

# Effect of Reiki on Measures of Well-Being in Low-Income Patients with Mental Health Diagnoses

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## Abstract

**Background:** More than 1 in 5 US adults live with mental illness. Novel therapies as complements to standard therapies are needed to improve patient well-being. Reiki is a biofield therapy that may improve well-being in mental health.

**Objective:** The primary aim of this study was to evaluate the feasibility of providing Reiki at a behavioral health clinic serving a low-income population. The secondary aim was to evaluate outcomes in terms of patients' symptoms, emotions, and feelings before and after Reiki.

**Methods:** This was a mixed-methods, feasibility pilot study with a pre-post experimental design. Reiki was offered to adult outpatients at a community behavioral health center in Rochester, Minnesota. Patients with a stable mental health diagnosis seen between July 22, 2021, and May 18, 2023, completed surveys before and after the Reiki intervention and provided qualitative feedback. Patients were asked to report their ratings of pain, anxiety, fatigue, and feelings (eg, happy, calm) on 0- to 10-point numeric rating scales. Data were analyzed with Wilcoxon signed rank tests.

**Results:** Among 91 patients who completed a Reiki session during the study period, 74 (81%) were women. Major depressive disorder (71%), posttraumatic stress disorder (47%), and generalized anxiety disorder (43%) were the most common diagnoses. The study was feasible in terms of recruitment, retention, data quality, acceptability, and fidelity of the intervention. Patient ratings of pain, fatigue, anxiety, stress, sadness, and agitation were significantly lower, and ratings of happiness, energy levels, relaxation, and calmness were significantly higher after a single Reiki session.

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**Conclusion:** The results of this study suggest that Reiki is feasible and could be fit into the flow of clinical care in an outpatient behavioral health clinic. It improved positive emotions and feelings and decreased negative measures. Implementing Reiki in clinical practice should be further explored to improve mental health and well-being.

## Keywords

biofield, happiness, low income, mental health, reiki, well-being

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## Introduction

Mental health is a state of well-being that supports our abilities to make rational decisions, build strong relationships, and shape the world in which we live.<sup>1</sup> Mental health diagnoses are increasing worldwide. In 2010, 1 billion people were estimated to have a mental health diagnosis, with a \$2.5 trillion cost to the global economy, projected to increase to \$6 trillion by 2030.<sup>2-4</sup> In 2022, 23.1% of the US population aged 18 years or older (59.3 million people) were diagnosed with a mental illness. The percentage of adults with adverse mental health was highest among young adults aged 18 to 25 years (36.2%), followed by adults aged 26 to 49 years (29.4%), which highlights an ailing future generation and workforce.<sup>5</sup> There is an urgent need for exploring comprehensive approaches to improving mental well-being.

The US National Center for Complementary and Integrative Health defines complementary and integrative medicine (CIM) as health care approaches that are not typically considered part of conventional medical care.<sup>6</sup> Complementary therapies are used in addition to standard treatments, and alternative therapies are used as a replacement for standard care. Integrative medicine is an evidence-based practice providing a holistic approach to health. Therapies are classified as nutritional (diet, supplements, probiotics), physical (massage and body manipulation), psychological, and combined (Reiki, yoga, acupuncture).<sup>6,7</sup>

One combined approach, Reiki, is considered a biofield therapy. Biofield therapies reflect the concept that human health is connected to subtle forms of energy, not limited to electromagnetic, that are believed to surround and penetrate the human form. It is based on the explanatory model that fields of energy and information of living systems are composed of subtle energy that can be influenced to promote relaxation and stimulate a healing response by activating the parasympathetic nervous system.<sup>8,9</sup>

Many cultures believe in the concept that living matter is composed of subtle energy.<sup>10</sup> These energy concepts, or “life force,” have different names in various cultures, such as *qi* (Chinese), *ki* (Japanese), or *prana* (Sanskrit).<sup>11</sup> Biofield therapies induce relaxation, decrease anxiety and stress, and improve mood.<sup>12,13</sup> Currently, more than 800 hospitals (15%) in the United States offer Reiki.<sup>14</sup> Reiki has shown promising results in reducing pain and psychological distress and

improving quality of life and well-being.<sup>8,15</sup> It has reduced anxiety in various medical conditions, procedures, and surgical arenas.<sup>13,15-17</sup>

