takes place through the filter of what Wilber (1975) termed the biosocial bands. These biosocial bands heavily influence one's orientation and structure of thought processes. These bands funnel in fiction and prevent awareness of reality (Wilber, 1977). In other words, a program is created that follows generational and societal constructs of consensual reality, but not reality itself. It is not surprising to hear the common complaint of feeling "off," which is often the main ambiguous motivator for seeking therapeutic help.

In this research study, participants elected to join through answering the call for stressed university students, placing them in this off-center stage. Their scales supported this with high to moderate levels of stress and low general well-being scores as well as shared reports of disrupted sleep, lack of clarity, and poor coping abilities prior to the intervention. Students were motivated to participate in this study because they self-identified as being overly stressed with a desire to learn self-Reiki.

Subphase: Subliminal. As mentioned above, the motivation to seek therapeutic help stems from a feeling of dissonance. As vibrational beings we naturally seek to be in resonance and establish dynamic order (Rubik, 2015). Living systems, according to Rubik, are complex, dynamic, nonlinear, and self-organizing at a universal level. Within this larger system, information is in constant exchange on multiple levels, thereby maintaining existence.

Organisms have the ability to detect subtle, natural electromagnetic fields. Through this sensitivity, an individual receives delicate, *subliminal* messages of dysregulation in the biofield system. They then attempt to identify the disoriented feelings lurking just beneath their consciousness, often using words like stressed, anxious, down, or off. Wilber (1977) describes this a type of disorientation as existential anxiety and a felt pang "in the very center of one's existence" (p. 280).

This is the point on the healing path, like the participants in this study, where an individual could begin a daily self-Reiki practice as part of a comprehensive approach to mental and physical health, thereby offering empowerment where one actively participates in their own healing and recalibration. One does not abdicate their sovereignty to healers, therapists, or doctors alone but, instead, intentionally co-creates change and wholeness within their own system, through self-Reiki in this case, and the centering it brings.

Movement Toward the Center. *Movement toward the center*, the second phase of the healing path, is the course to reorient back to a truer sense of Self, to feel centered again. Biofield therapies, like self-Reiki, can be a means toward the center. One participant shared, "I often feel a tingling sensation in my hands and warmth throughout my body when I practice self-Reiki." This highlights the deeper awareness that emerges as they reconnect with their emotions and bodily sensations.

As it has been established, the center cannot be mapped and therefore is not an actual stopping point, but an experience of pure consciousness. The movement toward the center symbolizes not only a psychological shift but also a deeper alignment with what Currivan (2023) describes as the universe's informational foundation. Here, participants' experiences of centeredness and peace may reflect a resonance with these holographically informed fields, where dualities dissolve and coherence is restored. Experiences of self-Reiki as shared by participants, range from intense heat or tingling sensations to letting go of the superficial. In most cases the movement was reported toward calmness, relaxation, connectivity, and clarity during and after self-practice.

This is where the transpersonal bands in Wilber's (1975) model are at play to varying degrees. It represents the point where "the individual *touches* [emphasis added] Mind. He does not yet directly realize that what he is, is Mind, but through insight and experience he understands indeed that there is within him that which goes beyond him" (p. 120). Movement toward the center entails dropping deeply into the body and feeling true presence. With the experience of undercutting dualisms, one also weakens the basis of individual neuroses (Wilber, 1975). This supports the practice of self-Reiki as a centropic healing modality where duality is suspended at the heart of the experience thereby starving the stress of the energy is seeks to sustain itself.

It also plots on Grof's map at its deepest, transpersonal level that represents experiences beyond time and space (Thomas, 2017). Grof (1998) detailed this transpersonal level as experiencing the "metacosmic Void: the mysterious and primordial nothingness that is conscious of itself and is the ultimate cradle of all existence. It has no concrete content, yet it contains all there is in a germinal and potential form" (p. 20). This motif repeats itself in various iterations with each *lap* on the CHC but invariably points at the experience of the immeasurable center as a means to free oneself of the limitations of the mind and ego.

