Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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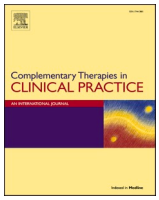

Reiki practitioners' perceptions of the impact of the COVID-19 pandemic on the experience, practice and future of Reiki

Fatma Abdurahman, Nicola Payne *

Department of Psychology, Middlesex University, UK

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ABSTRACT

Objectives: This study examined the impact of the COVID-19 pandemic on the experience, practice and future of Reiki in the UK, including the personal impact of the pandemic on practitioners and their work, practitioner perceptions of the future of the profession and Reiki delivery, and practitioner experiences and views of distant Reiki in comparison to hands on or near the body treatments.

Method: A qualitative study using semi-structured interviews was carried out with 10 Reiki practitioners. Interviews were recorded, transcribed verbatim and analysed using thematic analysis.

Results: Three themes were identified: adapting and growing with the challenges of COVID-19, Reiki for individual and community resilience, and moving from the mainstream hands on to lesser known distant Reiki.

Conclusion: While the COVID-19 pandemic personally impacted Reiki practitioners, they focused on turning adversity into opportunity, to overcome a sense of disconnectedness and social isolation, by providing social support and promoting individual and community resilience. Practitioners focused on self-care, personal development and reaching out to the community. Personal Protective Equipment was perceived as necessary for infection control but a potential barrier to the client's experience of Reiki. They saw value in adapting their practice as part of the future of the profession by utilising new technology and distant Reiki healing, but were clear this could not replace in person contact.

1. Introduction

Reiki is defined by the Reiki Council, the UK's voluntary regulator of Reiki practice, as a system of natural healing. Reiki is based on the concept of universal life energy, which, when it flows uninterrupted can bring balance and a sense of well-being, reinforcing the body's natural ability to heal itself on a physical, mental, emotional or spiritual level. The recipient receives the treatment fully clothed, lying on a couch or sitting and the practitioner gently places their hands on or near the body, treating the whole person. Reiki can also be sent distantly but this has not been well defined. Reiki Masters/teachers train students, attuning them to the Reiki energy to treat themselves, their friends and family in Level 1 training and sending distant Reiki at level 2. Reiki is recognised by the Complementary and Natural Healthcare Council (CNHC) which holds an independent voluntary register of accredited complimentary healthcare practitioners in the UK.

Complementary and alternative medicine (CAM) therapies such as Reiki are growing in popularity. In 2018 16% of adults accessed CAM practitioners; 68% for musculoskeletal conditions and 12% for mental health. Seventy percent were self-referrals but others were referred or recommended CAM by NHS professionals [1] so Reiki may play a role in integrative care.

Integrative Care (IC) in hospitals, sometimes referred to as Integrative medicine (IM), affirms the importance of focusing on the whole person physically, mentally, emotionally, and spiritually, using all appropriate evidence based therapeutic and lifestyle approaches and healthcare disciplines to achieve optimal health and healing. The traditional medical model explains the physiological basis of disease, but misses seeing a patient as a whole [2].

Reiki practitioners often work in private practice but as part of IC, hospitals and hospices increasingly have complementary health practitioners, often including Reiki practitioners, most commonly in oncology departments supporting cancer patients, but also in Perioperative Integrative Care [3]. Reiki as part of IC has been viewed positively [4,5] and also has benefits for those practicing it. For example, medical clinicians trained in diverse complementary therapies, including Reiki, experienced an increased sense of self-efficacy and confidence in offering compassionate care and using nonpharmacological therapies [6].

* Corresponding author.
E-mail address: n.payne@mdx.ac.uk (N. Payne).

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Additionally, when Reiki was integrated in a student nursing curriculum, it was found to support a growing awareness of self-care, and how self-care skills can in turn help to sustain a caring-healing practice [7]. Furthermore, nurses having Reiki themselves as part of a self-care, coping and resilience programme reported reduced stress and burnout [8].