The literature is sparse regarding the effects of Reiki in improving mental health in the low-income population. This study was conducted to determine whether Reiki was feasible and could fit into the flow of care in an outpatient behavioral health clinic that serves predominantly low-income patients. The secondary aim was to determine the effect of Reiki on symptoms, emotions, and feelings (pain, stress, anxiety, sadness, and happiness) and to collect qualitative data on patient satisfaction. The hypothesis was that Reiki would be feasible to incorporate into an outpatient clinic and that it would decrease pain, anxiety, and stress and improve positive emotions with all mental health diagnoses. Gender-based differences in outcomes also were assessed. On the basis of prior CIM data,<sup>18</sup> it was hypothesized that female patients would experience greater benefits with Reiki.

## Methods

### Study Design and Setting

The study was conducted at Zumbro Valley Health Center, Rochester, Minnesota, USA, which provides community behavioral health services in southeast Minnesota. The clinic’s mission is to promote healthy minds, bodies, and communities with a person-centered, integrated approach. It serves predominantly low-income, Medicaid, Medicare, and public assistance populations. The center introduced an Integrative Medicine/Metabolic Psychiatry clinic in January 2020. This clinic provides a holistic approach to health, with cardiovascular risk management for patients with mental health diagnoses. It offers integrative approaches to address the unmet physical, mental, and spiritual health needs of this patient population. Wellness interventions include a tobacco cessation program, multimodality stress management (eg, SMART and biofield therapies), biofeedback with HeartMath, yoga, Reiki, tai chi, qi gong, nature therapy, diet and exercise coaching, and the Mantram Repetition Program. Reiki treatments are provided at no cost to patients as a stress management technique, with the cost covered through community grant funding.

This was a mixed-methods, feasibility pilot study with a pre-post experimental design. Patient attendance and understanding of the intervention, acceptability of (patients were agreeable and willing to receive the therapy) and satisfaction with the intervention (qualitative data), and safety, as well as unexpected adverse events were recorded. The fidelity of the intervention was ensured by the practitioners following the Reiki format of set hand positions consistent with our protocol and having a consistent 1-hour Reiki session for each patient. At the end of the session, qualitative feedback was recorded, along with any additional comments about the session.

The study was exempted by the Mayo Clinic Institutional Review Board as a retrospective review of data collected to improve future clinical practice (#23-001718). The research was completed in accordance with the Declaration of Helsinki as revised in 2013.

### Patient Population

Reiki was offered to all consecutive outpatients seen at the Integrative Medicine/Metabolic Psychiatry clinic between July 22, 2021, and May 18, 2023, who were diagnosed with a stable mental health diagnosis as assessed by a physician. There were no specific exclusion criteria, and patients were given the option to decline participation. All patients who accepted the offer received Reiki regardless of demographic characteristics (eg, sex, race, ethnicity).

### Reiki Intervention

Reiki practitioners were provided with written clinical Reiki procedure guidelines. Before a Reiki session, 1 of 2 Reiki practitioners met with the patient. The process of Reiki was explained, and each patient was given the opportunity to ask questions and to complete the initial screening survey (pre-survey; [Appendix](#)).

Both Reiki practitioners were female, master-level teachers, practicing Usui Shiki Ryoho Reiki. One practitioner had 45 years of Reiki practice (and had helped set up Mayo Clinic's Reiki program) and the other had 8 years of Reiki experience.<sup>19</sup> Both practiced Reiki 1 day per week at Zumbro Valley Health Center, and each additionally performed Reiki 2 to 4 days per week in private practice.

During a Reiki session, each patient was fully clothed with eyes closed or open, comfortably seated or lying down, and treatment was provided by light touch or with the practitioner's hands held approximately 1 to 2 inches away from the patient's body. Seventeen different hand positions were typically used, starting at the head and moving to the feet. Each session lasted up to 60 minutes. Because the study period occurred during the COVID-19 pandemic, patients could choose to receive Reiki remotely, with various methods used to establish a connection with the receiver and to send Reiki energy over a distance.

At the end of the Reiki session, each patient was asked to complete the postsurvey ([Appendix](#)). Patients could schedule further sessions of Reiki if they found it to be beneficial. Data were analyzed only after the first Reiki session for each patient.