Movement toward the center is carefully articulated here as it is not a destination where one arrives, but a process of moving authentically inward. This occurs through identifying thoughts without engagement; expanding awareness, curiosity, and presence; and detecting the veil of egoic reality. The center, then, can be thought of as the all-inclusive yet "dimensionless point called Now" (Wilber, 1977, p. 325) where past and future slip away along with their associated thoughts. Through actively directing one's attention to the center of *now*, questions cease to arise, which according to Wilber (1977) is the ultimate solution to all questions.

It is in the very center of *now* that absolute being or unchanging pure consciousness exists (Alexander et al., 1987). It is in this experience where one is conferred upon "a profound center of peace that underlies and persists throughout the worst depressions, anxieties, and fears" (Wilber, 1977, p. 286). Self-Reiki can be viewed as a metaphorical key that can grant access to discover "nothing lies outside of me" (Wilber, 1977, p. 324) with a revelation of wholeness. As participants experienced relaxation and alignment through self-Reiki, their biofield coherence improved, reflecting the centropic movement toward greater states of balance and wholeness.

Subphase: Liminal. Liminal, or *limen* is defined as a threshold. There is absolutely a liminal place between the off-center phase and movement toward the center phase where there is some discomfort, like a rapid heartbeat or a general vague reluctance. It was noted especially in Week 1, that many participants felt challenged to incorporate self-Reiki as a new practice despite it being only 10 minutes, which caused frustration for some. For instance, one participant noted, "My schedule looks different every day, so I do find it hard to incorporate self-Reiki into my routine." These issues point to the initial resistance or discomfort individuals often experience when creating new habits. This discomfort is indicative of the ego's struggle against change, yet it is also a crucial part of the healing journey.

It is in this space that the ego is threatened as thoughts are challenged. Often clinging to what is familiar and feels safer to the ego, like the programs engendered through the biosocial bands (Wilber, 1977). Breathwork (e.g., exhaling longer than the inhale) in conjunction with self-Reiki is a relatively simple technique to ease through this liminal subphase. Several participants reported a natural tendency to employ mindful breathing while practicing self-Reiki.

Grof (1998) widely explored the perinatal layer in his cartography of the human psyche, which included the trauma experienced at birth, both in the canal and the exit as the baby moves through the felt experience of suffocation and finally gasps for air. It represents the ultimate gateway, or sacred induction, to the collective unconscious in Jungian terms. Being attuned to Reiki and subsequent self-administering can be viewed as an initiation to travel the CHC path. Essentially this liminal phase exists at a point between the subtle layers of the biofield and the denser qualities of thoughts and the mind.

Centered. The third phase of the CHC is *centered*. This can be compared to dawn, with new light, fresh eyes, and new vision. The response to feelings after a self-Reiki session is often "centered" or a version of this description. Other words participants used to describe the post-Reiki state were relaxed, calm, connected, peaceful, grounded, lighter, and hopeful. These subjective experiences align with the observed quantitative improvements in stress and well-being. Specifically, the combined PSS-10 scores dropped by an average of 6.4 points ($p < 0.001$), and GWB scores increased by 11.6 points ($p < 0.001$), reflecting significant reductions in stress and improvements in well-being that mirrored participants' qualitative reports.

This is not to say all is resolved, but a pivot in a more aligned and congruent direction has been made along with feelings of coherence. This shift toward coherence is echoed in contemporary cosmological frameworks, such as Currivan's (2023) model, which suggests that biological systems resonate with nonlocal quantum fields, further supporting the CHC's focus on aligning with deeper informational subtle structures. Beyond the immediate response, others in the study reported feelings of empowerment and a sense of healing. Some conveyed feeling more connected to themselves, with a greater sense of awareness and intentionality. Perhaps it is this resonance that serves as the true healing mechanism.

Self-Reiki, as a centropic healing modality, can be perceived as a catalyst in personal development and transpersonal transformation. It is important to note the word catalyst here, as the session itself is not the *cause* of self-realization. This occurs when an individual is ready and has the capacity to expand their awareness, stretch their worldview, and yoke deeply with themselves. While this study was relatively brief in duration, some participants felt they had started an unexpected spiritual or healing journey.