In terms of benefits for patients, many studies and review papers have examined the efficacy of receiving hands on Reiki. Much research focuses on patients with cancer where Reiki has been linked to decreased distress, anxiety, depression, fatigue, agitation, pain, and nausea, and improved sleep and quality of life [9–13]. A review found it significantly reduced cancer related pain [14]. Reiki has also been found to be useful in the management of a variety of other chronic and acute conditions. Reiki reduced pain and anxiety in women hospitalized for obstetrical and gynaecological conditions [15], reduced pain and fatigue in haemodialysis patients [16], and was as effective as physiotherapy in managing pain in patients with intervertebral disc herniation [17]. A review found that Reiki was better than a placebo for reducing pain, anxiety, and depression, and improving self-esteem and quality of life in a variety of chronic conditions. The authors suggested it has potential in the broader management of chronic health conditions and possibly in postoperative recovery alongside medical and therapeutic techniques [18]. Indeed, Reiki may help in the management of postoperative pain. It reduced pain and discomfort following Laparoscopic cholecystectomy [19], reduced pain, analgesic use, and vital signs following abdominal hysterectomy [20], and reduced pain, stress, anxiety and analgesic use in patients undergoing knee replacement surgery [21]. Finally, a large scale study of Reiki clients found improvements in positive affect, negative affect, pain, drowsiness, tiredness, nausea, appetite, shortness of breath, anxiety, depression, and overall well-being [22]. However, some reviews have concluded there is insufficient evidence to support Reiki as beneficial in anxiety or depression [23] or that its efficacy is inconclusive due to the quality of research designs [24,25].

While Reiki is usually performed as a hands on or hands near the body treatment, practitioners are also able to deliver a non-contact Reiki treatment known as distant Reiki healing. Distant Reiki is under researched, with little detail on how it is performed but studies describe Reiki practitioners performing a specific protocol to send the healing energy to the patient [26,27]. Studies on Distant reiki have mixed findings; lowered heart rate and blood pressure, but no change in pain was found following an elective Caesarean section [26], and decreased pain, anxiety and fatigue was found in oncology patients [27]. A recent study found distant reiki was associated with significant improvements in stress, anxiety, pain, and wellbeing (but not sleep quality) in healthcare workers during the COVID-19 pandemic [28]. A review of hands on and distant Reiki found significant improvements in perceived stress in some studies on distant Reiki, but overall inconclusive efficacy due to the quality of research designs [25].

The evidence reviewed so far, although equivocal, suggests Reiki may benefit the health and wellbeing of patients receiving Reiki and those practicing it. However, the coronavirus (COVID-19) pandemic had a huge impact on Reiki practice. The UK Government introduced a national lockdown in March 2020 limiting people's activities to staying at home as much as possible, maintaining 2 m social distancing from anyone outside their household and hand hygiene to reduce the rate of transmitted infection. Many non-essential services were closed, including in person hands on treatments such as Reiki which is usually delivered in settings such as practitioners' homes, beauty salons, natural health centres, hospices and hospitals. This left only the lesser known option of distant Reiki or self-care for those able to practice it on themselves. The UK Government eased the restrictions and Reiki practitioners were allowed to return in July 2020 with strict Government guidance on infection control measures, including not treating high risk zones such as the face, risk assessing their workplace, wearing a visor, type 2 face mask and gloves, and keeping activity times as short as possible. Further periods of national or local lockdown occurred after July 2020, but as of April 2021 all Reiki practitioners were able to resume practice, with Government advice to continue with some COVID-19 infection control measures such as wearing a face mask. Thus the pandemic continues to impact on the way Reiki is practiced but there appears to be no research on this.

There is some limited research on the impact of previous viral epidemics on health care delivery to patients with conditions unrelated to the virus. Containing viral epidemics can have profound impacts on patients, families and healthcare staff. For example, a study of the impact of a Severe Acute Respiratory Syndrome (SARS) epidemic on care in a palliative care service found that containment required to manage SARS resulted in isolation and disrupted connectedness within the patient, within the family, and between the patient and the family, the patient and the health care worker, the patient and society, and between health care workers [29]. Although healthcare workers in this study raised concerns about the impact of personal protective equipment (PPE) on communication with patients and the loss of human touch, research during the COVID-19 pandemic found that patients understood the importance of PPE, and few felt this impacted on communication or the care they received [30].

Research by Ref. [31] on the psychosocial impacts of the COVID-19 pandemic on health and social care workers highlighted the importance of support structures, developing resilience through accepting uncertainty and focusing on an increased sense of purpose, and using opportunities for personal growth through self-reflection and slowing down. However, perceived difficulties included work stressors, such as a fear of putting loved ones at risk of catching COVID-19, and communication challenges, such as virtual consulting [31]. Telemedicine-driven healthcare had to expand quickly during the pandemic to improve accessibility to health services [32], but there are reports of good levels of patient satisfaction [33], and speculation that greater use of technology will continue beyond the pandemic [34].