### Survey Instrument

The paper survey was used with permission from the Mayo Clinic Integrative Medicine department and had previously been used in research studies on Reiki.<sup>20</sup> Patients scored themselves on 11-point Likert scales for current symptoms of pain, fatigue, anxiety, stress, sadness, and agitation (0, not at all, to 10, unbearable) and for currently feeling happy, energized, relaxed, and calm (0, not at all, to 10, very much). For patients having a remote Reiki session, the questions were completed by medical staff with a verbal response from patients.

The feasibility of this study was assessed via patient recruitment, retention, data completeness, acceptability, and fidelity. Recruitment rates and eligibility criteria were assessed by symptom diagnosis and mental health evaluation. The appropriateness of outcome measures was reviewed and completeness and usability of data were assessed. Completion of the postsurvey and adverse effects were tracked and documented. All presurvey and postsurvey data were entered into an Excel data spreadsheet (including qualitative feedback) after the Reiki session by desk staff. Forms were assessed for missing data, and data were entered into Excel (Microsoft) on the same day after each session was complete.

### Statistical Analyses

Data were summarized with descriptive statistics. Wilcoxon signed rank tests were used to assess differences in emotions, feelings, and symptoms from before to after the first Reiki session. Analyses were conducted overall and separately by gender with BlueSky Statistics software (Commercial Server Edition, Version 7.40). *P* values <.05 were considered statistically significant.

## Results

### Demographics

Among 122 patients invited to participate, 91 (75%) individual outpatients at Zumbro Valley Health Center had at least 1 Reiki session during the 22-month study period and completed surveys. Demographic data of the patients are summarized in [Table 1](#). The majority of patients were female (81%). Major depressive disorder (71%), posttraumatic stress disorder (47%), and generalized anxiety disorder (43%) were the most common diagnoses.

**Table 1.** Characteristics of the Study Population (N = 91).

Characteristic	No. Of Patients (%)
Self-reported gender	
Female	74 (81)
Male	17 (19)
Age category, y	
18-30	18 (20)
31-40	16 (18)
41-50	20 (22)
51-60	23 (25)
≥61	14 (15)
Diagnosis	
Major depressive disorder	65 (71)
Posttraumatic stress disorder	43 (47)
Generalized anxiety disorder	39 (43)
Borderline personality disorder	20 (22)
Substance use disorder	15 (16)
Bipolar disorder	13 (14)
Attention-deficit/hyperactivity disorder	11 (12)
Other <sup>a</sup>	16 (18)
Number of treatments per person <sup>b</sup>	
1	51 (56)
2	9 (10)
3	11 (12)
≥4	20 (22)
Reiki administered (first session only)	
In person	85
Remote	6

<sup>a</sup>Autism spectrum disorder (n = 1), eating disorder (n = 3), impulse control/conduct disorder (n = 1), intellectual disability (n = 3), schizophrenia (n = 8).

<sup>b</sup>Each person could have more than 1 Reiki session. For this study, data from only the first Reiki session were used.

### Feasibility

The study was feasible as assessed by patient recruitment (91/122; 74.6%), retention (100%), data completeness, acceptability, and fidelity. Reiki easily fit into the flow of care within the clinic. There were no missing data and all surveys were complete and usable. Reiki was found to be acceptable by all patients (as assessed by qualitative data). No adverse effects of Reiki or negative feedback were reported.

### Patient-Reported Measures before and after Reiki

For the whole cohort, median scores for pain, fatigue, anxiety, stress, sadness, and agitation decreased significantly from before to after Reiki (Table 2). In addition, scores for feeling happy, energized, relaxed, and calm increased significantly (Table 2). The greatest decreases in negative emotions reported after Reiki were for stress (median change, −4), anxiety (median change, −3), and sadness (median change, −3) (Table 2); the greatest increases in positive emotions were for feeling relaxed and calm (median change, +4 for both).