The centered phase is reminiscent to Wilber's (1977) concept of the centaur, for there is a transition, even if briefly felt, from Ego (*off-center*) to the centaur (*centered*). The centaur experiences wholeness just as one would in the centered phase of the CHC. In the first phase, there is dualistic fragmentation, then through centropic healing sessions, integration of fractured parts is possible. In self-Reiki, for example, there is an opportunity to intentionally drop deeply into the body "so as to reach a felt identity with the entire organism" (Wilber, 1977, p. 240).

Here, at the level of the Mind, opposites do not encounter one another, they are one another (Wilber, 1975) and the experience of primary duality pauses, offering momentary radical freedom. With the experience of undercutting dualisms, one also weakens the basis of individual neuroses. This supports the practice of self-Reiki as a centropic healing modality, where duality is suspended at its core, thereby depriving stress of the energy it needs to persist.

This is also true in Grof's (1998) cartography of the human psyche at the transpersonal level that goes beyond the identification of self. Instead, there is resonance with the Universal Mind or the higher Self. Grof (1998) described the Self in this way: "At this point, one can experience what Jungian psychology interprets as symbols representing the Self: the transpersonal center of our deepest, true nature, comparable to the Hindu Atman-Brahman, the divine within" (p. 71). When reoriented to the center, one can better navigate life's vicissitudes, and design and create a life with greater meaning.

Subphase: Transliminal. The subphase at this juncture is *transliminal*, with the individual successfully having gone through the threshold toward the center and toward Self. One participant shared, “This practice has really helped me a lot as I now see the value of life and what comes with it, my mental health has been really great so far.” This reflects a profound transformation in the participant’s outlook on life and their mental health, as evidenced by the significant increase in combined GWB scores, which rose by an average of 11.6 points post-intervention ($p < 0.001$). This quantitative improvement underscores the broader emotional and psychological shifts participants described.

This is also to say one has gone beyond the threshold and is continuing the process of healing feeling holistically renewed. Moreover, there is a metaphorical experience of death and rebirth, which manifests in varying degrees at this subphase. Regarding the death-rebirth motif, Grof (1998) stated:

> The experience of psychospiritual death and rebirth is a major step toward weakening our identification with the body and ego, and reconnecting with the transcendental domain. We feel redeemed, liberated, and blessed; we have a new awareness of our divine nature and cosmic status. We also typically experience a strong surge of positive emotions toward ourselves, other people, nature, God, and existence in general. We are filled with optimism and emotional and physical well-being. (p. 17)

The CHC path is experienced again and again, just as dawn and dusk reliably repeat with each new day. Longer self-Reiki studies could show this cyclical nature of healing and growth. Centropic healing modalities such as self-Reiki can ultimately lead to psychological, emotional, and somatic regulation, through neutralizing past traumatic experiences, and catalyzing transformation. Transformation occurs at a deep, core level, through the experience of pure consciousness.

The CHC model posits that the resolution of stress is not merely a physiological process but an energetic and informational shift. The idea that quantum coherence in biological systems could be restored through practices like self-Reiki aligns with Currivan's (2023) suggestion that biological identity is influenced by deeper, nonlocal quantum fields. Healing at the transpersonal level and in the more subtle layers of the biofield tends to be profound and life changing, even if not always understood cognitively.

Healing is not linear, but an exploration through our multidimensional, vibrational, and relational being with an innate desire for coherence and a homeodynamic state. The length of this self-Reiki study did not lend itself to gather long-term transformative data but could be supplied through future longitudinal studies. With that said, a couple participants expressed the practice of self-Reiki felt like a start to an empowering spiritual journey.

Biologic Sovereignty

The CHC is a theoretical model that demonstrates how self-Reiki can provide movement toward self-regulation, healing, and improved well-being through the reduction of stress. This framework supports the central theme of *biologic sovereignty*, the idea that individuals have the inherent power to influence their biological and psychological states through self-directed practices like self-Reiki.