While research has explored the impact of the COVID-19 pandemic on the practice of healthcare workers, there is a lack of research on the practice of complementary therapies, and in particular Reiki, which had to cease during the national lockdowns. Therefore, this study aimed to gain an in depth understanding of the impact of the pandemic on the experience, practice and future of reiki during the first national lockdown in the UK, including:

1. The personal impact of the pandemic on practitioners and their work
2. Practitioner perceptions of the future of the profession and Reiki delivery
3. Practitioner experiences and views of distant Reiki in comparison to hands on or near the body treatments

2. Method

2.1. Design

A qualitative study was carried out, using semi-structured interviews. As there was no previous research on the impact of a viral pandemic on the experience and practice of Reiki, a qualitative design was chosen to gain an in depth understanding of practitioners' perceptions and experiences.

2.2. Participants

Semi-structured interviews took place with a convenience sample of 10 Reiki practitioners. The inclusion criteria for participation were aged 18 years or over, based in the UK, English speaking, and offering both hands on or near the body Reiki treatments as well as distant Reiki to the public. The criteria also included being CNHC registered or working in a clinical setting such as a hospital or hospice to provide some consistency in terms of professional training and code of conduct followed. Table 1 shows that two practitioners worked solely in a private practice at home

Table 1
Participant characteristics.

Participant	Years of practice	CNHC Registered	Settings
Alexa	7	Yes	Home-based, GP surgery, community
Cecilia	5	Yes	Mobile and hospital
Hyacinth	16	Yes	Home-based
Mary	4	No	Hospice
Piers	10	Yes	Home-based and hospice
Rose	19	Yes	Home-based, hospital and salon
Sally	11	Yes	Home-based, multi-disciplinary clinic, hospital
Sorcea	14	No	Home-based and hospice
Stella	6	Yes	Home-based, day centre, salon
Yasmin	4	Yes	Home-based

and the rest each worked across multiple settings such as hospices, hospitals, in their home, GP surgeries, and local authority projects for survivors and the bereaved.

2.3. The interview

An interview guide included questions to elicit the general experiences of the participants of the study topic, with additional prompt questions to expand discussion where necessary. The interview questions explored practitioners' perspectives on how their practice during the COVID-19 pandemic compared to their practice before, the benefits of Reiki they observed in their clients, any personal impacts on them of the pandemic, impacts on their relationship with their clients, how hands on Reiki compared to distant reiki and how they saw the future of the profession (see appendix).

2.4. Procedure

After ethical approval was obtained from the authors' Psychology Department Research Ethics Committee, pilot testing was carried out to ensure interview questions were fit for purpose. Next, advertising for Reiki practitioner participants took place via the Reiki Association and the Reiki Federation and subsequent snowballing. Once interested participants contacted the first author, they were provided with a participant information sheet by email and asked to return a signed consent form by email. The semi-structured interviews took place with the first author via Zoom or by telephone and were recorded using a digital device. The interviews once recorded were transcribed verbatim and anonymised with participants being given a pseudonym. After the interview the participants were provided a debrief sheet giving them information about confidentiality, data protection, their right to withdraw and a list of support services if they needed support as a result of any issues discussed in the interview.

2.5. Data analysis

Thematic Analysis (TA) was used to analyse the data to identify patterns or themes in the data guided by the aims of the study relating to the impact of the COVID-19 pandemic on the experience, practice and future of Reiki. TA is a flexible technique which is not tied to any theoretical framework [35]. The first author read and re-read the transcripts to familiarise herself with the data, coding items of interest and searching for themes from these initial codes. An essentialist approach to the analysis was taken, focusing on the experiences and meanings drawn from the participants' responses. In working to identify semantic themes, an inductive approach was taken. Themes were discussed with the second author to ensure they represented the data. Overall, analysis followed the six steps outlined by Ref. [35]: 1) familiarisation with the data by transcribing the recordings, reading and re-reading the transcripts, 2) identifying and recording initial codes across the data set, 3) bringing together the codes across the data set to identify themes, 4) reviewing the themes against the coded extracts across the data set to produce a thematic map, 5) continuing the analysis to refine and name the themes, and 6) selecting extracts to illustrate the themes.

3. Results

The thematic analysis identified three 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.

3.1. Adapting and growing with the challenges of COVID-19

This theme consists of three subthemes: accepting personal impacts, balancing safety with the Reiki experience, and new technology overcomes social distance but not loss of human contact.

3.1.1. Accepting personal impacts

Reiki practitioners were personally impacted by the COVID-19 pandemic, as they were unable to practice hands on Reiki, experienced a loss of income and felt the loss of not being able to support their clients. They used this time to reflect on their circumstances, and reached a point of acceptance; turning adversity into opportunities to support others.