**Table 2.** Patient-Reported Measures before and after Reiki.<sup>a</sup>

Measure	Presurvey	Postsurvey	Change	P Value
Pain	5 (2-7)	2 (0-4)	−2 (−3.5 to 0)	<.001
Fatigue	5 (3-7)	2 (1-4)	−2 (−4 to −1)	<.001
Anxiety	6 (4-7)	2 (1-3.5)	−3 (−5 to −2)	<.001
Stress	6 (4.5-8)	2 (1-4)	−4 (−6 to −2)	<.001
Sadness	5 (2-10)	1 (0-3)	−3 (−5 to −0.5)	<.001
Agitation	3 (1-6)	0 (0-2)	−2 (−5 to 0)	<.001
Happy	5 (3-7)	7 (4-8)	1 (0 to 3)	<.001
Energized	4 (2-5)	6 (4-8)	2 (0.5 to 3)	<.001
Relaxed	3 (2-5)	8 (6-10)	4 (2 to 6)	<.001
Calm	4 (3-5)	8 (6-10)	4 (2 to 6)	<.001

<sup>a</sup>Values are median (IQR) patient ratings of each measure on a scale of 0, “not at all,” to 10, “unbearable” for negative symptoms/feelings or “very much” for positive feelings.

### Gender and Patient-Reported Measures before and after Reiki

Male patients showed decreases in reported levels of pain, fatigue, anxiety, stress, sadness, and agitation (Figure 1). Anxiety, stress, and sadness scores decreased the most. Male respondents also showed increases in feeling relaxed and calm, but not happy or energized (Figure 2). Feelings of calm increased the most after the Reiki session.

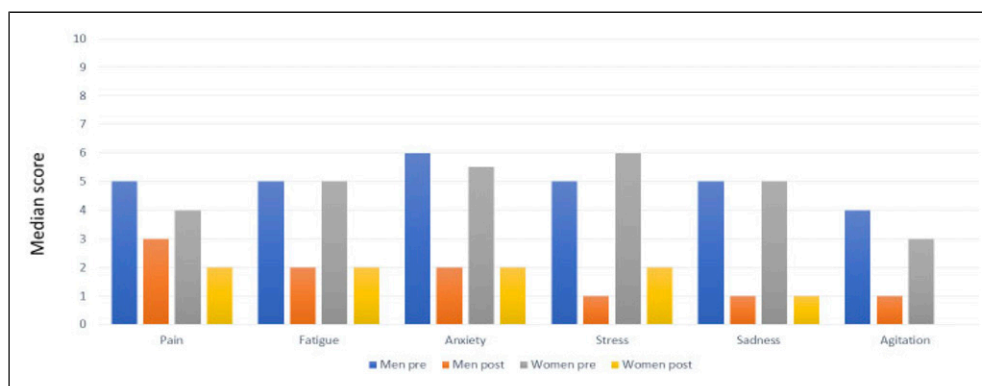
Female patients reported decreased scores for pain, fatigue, anxiety, stress, sadness, and agitation and increased scores for feeling happy, energized, relaxed, and calm (Figures 1 and 2). Stress and sadness scores decreased the most, and feeling relaxed and calm increased the most.

### Qualitative Feedback

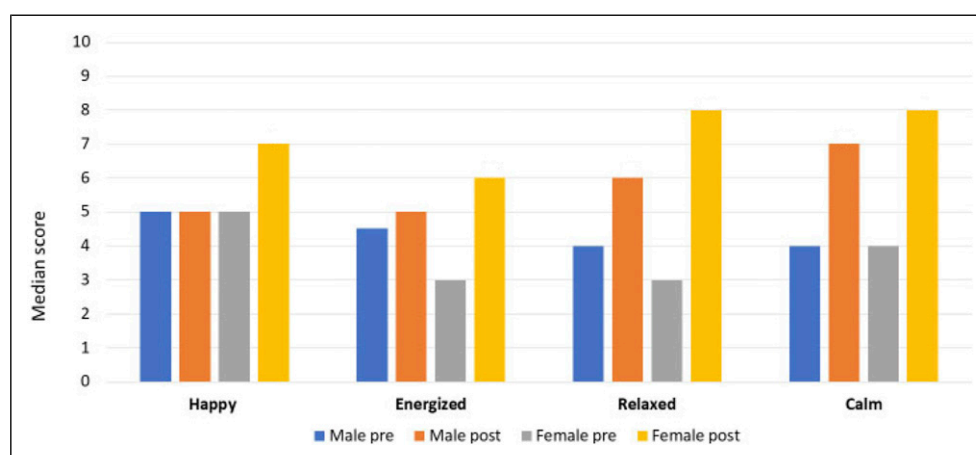
Patients were given the opportunity to provide written feedback. Of 91 patients completing a session of Reiki, 33 (36%) took the time to report their experiences after a session. Common themes among these respondents were that Reiki was a relaxing experience that reduced pain, stress, and anxiety. Some of these responses are shown in the Box.