At the core of the CHC is centropic movement, or the natural tendency to move toward the center of one's being. It is in this movement that one can reclaim personal authority over one's well-being, a central tenet of biologic sovereignty. Self-Reiki, as a centropic healing modality, empowers individuals to move from states of stress and dissonance toward centeredness, peacefulness, and coherence. As shown in this study, self-Reiki provided a practical application of biologic sovereignty, allowing individuals to autonomously engage in practices that help restore balance to their system.

The CHC positions individuals as active participants in their healing and wellness journey, reinforcing the concept of self-sovereignty. As participants moved from high-stress states toward greater emotional regulation and well-being, they demonstrated the principles of biologic sovereignty. The ability to effect change in their own well-being through a simple, self-directed practice like self-Reiki illustrates the profound potential of self-regulation without complete dependence on external interventions as found in the current biomedical paradigm.

By outlining the stages from off-centeredness to centeredness, the CHC aligns with the insight that individuals possess the inherent ability to return to a state of coherence and wholeness. The CHC depicts the idea that healing and growth occur as individuals access core consciousness, an act of reclaiming personal sovereignty over their physiological and emotional responses. This movement is not only for the advanced spiritual teachers and practitioners in the world, but it is an innate part of every single human being's energetic blueprint. This supports the broader theme of biologic sovereignty by illustrating how individuals can regain control over their mental and physical health through conscious, intentional practices like self-Reiki.

Furthermore, by emphasizing that this process is natural and accessible, the CHC underscores the universality of self-sovereignty. It suggests that all individuals, regardless of external conditions, have the potential to engage in healing practices that foster autonomy and empowerment. The CHC not only provides a map for healing but also serves as a model for holistic self-governance, positioning self-Reiki as a tool for achieving biologic sovereignty.

Conclusion

This exploration of the CHC, anchored in pure consciousness and supported by existing transpersonal frameworks, challenges the perceived limits of human capacity. By integrating transpersonal elements with practical biofield healing, specifically through self-Reiki, this model provides a novel understanding of how individuals can access universal consciousness and healing through daily practice. The potential for continued self-Reiki research could empower individuals to regulate their own biology, enhancing their health and optimizing immune functions through effective stress reduction.

The CHC's application to various biofield healing practices may facilitate the mainstreaming of these powerful modalities into an integrative medical paradigm, aligning with contemporary calls for holistic health approaches (Baldwin, 2020; CHI, 2020; Jain, 2021). By interpreting participants' stress reduction and personal growth through the CHC, this study underscores self-Reiki as a centropic healing modality, ultimately fostering greater biologic sovereignty and agency in health and stress management.

As researchers and practitioners explore these concepts further, the potential for transformative impacts on individual well-being and the broader healthcare landscape remains profound. Integrating centropic approaches, like self-Reiki, with traditional allopathic models offers a more holistic path to healing, addressing both the physical and subtle aspects of well-being. This powerful synergy allows for deeper healing, as it acknowledges not only the physical body but also the mental, energetic, and transpersonal dimensions of health.

In recognizing the dynamic nature of healing and self-discovery, the CHC is designed to evolve with ongoing research and creative explorations. A potential future iteration of the CHC could take the form of an art installation, allowing individuals to experience the path multidimensionally, enriched by light and sound rather than merely through visual representation.

While the CHC provides a robust framework for understanding the transformative effects of self-Reiki, it is essential to acknowledge its limitations. The model's applicability may vary across different populations and contexts, and its phases may not always follow the suggested trajectory for every individual. Future research is encouraged to refine the CHC further, addressing these limitations and enhancing its relevance within transpersonal and biofield academic realms.

Implications and Practical Applications

The findings from this study suggest that self-Reiki offers several practical advantages as a stress-management tool. It is a free, equipment-free, and accessible practice that can be easily learned and employed in any environment, and its brevity sets it apart from other methods such as Holotropic Breathwork and mindfulness meditation. These qualities make it an ideal technique for stress regulation, particularly in settings like universities, where students often face heightened stress levels due to academic and personal pressures.

Self-Reiki could be implemented in various ways to support well-being, especially within academic institutions. Programs could be introduced at nursing and medical schools, as well as during the transition period of freshman year, where students are particularly vulnerable to stress. Additionally, self-Reiki could be incorporated as part of integrative mindfulness programs, which have shown to be effective in promoting emotional and psychological health.