Yasmin talked about the emotional impact of not being able to see clients and knowing they were going through a similar experience of isolation. She described how this experience was part of the process of coming to a point of acceptance and the needing to adapt.

> "I got to the point where it has got a bit emotional and a physical crisis to me and financially it had a massive impact. Emotionally it's not being able to see my clients where a lot of them were going through similar processes of isolation and physical pain and the understanding everybody is in the same boat didn't make it easier … you get to the point you realise this is how it is and we just have to get used to this" (Yasmin, Reiki Practitioner in a private home-based setting).

Rose acknowledged that despite not being able to practice Reiki [in person] with the public and having a loss of income during the pandemic, it was an opportunity to slow down, reflect and support the community.

> "It's stopped [practice with public]. I am offering free distant reiki treatments to existing clients and I am part of numerous groups sending distance healing. Not earning anything from any of it, as everything has come to a halt, which is not good as there is no money coming in, but from a sit back, reflect and relax view point I've enjoyed it" (Rose, Reiki Practitioner in home-based and clinic settings).

3.1.2. Balancing safety and the Reiki experience

All practitioners recognised the importance of COVID-19 infection control measures, but many had reservations about the impact of wearing PPE on the client's experience. Practitioners in clinical settings saw it as less of a barrier but home-based Reiki practitioners had more concerns around working safely. Most Reiki practitioners felt able to adapt to COVID-19 infection control requirements and didn't see PPE as a barrier to the efficacy of the Reiki treatment.

Cecilia highlighted the difference between settings; PPE being the norm in a clinical setting and less of an adaptation, but a potential barrier in home-based settings.

> "We have to wear gloves in the hospital, we have to wear PPE, so I'm quite used to wearing a mask and gloves … It doesn't matter what you're wearing, it (Reiki) will come through, so I say to the members

[other Reiki Practitioners], well I wear gloves, I wear a mask because sometimes I have got to go into an ICU unit and you have to be masked up … I'm in full PPE so we can adapt, but I think in people's private homes, it's an odd situation, it's an odd look, in a hospital situation it's not odd. It's just adapting to that really. So I think we will adapt" (Cecilia, Reiki Practitioner in private and clinical settings).

Hyacinth talked about the anxieties of safely practicing with the public in a home setting and the need to balance the safety of herself, her family and her clients, while also taking into account her family's wishes.

"Oh yes definitely, lots of anxieties. Not just for myself, but for my family and clients as well because this an unseen virus, we can't see. I don't want to be the cause of my clients catching it, while they are here with me or while they are travelling to get to me … My family has been shielding me because they think I am vulnerable. My decision to resume my public practice from home has to be taken in consideration of their feelings" (Hyacinth, Reiki Practitioner based in a home setting).

Rose outlined potential barriers private practitioners may experience in adapting their future practice to the impact of COVID-19. The complexity of the risk assessment and logistical concerns in managing infection control measures led her to conclude she will not be able to practice with the public in the home environment in future.

"The Government recommendation is using visors … thinking there's a whole list, taking people's temperatures, checking, doing a really thorough consultation before they come to the house. You ring them on the morning and say have you got any of these symptoms, are you shielding and whole myriad of risk assessment needs to be done. I looked at my own risk assessment and decided I am never going to treat from home again" (Rose, Reiki Practitioner in private home-based and clinic settings).

3.1.3. New technology overcomes social distance but not the loss of human contact

Looking to the future of the profession, new technology was a strong feature in overcoming the impact of COVID-19 social distancing measures. Practitioners stayed in touch with their clients and their student community through Zoom, WhatsApp, email and text messages, although this may leave a gap for the older generation of clients.

Cecilia highlighted that the older generation are less likely to use new technology and the impact of this on her communication with this group of clients.

"Well it has affected it because, especially my older clients because they don't have Zoom. I call them but, its more than a bit distant because they don't want to call all the time. I'm like yeah, call if you want to call or text. But they feel like they don't want to disturb me and if we make an appointment and I see them, I know that's my time with them" (Cecilia, Reiki Practitioner in a mobile and clinical setting).

However, Alexa highlighted how new technology has helped her to reach out to her community of clients and students, recognising that while it can't replace human contact, it is a way forward into the future of the practice.

"Most of my clients go onto learning reiki. The thing I have done most consistently over the lockdown has been running a Zoom circle once a week in the evening …. We all put something together we wanted to send distance Reiki to together. Or we send [Reiki] to each other and all self-treat at the same time either with the camera on or off. I have been pleasantly surprised at how powerful using technology has been and that's something I think will not go away. Although I don't think it will make up the time we spend together in real presence with each other" (Alexa, Reiki Practitioner in a private home, clinical and community-based settings).