### Discussion

This study shows that Reiki is feasible and can be safely incorporated into an outpatient behavioral health clinic. Subjective improvements in well-being for a range of mental health diagnoses were noted after a single session of Reiki. As hypothesized, negative emotions and physical symptoms (pain, fatigue, anxiety, stress, sadness, and agitation) decreased and positive emotions (happy, energized, relaxed, and calm) increased for the entire cohort overall, with various mental health diagnoses. Negative emotions decreased significantly for both male and female patients. Both male and female patients had increases in reported relaxation and calm,



**Figure 1.** Median Scores for Symptoms and Negative Emotions and Feelings. Median scores on a scale of 0, “not at all,” to 10, “unbearable,” for all patients before (pre) and after (post) Reiki among male ( $n = 17$ ) and female ( $n = 74$ ) patients.



**Figure 2.** Median Scores for Positive Emotions and Feelings. Median scores on a scale of 0, “not at all,” to 10, “very much,” for all patients before (pre) and after (post) Reiki among male ( $n = 17$ ) and female ( $n = 74$ ) patients.

#### Box 1. Written Feedback About Reiki.

“Reiki helps me relax and let go of all the stress that is in my life. It also helps me lessen any pain that I feel. I feel more energized after it.”

“Reiki helps me focus and relax. It brings me into ‘now’, aids energy flow and moves blocked energy.”

“Reiki has helped me on so many levels, mentally, emotionally, physically and energetically. It brings about so much peace, love, light and healing holistically for myself, family and in the work place. I Am such a better, brighter and happier person because of it.”

“Reiki allows me to relax and release anxiety.”

“When they told me about reiki, I was at first cynical about it. I Did not understand energy, or whatever happens in reiki would have been beneficial to my mental health. Most of the time I am stressed, anxious and have pain. I Use coping skills, but reiki gives me relief, reiki gives me a break from my symptoms, and I take with me the hope of what it will be like when I am all better.”

“While I am not sure how reiki works, I can accept that I don’t have to. I Leave feeling more relaxed and a little less stressed or anxious. It surprises me how much I am able to relax during sessions because I typically do not relax well or for a very long time. I Also notice that I feel more centered as a result of the increased calmness and relaxation.”

but women showed improvements in happy and energized feelings, whereas men did not. Of note, participants also valued being able to spend time in a supportive and nurturing environment during their mental health treatment. Patient experience and the range of care provided to appropriately support individuals are increasingly important.

Our findings highlight the potential effectiveness of a low-cost integrative therapy to improve well-being in patients with mental health diagnoses. This is especially important given the recent steady increase in wide-ranging psychological problems. Currently, available CIM for low-income persons is limited, and few studies have evaluated the benefits



of CIM use in this population for improving mental health. Previous studies have shown that underserved populations use CIM and are interested in these services, but professional guidance with regard to these therapies is lacking.<sup>21-23</sup> Moreover, CIM therapies are used as a substitute for conventional care when access to care is limited or not available.<sup>24</sup> Our clinic is unique as a behavioral health clinic in providing Reiki at no cost, covering this through a community grant. The Ithaca Free Clinic, which provides free multidisciplinary health services including CIM, has been successfully operating in New York.<sup>25</sup> Experience suggests that establishment of such community health clinics in areas with large uninsured or underinsured populations with integration of CIM services may be helpful in promoting of healthier communities.

Qualitative comments indicate that Reiki can address both physical and emotional concerns simultaneously and provide a unique therapeutic space for patients. Many patients have not had this type of experience, which provides an opportunity to address complex multidimensional issues resulting from living with a mental health diagnosis. Offering Reiki provides an added dimension in improving patient well-being, alleviating concerns, and transforming patients' views of their illness.<sup>26</sup> Providing Reiki may allow for a greater understanding among health professionals for improving psychosocial care and thus may lead to an increased scope for interdisciplinary learning. These combined approaches to improving well-being may address and alleviate patient concerns. Additionally, the majority of CIM in clinical practice alleviates pain, promotes relaxation, and reduces anxiety, which can provide important additional benefits to drug interventions and have the potential to reduce health care costs.

