MENTAL HEALTH PROFESSIONALS' BELIEFS AND EXPERIENCES REGARDING THE USE OF REIKI IN SESSION

A Dissertation

by

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This dissertation meets the standards for scope and quality of
Texas A&M University-Corpus Christi and is hereby approved.

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ABSTRACT

The purpose of this descriptive study was to explore the beliefs and experiences of mental health professionals regarding the use of reiki in session. The practice of reiki derives from Eastern healing traditions and is based on pre-scientific beliefs and healing involving the flow of energy. A total of 15 individuals completed an online survey on the social media website Facebook. Five participants voluntarily participated in the follow-up interview. At the end of the anonymous survey, participants could choose to be involved in a in-person, phone, or e-mail interview. This study utilized Giorgi's phenomenological methods to analyze the beliefs and experiences of licensed mental health professionals who were also reiki certified.

The findings of this study provide a deeper understanding of licensed mental health professionals' (LMHPs) beliefs and experiences when considering the use of reiki in session. After studying the interview transcripts, nine themes were discovered and five of them had subthemes. These themes were as follows: *Experience of Dissonance within LMHPs; Desire to Have a Community of Like-Minded Individuals; Psychoeducation (For clinicians; For clients); Client Receptivity and Openness (Spirituality; Complementary methods); Emotional Energy Exchange (Self-care through letting go); Potential Benefits for Clients; Ideas of How to Incorporate Reiki into Session (Integration with traditional therapy interactions; An extra tool); Fear of Violating Ethics ("I don't want to lose my license!"; Not imposing values or beliefs on clients); Contraindications*. The participants' descriptions referred to important aspects of the phenomenon: what is needed for LMHPs to feel confident utilizing reiki as a mental health intervention and potential mental health benefits gained for LMHPs and clients as a result of implementing a few minutes of reiki in session.

Continued research regarding reiki in mental health counseling sessions is critical in order to address the desire and need for additional education regarding its usage and benefits as well as concerns regarding licensure and ethical behavior.

DEDICATION

I dedicate this dissertation to my grandparents, Gene and Betty, my parents, Mark and Bernadette, and my loving husband, Taylor. You taught me to believe I could do and be whatever I set my mind to. Thank you for teaching me to stay true to myself and do my best in my chosen profession. Thank you for instilling the desire to help others in my heart. I have been blessed with the most amazing family!

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CHAPTER I: INTRODUCTION

Overview of Prospectus

In this prospectus, I have provided an overview of a phenomenological study designed to explicate the lived experiences of licensed mental health professionals (LMHPs) who hold a reiki certification concerning their incorporation or non-incorporation of reiki practice into mental health sessions with clients. In addition, I have explored the experiences of LMHPs who would like to incorporate reiki practice into their mental health sessions with clients. Chapter 1 provides an introduction, statement of the problem purpose, and significance of the study, as well as definition of terms. In chapter 2, I provide an overview of the topic and its related literature. In chapter 3, I provide a detailed overview of the methodology used to conduct the study. The findings of the present study can be found in chapter 4 and chapter 5 provides a discussion of findings in relation to extant literature, implications thereof, and recommendations for future research.

Introduction

Complementary integrative health practices (CIHPs) include a variety of practices and techniques used in conjunction with traditional medical practices to address mental and physical health issues (Granello, 2013). According to The National Center for Complementary and Integrative Health, complementary and integrative health refers to a holistic approach to overall wellness that combines non-mainstream methods with conventional medicine practices (nccih.nih.gov). These include mind/body methods such as meditation, yoga, and chiropractic services, as well as energy healing therapies such as qigong, tai chi, and reiki. The National Center for Health Statistics (NCHS; Clarke, Barnes, Black, Stussman, & Nahin, 2018; https://www.cdc.gov/nchs/index.htm) conducted surveys in 2012 and 2017 to determine trends in

the public's use of the complementary approaches of meditation, yoga, and chiropractors for health and leisure purposes. The NCHS' National Health Interview Survey is a major data collection method to represent noninstitutionalized civilian populations within the U.S., which includes individuals representing various households to determine health service needs (https://www.cdc.gov/nchs/index.htm). The results of the study were that the use of meditation among the U.S. population increased from 4.1% in 2012 to 14.2% in 2017, the use of yoga increased from 9.5% to 14.3%, and chiropractor use increased from 9.1% to 10.3%. Results indicate that these complementary methods were most widely used by White women ages 18-44 (Clarke et al., 2018; https://www.cdc.gov/nchs/index.htm).

University hospitals and medical centers, including Yale New Haven Hospital/University (https://www.ynhh.org/services/support-services/complementary-volunteer.aspx), George Washington hospital (https://www.gwhospital.com/events-programs/volunteering), and Colombia University Hospital (http://www.ccw.columbia.edu/patient-care/integrative-therapies) offer reiki as a complementary service to their patients. Reiki is an energy healing therapy used to treat emotional, mental, and physical imbalances within an individual. Some of the potential reasons hospitals have incorporated reiki into patient care are that reiki is non-invasive, low risk, and non-directive. Reiki has not been shown to cause negative effects in any populations studied thus far and is considered a safe, gentle treatment (Doğan, 2018; Thrane, Maurer, Ren, Danford, & Cohen, 2017).