Alexa illustrates that most practitioners had a positive outlook on the future of the practice, identifying the value in adapting their practice during the COVID-19 pandemic and considering taking these practices, such as distant Reiki and the use of new technology, forward in the future.

"I will definitely keep the Zoom circles going for the groups. The added thing I'm definitely going to do is putting together the offer of someone having a paid consultation with me over Zoom, I would listen to them, where they talk about what they want to say and then for the package have an opportunity to send distant Reiki to them" (Alexa, Reiki Practitioner in a private home, clinical and community-based settings).

3.2. Reiki for individual and community resilience

This theme consists of two subthemes: 1) Reiki for self-care and personal development, and 2) reaching out to the Reiki community and beyond.

3.2.1. Reiki for self-care and personal development

Reiki Practitioners identified self-care as a key element in dealing with the impact of the COVID-19 pandemic, giving people a sense of empowerment in taking charge of their own well-being, and using the time to focus on personal development. Practitioners practiced Reiki self-treatment and encouraged clients to learn Reiki so they could treat themselves. The first level of Reiki training focuses on giving self-treatments and treating friends and family; putting your own oxygen mask on first to be able to extend your support to others.

Alexa highlighted the importance of empowering people to take responsibility for their self-care and how learning Reiki can play a role in this.

"My main aim with my whole practice is not to have co-dependency, where people feel they need to come for Reiki treatments. Quite quickly I will gently and lightly explain to them that they can [self-treat]. What makes Reiki so different for me and I found myself drawn to it personally, was the self-treatment element" (Alexa, Reiki Practitioner in a private home, clinical and community-based settings).

Stella demonstrated how not being able to practice with the public had allowed her to focus on her personal development and providing a positive role model to show Reiki as a way of life.

"Not practicing publicly actually allowed me to practice more on myself. It feels more important I improve or set an example of how Reiki is part of my life, but I think the busyness of trying to run a business, you forget about yourself totally" (Stella, Reiki Practitioner, home-based, natural health centre and community settings)

3.2.2. Reaching out to the Reiki community and beyond

Practitioners spoke about reaching out to the broader community to support them through virtual group activities and sending distant Reiki as part of community projects to support vulnerable people and medical staff in the health service. The adverse impacts of COVID-19 led to the Reiki community pulling together to support the broader community, including extending beyond Reiki to general social support. Practitioners saw Reiki being part of IC to supplement a stretched health service.

To counteract the COVID-19 impacts of social isolation, fear and anxiety, Sally reached out to her community of Reiki students by

synchronising remote hands on and distant Reiki activities to provide a supportive group environment.

> "I absolutely miss the community, that I spend a lot of time with. I'm an outgoing person, I'm very tactile, not seeing and not being able to give hands on treatments is very difficult … I normally offer a community level 1 [hands on Reiki] share once a month and every two months a level 2 [distant Reiki] circle …. normally in person …. and can have anything from 4 to 15 people. I am now doing that once a week … we synchronise from our own homes and from the correspondence from all of them, it's been a wonderful touchstone. I'm helping people cope with anxiety and what next and keeping them together as a community of likeminded people" (Sally, Reiki Practitioner in private home-based and well-being centre and clinical settings).

Alexa talked about how her practice had diversified since her hands on Reiki treatments stopped at a community-based project, and she used this time to reach out to vulnerable groups by providing wellness chats to tackle social isolation.

> "For the other community project clients, who are technically our most vulnerable clients …. Obviously there could be no hands on treatment, but if they wished to have regular wellness chats with us, either by phone or facetime or by Zoom, they were able to do that" (Alexa Reiki Practitioner in private, clinical and community settings).

Yasmin highlighted how the impact of COVID-19 resulted in the practice being extended further out into the community, such as extending distant Reiki to support medical staff, and also saw Reiki more generally as having a role in supporting the health service as part of IC.

> "I guess being connected to a Reiki project that helps medical staff, I can see that there is a bit of an awakening at the moment, where Reiki can step in …. I think there needs to be a little bit more of an integrated approach and not just using the modalities they have known for a long time but also expanding to Reiki, distant Reiki especially, hands off, because we can support each other much better … . The distant Reiki healing is being sent to people who express their wish to receive a treatment. We are talking front line staff, which is nurses, surgeons, GPs, hospital consultants, medical staff in general" (Yasmin Reiki Practitioner in a private setting).

3.3. Moving from mainstream hands on to the lesser known distant Reiki

This theme consists of two subthemes: 1) an openness to the incomprehensible, and 2) a tangible versus an intangible experience.