Incorporating self-Reiki into university wellness programs would align with existing holistic approaches to student flourishing. Self-Reiki aligns with holistic stress-management practices like yoga and mindfulness meditation, widely used in academic settings to reduce stress and enhance well-being (Lemay et al., 2019; Rizzolo et al., 2009). Techniques such as vinyasa yoga and guided meditation have been shown to significantly reduce stress and anxiety among college students, while improving mindfulness and emotional regulation (Lemay et al., 2019). Similarly, interventions like hatha yoga, humor, and reading have shown measurable reductions in physiological and psychological stress for college students, emphasizing the need for *varied* approaches to suit individual preferences (Rizzolo et al., 2009).

Self-Reiki complements these practices by promoting deep relaxation and self-awareness through mindfulness and biofield focus. Unlike yoga or guided meditation, which may require space or guidance, self-Reiki is highly accessible, brief, and can be practiced independently, making it ideal during high-stress periods like exams. By integrating self-Reiki into university wellness programs alongside yoga and meditation, institutions can provide diverse tools to support student well-being.

For example, the Contemplative Commons at the University of Virginia offers daily classes in yoga, meditation, and sound healing, demonstrating a commitment to cultivating student well-being. By introducing self-Reiki, taught by a qualified Reiki Master, universities can provide students with an additional stress-reduction technique. Offering self-Reiki as a tool for mindfulness, emotional regulation, and personal growth could equip students with practical skills to manage stress more effectively, ultimately helping them thrive academically and personally. Given the rising levels of stress among university students, integrating self-Reiki could lead to enhanced mental health outcomes and a more supportive campus environment.

Moreover, the adaptable nature of self-Reiki, requiring only a short time commitment and minimal training, means it can be easily integrated into these wellness initiatives. Universities could offer workshops, group sessions, or even online resources, such as those used in this study, to teach students how to practice self-Reiki on their own. These initiatives could help mitigate the negative impacts of chronic stress, anxiety, and burnout, which are prevalent among students.

Beyond academic institutions, self-Reiki holds potential for application in other high-stress environments, such as workplaces, healthcare settings, and community initiatives that serve the underserved. Its simplicity and accessibility make it a valuable tool for broader populations who seek a self-directed approach to managing stress and improving overall well-being.

In conclusion, this study highlights the importance of self-Reiki as a holistic, easily implementable stress-reduction tool that can promote greater well-being in both academic and professional settings. Future research should explore its application across diverse populations and environments, as well as investigate its long-term effects on stress management and personal growth.

Limitations of Study

Limitations for this study included limited generalizability to a broader population due to the sample size and university focus. Participants from universities might share similar characteristics or experiences, introducing bias and limiting the diversity of perspectives, affecting the study's validity.

Since the study relied on self-reported measures (PSS-10, GWB, and journal prompts), participants' perceptions may be subject to social desirability bias (i.e., Hawthorne effect) or inaccurate self-assessment, affecting the reliability of the findings. Because the practice of self-Reiki was not directly observed, the researcher relied on self-reporting.

An 8-week study can limit the possibility of capturing long-term effects or changes. This affects the ability to observe sustained effects of self-Reiki on stress levels over time beyond 4 or 8 weeks.

Additionally, it is important to consider the lack of control over external stressors. Participants' stress levels may have been influenced by external factors (e.g., academic workload, personal life stressors) that were not controlled for in the study, which could affect the results.

Some participants received their Reiki attunements remotely due to summer break, introducing variability in the method of delivery. While remote attunements are valid in Reiki practice, this could be seen as a limitation.

Finally, participant dropout presented a minor limitation to the study. Of the five participants who withdrew, four were from the intervention group, with one from the control group. While this uneven distribution may have introduced a slight bias in assessing the intervention's effectiveness, it is unlikely to have significantly impacted the overall trends observed. Nonetheless, acknowledging this factor adds transparency to the study and underscores the importance of considering participant engagement in future research.