The Centers for Disease Control and Prevention describes well-being as "the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment, and positive functioning."<sup>27</sup> This study showed that Reiki can improve positive emotions and reduce negative emotions for patients with a wide range of mental health diagnoses including major depressive disorder, posttraumatic stress disorder, generalized anxiety disorder, borderline personality disorder, and substance use disorders. Patients reported symptom improvement, with a reduction in negative emotions and an increase in positive emotions including happiness after a single session. It is important to assess happiness because happiness translates to improved physical and mental well-being.<sup>28</sup> Interestingly, gender-based differences were noted, with male patients showing no changes in happiness levels after a single session of Reiki. Assessment of subjective feelings can bridge the gap between data obtained from laboratory-based behavioral tasks and real-life behavior, emotions, and psychiatric symptoms.<sup>29</sup>

The current results align with previous research indicating that Reiki can improve mood and decrease pain.<sup>15,29-34</sup> The

consistency of these findings across multiple studies adds to the growing body of literature that highlights the potential of Reiki as a viable intervention for those with psychological and physical symptoms. Our study differs from previous studies evaluating Reiki for pain and mental health in that our population was from a low socioeconomic group.

This study provides useful data to support clinical service improvement in mental health care and improve the design of future evaluations. The study, however, had several limitations including no control group or use of validated measures (eg, PHQ-9, GAD-7). Improvements in symptoms, feelings, and emotions after the Reiki session could be due to patient expectations and other aspects of the placebo effect, which is powerful and can alter biology and enhance mood.<sup>13</sup> Improvements in our study design with the addition of a control group would provide more conclusive results.<sup>34-36</sup> The relationship between the number of Reiki sessions and patient response was not evaluated and merits further investigation. Long-term follow-up was not available but would be useful to understand the longevity of treatment effects and whether Reiki leads to positive lifestyle changes. In addition, the study was conducted in the Midwest with a small population of predominantly White patients; thus, the generalizability of our findings is limited. However, to our knowledge, it is the first study to evaluate Reiki therapy and its effects on well-being in mental health in an underserved population. Reiki was offered to all our patients, thereby providing an equitable service and a chance for every patient to experience Reiki. Controlled studies would require a different level of ethical approval and limit patient experience. The findings from this study represent early work on this important topic and may be useful in planning future controlled studies of Reiki interventions with additional financial support.

This study highlights the feasibility of safely incorporating Reiki into a behavioral health clinic and the potential benefit in reducing pain and improving feelings and emotions for various mental health diagnoses. The overall results indicate that Reiki was associated with significant improvements in emotional well-being and pain levels, with females experiencing greater improvements in symptoms. The increase in mental health conditions worldwide, highlighted and exacerbated by the COVID-19 pandemic, provides an opportunity to innovate in mental health care.<sup>37</sup> Ultimately, the model of mental health care must be revised to lower health care costs and improve happiness and well-being. CIM therapies including Reiki may be low-cost approaches to improve care. It is imperative that vulnerable populations have equal access to such care.

## Appendix

### Abbreviation

CIM Complementary and integrative medicine.

## Author's Note

Portions of this manuscript have been previously published online at <https://www.zvhc.org/news/2023/08/study-effects-of-reiki-therapy/>.

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## Author Contributions

Conceptualization: K.P.; data analysis: J.S., M.S.D.; writing—original draft preparation, and review and editing: K.P., N.L.D.; review and editing: J.N.S., V.P., A.L.B., B.A.B., I.T.C., D.L.W.-R., and A.H. All authors have read and agreed to the submitted version of the article.

## Declaration of Conflicting Interest

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## Ethical Statement

### Ethical Approval

The study was exempted by the Mayo Clinic Institutional Review Board as a retrospective review of data collected to improve future clinical practice (#23-001718).

### Informed Consent

All patients gave verbal consent to receive a Reiki session.

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## Supplemental Material

Supplemental Material for this article is available online.

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