Practitioners reported an increased use of distant Reiki to address social isolation and the loss of human contact as a result of the COVID-19 pandemic. All practitioners highlighted how hands on Reiki treatments played a more prominent role in client treatments, as a more tangible experience. The intangible nature of distant Reiki was perceived as a barrier for clients, as they were more drawn to what they could physically experience, see and comprehend. Distant Reiki was seen by practitioners as similarly beneficial in outcomes, but hands on Reiki was most preferred as there was a physical presence and connection.

3.3.1. An openness to the incomprehensible

Practitioners described distant Reiki as a lesser known treatment outside of the Reiki community. Clients found it a leap to be open to how an energy treatment could be sent remotely and receiving a distant Reiki treatment requires an open mind. Practitioners found established clients, while sceptical at first, were more likely to be open to trying distant Reiki as they had already experienced a hands on treatment.

Sally highlighted the idea of openness to distant Reiki as a bridge of comprehension between the client and practitioner, which may indicate trust in the therapeutic alliance playing a part. However, most clients preferred to wait for hands on treatments and distant Reiki is often seen as a leap too far.

> "I feel they [hands on vs distant reiki] are and can be identical, there is a bridge of comprehension to make between the practitioner and the client, for the client to come to some understanding. Our clients only really want the in person experience, they may have come to Reiki as a hands on practice as sceptics and become open to it, but something that you say or send over a distance is a leap too far, so they have just said they would rather wait until they can see me" (Sally, Reiki Practitioner in private home, wellbeing centre and clinical settings).

Nevertheless, Sorcea talked of a journey from hands on Reiki, with clear expectations, to initial reservation, and then acceptance of distant Reiki once a treatment was experienced.

> "I think they are more open to start with [hands on Reiki], but when it comes to the distant sessions they do have a certain reticence, but once they have experienced it maybe once or twice they are very open it" (Sorcea, Reiki Practitioner in private home-based and clinical settings)

3.3.2. A tangible versus an intangible experience

Practitioners described hands on Reiki and distant Reiki as a tangible versus an intangible experience. In person hands on was the preferred choice by practitioners and clients, due to the physical presence. Distant Reiki was seen as supplementary but invaluable during the COVID-19 restrictions.

Hyacinth viewed hands on and distant Reiki as having similar benefits but hands on Reiki is more tangible as there is a physical presence which is comforting and meets the need for human contact.

> "The benefits can be similar. With distant Reiki sometimes, they can go even deeper, so the experience can be quite different and yet similar. I must sound pretty contradictory when I say that but the main thing is that in person it's a more tangible experience for the recipient. The need for human contact, that's what people are missing" (Hyacinth, Reiki Practitioner in a private home-based setting).

Yasmin highlighted that recipients of distant Reiki can have a tangible experience of feeling the flow of the energy, but while it can provide support as a supplementary treatment, in person treatments are still perceived as being necessary.

> "I got the feedback that the people felt the flow of Reiki really strong. I think distant Reiki helps to support almost like a maintenance treatment whilst you would still need an in person treatment" (Yasmin, Reiki Practitioner in a private home-based setting).

There is little explanation in previous research describing how distant Reiki is performed but Alexa described how she sends distant Reiki.

> "I would have a designated time where I would be on my own ideally and sit a bit like in meditation and dedicate the intention of the distance treatment, the prayer and then we have a series of four symbols that we would draw in the air, so I would in my private space draw my four symbols and use your hands a little bit like antennae and focus and think about that person" (Alexa, Reiki Practitioner in private home, clinical and community based settings).

Yasmin described the process of receiving a distant Reiki healing treatment as a conscious one where the client is aware of when the treatment is being sent and prepared to receive the treatment. Similarly to Alexa, this illustrates that the process requires an intention to focus on

the recipient to deliver the treatment.

> "I would explain that the treatment will be sent at a certain time, … where they would experience similar sensations as they would in person, but maybe slightly less intense. They would need to be resting and not doing any activities …. they need to be ready to receive the treatment … It would probably be a shorter treatment and I would ask them to give a photo or something I could concentrate on when I deliver the distant healing treatment" (Yasmin, Reiki Practitioner in a private home-based setting).