Future Research

As established in the literature review, there is a scarcity of self-Reiki research to date. The findings of this study show the potential of self-Reiki as a stress-reduction technique. However, further research is needed to deepen the understanding of its mechanisms, efficacy, and applications across different populations and conditions.

To further support the scientific validity of self-Reiki, future research could incorporate monitoring vagal tone and using biomarkers such as cortisol levels and heart rate variability, which assess stress response and autonomic nervous system function. These measures align with psychoneuroimmunology, which examines the interplay between psychological stress, nervous system regulation, and immune function. Studies could investigate whether changes in these biomarkers correlate with subjective reports of reduced stress and potential effects on immune resilience and inflammation.

While this study focused on a relatively short intervention period (4 weeks), future research could explore the effects of self-Reiki over longer durations, such as 3 to 6 months or a year. Additionally, assessing participants not only immediately after treatment but also at various follow-up intervals could help determine if the benefits of self-Reiki are sustained over time.

Larger randomized controlled trials with placebo groups would strengthen the evidence base for self-Reiki as a legitimate stress-reduction technique. In such studies, the placebo group could engage in a mock version of self-Reiki (i.e., without the attunement). Conducting a meta-analysis of existing studies on self-Reiki and perceived stress could also provide more robust evidence of its effectiveness across different populations.

Future research could evaluate the efficacy of self-Reiki in other populations, such as individuals working in high-stress environments or those experiencing chronic stress. Moreover, self-Reiki, in an integrative approach, could be studied in populations facing significant health challenges, such as cancer patients, to determine its effects on stress, anxiety, pain, or overall well-being.

Given the link between stress and sleep issues reported by participants in this study, future research could examine the effects of self-Reiki on sleep quality and duration using both subjective and physiological measures. Assessing changes in sleep patterns through self-reported sleep diaries, validated questionnaires, and wearable sleep trackers could provide valuable insights. Additionally, exploring whether improved sleep plays a role in reducing stress could further illuminate the potential mechanisms underlying self-Reiki's benefits.

Further research should explore the effects of self-Reiki across diverse cultural and demographic groups to better understand its generalizability. Investigating how individuals from different cultural backgrounds, age groups, or gender identities experience self-Reiki could reveal variations in outcomes and barriers to engagement with the practice.

To further support the CHC in future research, the Nondual Awareness Dimensional Assessment (NADA) could be utilized to quantitatively measure shifts toward nondual states of awareness. Additionally, integrating EEG technology may provide valuable insights into the neurophysiological correlates of these states, offering a more comprehensive understanding of the relationship between self-Reiki, nonduality, and well-being.

By pursuing these research directions, future studies could confirm the mechanisms underlying self-Reiki and other biofield therapies and their efficacy across diverse populations. Such findings have the potential to not only validate these practices within the biomedical paradigm but also revolutionize the way we approach health care—integrating holistic, self-sovereign practices that empower individuals. Ultimately, this research could contribute to a paradigm shift toward a more conscious, interconnected world, where healing is understood as both a personal journey and a relational process.

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Appendix A: Informed Consent Form

Project Title: The Impact of Daily Self-Reiki on Self-Reported Stress Levels

Student Researcher: Kiki Hocking

Phone: (888) 888-8888

Email: private.email@sofia.edu

Dear Participant,

You are invited to participate in a research study seeking to gain an understanding of the impact of self-Reiki on stress. This research is being conducted to move me forward in meeting the dissertation requirements of the doctoral program at Sofia University located at 1069 East Meadow Circle in Palo Alto, California, 94303. Your participation in the study is greatly appreciated and equally valuable in contributing to a greater understanding of self-Reiki and its effects on stress.

In order to participate in this study, you must be over the age of 18 years and comprehend English, be a registered full or part-time university student, have the ability to complete an online 60-minute Reiki Level 1 training, attend a 15-minute in person initiation, and be willing to practice self-Reiki daily for 10 minutes a day for 4 weeks. As part of the study, you will be asked to fill out a brief screening questionnaire that should take no more than 2 minutes.

To protect your privacy, a pseudonym will be assigned to you, and your identifying information will be protected. The names of any individual you discuss will also be changed to a pseudonym and the information will respectfully be held in confidence. All material associated with this study, both digital and on paper, will be password-protected and/or stored in a locked closet and destroyed after five years. The results of this study will be shared in course papers or other scholarly publications. If quotes from this interview are used in publications a pseudonym will be used.

Personal benefits for participating in this study could include the gaining of insights and revelations that lead to a greater sense of understanding yourself and the ways in which self-Reiki has impacted your life. I do not anticipate that you will be exposed to any risks or dangers as a result of your participation. However, in the event that you wish to further process what has arisen during the study, I will provide you with a list of therapists or mental health professionals, to help you if you choose to seek these services as a result of this study.

If you have any questions, you are welcome to contact me, Kiki Hocking, by email at private.email@sofia.edu or at (888) 888-8888. I will be happy to discuss any matter you would like to raise and offer suggestions. If at any point during your participation in this research study, you have questions or concerns about your individual rights and/or the manner in which you have been treated, you may contact the dissertation director, Dr. John Elfers, at private.email@sofia.edu.

By signing this document, you confirm your understanding that your participation in this study is entirely voluntary and that you may withdraw at any time without penalty or prejudice. Your signature represents the understanding that your information will be kept confidential, and that the researcher has fully explained the research process clearly, highlighting any risks or benefits, and has answered your questions. Results of the study will be made available upon request. My deep gratitude goes to you for participating in this study. When you are ready, please place your signature on the designated line.

I attest that I have read and fully understand this consent form. Any questions I have about my participation in this research study have been answered to my satisfaction. I understand that my participation is entirely voluntary and that no pressure has been applied to encourage participation. My signature indicates that I meet all participant qualifications, indicating that I am willing to participate in this research study, under the terms described in this document.

Chosen Pseudonym: ________________________

________________________	________________________	__________
Printed Participant's name	Participant's signature	Date
________________________	________________________	__________
Researcher's name	Researcher's signature	Date

Appendix B: Screening & Demographics Survey

Please answer all questions below:

1. Name:

____

First Middle Initial Last

2. Age: _____

3. Gender:

- ☐ Male
- ☐ Female
- ☐ other

4. I am a full or part-time registered university student:

- ☐ Yes
- ☐ No

5. I am able to take a 60-minute online course and attend a 15-minute Reiki initiation meeting:

- ☐ Yes
- ☐ No

6. I am able to practice 10 minutes of self-Reiki, a hands-on energy practice, daily for 4 weeks:

- ☐ Yes
- ☐ No

7. Do you currently have a self-Reiki practice?

- ☐ Yes
- ☐ No

Investigator's Signature: ______________________________ Date: ________________

Appendix C: Digital Recruitment Flyer and Social Media Post

[SOCIAL MEDIA CAPTION]

University students:
I am a doctoral student writing my dissertation and would appreciate your participation in my research focused on the impact of self-Reiki on stress levels for university students. Those who are interested will be trained in Reiki Level 1 (a $200 value), practice daily self-Reiki for 10 minutes for 4 weeks, fill out stress measurement scales, and respond to weekly journal entries. Participation is voluntary and confidential.
Inclusion criteria—a participant must:
• be a full or part-time university student;
• be at least 18 years old;
• have the ability to read and write English;
• have the ability to attend a Reiki Level 1 attunement meeting;
• be willing to practice self-Reiki daily for 4 weeks.
Please message me with your interest in participating or to learn more.

In respect and gratitude,
Kiki Hocking
Ph.D. student at Sofia University

Appendix D: Weekly Journal Prompts

Please respond to each prompt in about 50 words:

Week 1: *What are your initial experiences of self-Reiki since being attuned to Reiki Level 1?*

Week 2: *Please describe your experience of self-Reiki (sensations, insights, etc.).*

Week 3: *How is the experience of incorporating self-Reiki into your daily routine and has it been beneficial in terms of lowering stress?*

Week 4: *Have you noticed any changes in yourself or stress levels since you started practicing self-Reiki? Will you continue to practice self-Reiki after this study? Any additional comments?*