4. Discussion

This study examined the impact of the COVID-19 pandemic in the UK on the experience, practice and future of Reiki. The study found that while the pandemic personally impacted Reiki practitioners, they focused on turning adversity into opportunity to overcome a sense of disconnectedness and social isolation by providing social support and promoting individual and community resilience. Practitioners focused on self-care, personal development and reaching out to the community. PPE was perceived as necessary for infection control but a potential barrier to the client's experience of Reiki. They saw value in adapting their practice as part of the future of the profession by utilising new technology and distant Reiki, but were clear this could not replace in person contact. Distant Reiki was considered a leap too far for most clients to comprehend as they were more likely to be open to the tangible nature of hands on in person treatments. This study addresses a gap in research by providing information on the impact of the pandemic on the delivery of Reiki, as well as offering further information about distant Reiki.

4.1. Adapting and growing with the challenges of COVID-19

Reiki practitioners were personally impacted when their hands on practice with the public ceased during the lockdowns. They experienced financial loss and a sense of disrupted connectedness due to missing the contact with clients (similar to findings among healthcare workers in a palliative care service during a SARS epidemic [29]). However, they used this time to slow down and reflect on their circumstances. They reached a point of accepting the impact and considered ways to adapt their practice. Similar themes were obtained among health and social care workers during the COVID-19 pandemic [31].

Part of adapting their practice was using new technology. Telemedicine has been embraced in healthcare during the pandemic to improve accessibility to health services [32], and Reiki practitioners embraced it too. As with telemedicine [34], they also planned to continue using new technology in their practice. However, while they found it more powerful than expected in feeling a sense of connectedness, they were clear it could not replace being physically in contact with people. A review of interventions to reduce loneliness during the pandemic [36] raised concerns about the use of technology excluding people with low levels of digital literacy. Reiki practitioners raised concerns about excluding the older generation, although they felt they could overcome this by maintaining telephone contact. Maintaining meaningful telephone conversations with older people is important [37]. Health professional led support group videoconferencing can enable engagement with others, improve accessibility to groups and replicate the bonding and cohesiveness found in face to face groups [38]. Technology can also provide a cost effective way for health professionals to meet with each other [34].

While all practitioners were knowledgeable about COVID-19 infection control measures, they raised concerns about balancing their safety, the safety of their clients and their family. Previous studies also found health workers had fears about infection between themselves and patients during an ebola outbreak [39], and concerns about putting loved ones at risk during the COVID-19 pandemic [32].

PPE was seen by most Reiki practitioners as a barrier for both the client and practitioner experience of a Reiki treatment, reflected in previous studies on the delivery of healthcare [29,39]. For example, facemasks have been found to negatively impact the patient's perception of empathy [40]. However, a study during the COVID-19 pandemic found that the majority of patients perceived PPE as protecting them and healthcare professionals and did not feel it affected the quality of their care [30]. Most Reiki practitioners were prepared to return to work with PPE and infection control measures in place. Practitioners working from home had more barriers to overcome in terms of logistics within their home, complex risk assessment and considering the wishes of their families. Practitioners working in clinical settings had less concerns as PPE and infection control was the norm.

4.2. Reiki for individual and community resilience

The COVID-19 pandemic resulted in the Reiki community pulling together, beginning with supporting individuals and then reaching out to small groups of students, clients in the local area, and then more broadly to the Reiki community, and local authority projects for vulnerable people and medical staff. This reflected previous studies where nurses reported a call to heal based on compassion towards the vulnerability and suffering of others [41], and where actively cultivating social support, adaptive meaning, and direct prosocial behaviours to reach the most vulnerable can promote individual and community resilience [42]. Practitioners reaching out to vulnerable people aimed to break the social isolation created by social distancing measures during the pandemic. A review of interventions to reduce loneliness during the pandemic concluded that interventions that facilitate communication and networking between peers were some of the most effective and these are feasible using telephone and video call technology [36].

Previous studies support Reiki's potential as part of IC to support both chronic illness and mental health [4,5] and in particular to enhance compassionate care in medical settings [6,7] and to meet the increased demand for complementary therapies [1].

Practitioners also used the time during the lockdown to build their own resilience by setting a new meaning in their life through self-reflection, self-care and personal development to transform the adversity of the virus into opportunities to support themselves and others [4]. Ref. [4] also found themes of resilience and using opportunities for personal growth among health and social care professionals during the pandemic. Studies support reiki as a self-care technique and for personal growth [7,8].

4.3. Moving from mainstream hands on to the lessor known distant reiki

COVID-19 measures resulted in distant Reiki being a way practitioners adapted their practice with clients, students and the broader community to overcome social distancing. Practitioners perceived distant Reiki as similarly effective to hands on Reiki. Although there is some support, it is not clear if this perception is correct as the evidence on the efficacy of distant Reiki appears to be equivocal [25–28].

Practitioners perceived a key difference between hands on and distant Reiki was overcoming clients' perceptions relating to the tangible versus intangible experience. Clients not being able to comprehend how the treatment would be delivered was seen as a barrier. Established clients who had already experienced a hands on treatment were more willing to take a chance based on the trust built in their relationship with the practitioner and Ref. [11] highlights the role of trust in trying and experiencing Reiki.

Another key difference between hands on and distant Reiki acknowledged by practitioners was the missing element of touch. Thus while they would continue to offer distant Reiki, this was seen as a supplementary treatment. Hands on Reiki was perceived to be most effective in engaging clients on a physical and emotional level and

building the therapeutic alliance.

This study also provides some information on how distant Reiki is performed. Previous studies describe Reiki practitioners first performing a specific protocol to send the healing energy to the patient [26], using intention that is not blocked by a conventional energy barrier [25], and state that distant Reiki and hands on Reiki are the same, except that in one the patient's physical body is absent, while it is present in the other [43].

4.4. Study limitations and future research

This study had a small number of participants (and only one man), which may not be representative of the broader population of practitioners. It explored the Reiki practitioner's perspective of the impact of the COVID-19 pandemic on the experience, practice and future of the profession, but missed having the client's perspective, including their experience of hands on and distant Reiki, and their views on the future delivery of this treatment. There are limited studies on the efficacy of distant Reiki and further well designed randomised controlled trials would be beneficial on both distant and hands on Reiki to examine the optimum delivery of Reiki in specific health conditions, the efficacy of Reiki in community projects supporting the vulnerable, and as part of IC. By the time this study concluded, Reiki practitioners were allowed to return to carrying out hands on Reiki and future studies will be able to examine the extent to which adaptations have continued.

5. Conclusion

Reiki practitioners responded to the personal impacts of the COVID-19 pandemic by finding a new meaning in the adversity of the situation by focusing on self-care and personal development, and by building a sense of community, reaching out to others, and extending beyond Reiki to provide social support and cultivate resilience to social isolation on an individual and community level. To do this they adapted their practice by using technology and distant Reiki to maintain a connection with others. These methods were, however, seen as a helpful adjunct, which they may continue to use post-pandemic, but were not a replacement for in person hands on treatments.

PPE was seen as a barrier for both practitioners and the client experience, but most were prepared to return to work using these measures. Practitioners were concerned about their own safety as well as that of their family and clients, but home-based practitioners were more concerned about returning to work due to the complexity of risk assessments, considering the wishes of their families, and logistical difficulties. Overall practitioners' perceptions of the future of their practice with the public were generally positive.

Author statement

First author: conceptualization, methodology, investigation, data curation, formal analysis, writing - original draft, writing - review and editing), project administrator. **Second author**: conceptualization, methodology, validation, writing - review and editing, supervision.

Declarations of interest

The first author is a Reiki practitioner, although this is not her primary employment. All participants were made aware of this when they agreed to be interviewed. The second author, who was involved in all stages of the research, has no experience of Reiki.

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Appendix

Interview Guide.

1) What did your reiki practice with the public look like before the COVID-19 pandemic?

Prompts: What type of people do you treat and why do they come for Reiki treatments? How often do you offer Reiki treatments to the public? Is Reiki your only job and main source of income? What is it like being a Reiki practitioner delivering treatments to the public? What kind of benefits from Reiki do you see in your clients?

2) How has the COVID-19 pandemic impacted on your practice with the public?

Prompts: Has not being able to practice Reiki had a personal impact on you? How has it made you feel? Has COVID-19 had a financial impact on you? How do you feel about the Government's response to a profession like yours?

3) Have you been able to offer a Reiki service during the COVID-19 pandemic?

Prompts: What have been the barriers for you and how do you feel they could be overcome? What services have you been able to provide during the pandemic? Have you been sending distant Reiki healing to the public? Can you describe how you perform a distant reiki healing treatment? What have been the positives and negatives of providing a Reiki service during the pandemic?

4) How have the COVID-19 restrictions affected your relationship and communication with your clients?

Prompts: How do you feel the experience and benefits of distant Reiki healing compare to hands on or near the body Reiki? Would you consider continuing the services you have offered during the pandemic in the future? Is there anything you feel you could do, but haven't?

5) What do you see as the future of the Reiki profession in the COVID-19 situation?

Prompts: In what ways do you feel that Reiki practice could adapt in the way that the service is delivered while we have COVID-19 restrictions? What measures do you feel you would need to put in place for your safety and your clients' safety? How do you feel about keeping yourself and your clients safe?

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