A number of articles focusing on the topic of reiki appear in the *Journal of Complementary and Alternative Medicine;* research also appears in social work, clinical practice, and medical journals (e.g., Barnett, Shale, Elkins, & Fisher; 2014; Birocco et al., 2012; Bowden, Goddard, & Gruzelier, 2010; Clark, Cortese-Jiminez, & Cohen, 2012; Hammerschlag,

Marx, Macom, & Aickin, 2014; Lorenzato, 2013; Rosada, Rubik, Mainguy, Plummer, & Mehl-Madrona, 2015; Stockham-Ronollo & Poulsen, 2012; Thrane & Cohen, 2014; VanderVaart, Gijsen, De Wildt, & Koren, 2009).. A search of American Counseling Association (ACA) journals, including the *Journal of Counseling & Development*, *Counselor Education and Supervision,* and *The Journal of Humanistic Counseling,* provided no results for reiki research. When I searched 'reiki' in the Journal of Creativity in Mental Health, three articles were found that mentioned reiki in the full text and one that mentioned reiki in the abstract. I conducted a search for articles in Academic Search Complete and PsycINFO with 'reiki' and 'counseling' in the title search and found no articles in those databases. I also searched for articles with 'counseling' in the title search and 'reiki' in the title or abstract searches and likewise found no articles in counseling journals. Reiki is being used by medical professionals and there is literature to show how they are utilizing reiki treatment in medical settings. There is a paucity of literature about how, when, and with whom to utilize reiki in counseling and other related mental health literature.

Overview of Reiki

The practice of reiki derives from Eastern healing traditions and is based on pre-scientific beliefs involving the flow of energy. Reiki is composed of two Japanese words, Rei and Ki (Lübeck, Petter, & Rand, 2013; Rand, 2000). The concept of Rei represents "holy, spirit, mystery, gift, nature spirit, or invisible spirit" (Petter, 2008, p. 18) and Ki is translated to mean "energy, nature scene, talent, and feeling" (Petter, 2008, p. 18). Reiki means "universal life energy" (Petter, 2008, p.18). The benefits of reiki have been widely accepted within Eastern philosophies and have recently started to gain attention in Western society as a useful

complement to physical and mental healthcare systems (Orsak, Stevens, Brufsky, Kajumba, & Dougall, 2015).

Lübeck et al. (2013), Petter (2013), and Rand (2000) discussed several overlapping beliefs and teachings about reiki in various book publications and reiki manuals. All these authors agree that reiki helps increase the flow of energy or Ki which is within and surrounds each of us. During an interview with Petter (2013) Usui, the founder of the reiki practice and attunement process, said reiki is a physical, spiritual, and psychic method of healing. He also noted belief in reiki is not needed in order to work for that person, and anyone regardless of age, skill, or education can be attuned to the reiki energy. In the interview, Usui stated he initiated over a thousand individuals into the practice of reiki. According to Usui, the energy of an individual flows freely when we have hopeful thoughts and diminishes when we have negative thoughts and feelings (Petter, 2013). Rand (2000), a reiki leader in the U.S., stated that a disruption or block in our Ki leads to illness, sluggishness, and imbalance. He noted that reiki can be used as a complementary practice to aide in the treatment of mental health issues such as stress, the mental and physical effects of chronic pain, emotional trauma, self-confidence, optimism, and memory.

Reiki Outcome Research

There is documentation that reiki has helped in the management of pain (Birocco et al., 2012; Lorenzato, 2013), anxiety (Birocco et al., 2012), sleep (Lorenzato, 2013), and improved life satisfaction (Clark et al., 2012) among individuals with chronic illness and cancer (Clark et al., 2012). A number of researchers (Birocco et al., 2012; Clark et al., 2012; Lorenzato, 2013; Meland, 2009) discussed pain improvement after reiki treatment. Nausea reduction (Anderson, Loth, Stuart-Mullen, Thomley, & Cutshall, 2017), work-related stress improvement (Cuneo et

al., 2011), and decrease in anxious feelings (Birocco et al., 2012), have also been noted as outcomes of reiki therapy. Rosenbaum and Van de Velde (2016) found cancer patients' quality of life improved after participating in yoga, reiki, and massage. Patients in their study experienced reduced anxiety and stress, as well as improved mood and overall health. Reiki was found to reduce pain among those living with cancer (Rosenbaum & Van de Velde, 2016).

Birocco et al. (2012) found that reiki reduced pain and anxiety while increasing relaxation, well-being, and sleep quality among cancer patients receiving chemotherapy (Birocco et al., 2012). Bowden et al. (2010) found the main benefit in their study of university students was a decline in symptoms of ill health. Individuals reported alleviation of depression, anxiety, stress, tension, as well as improved mood, calmness, and energy after receiving reiki treatments. A replication of Bowden et al.'s (2010) study was conducted by Bowden, Goddard, and Gruzelier (2011). Results from the Bowden et al. (2011) randomized controlled trial showed a significant increase in overall mood five weeks after reiki treatment among individuals who had high scores of anxiety and depression. McManus (2017) conducted a meta-analysis scrutinizing various reiki research studies and found evidence supporting the notion that reiki is more effective than the placebo effect and can enhance an individual's healing ability.

Reiki has been used to provide comfort on an emotional and/or physical level in the following contexts: patients with intervertebral disc herniation (Jahantiqh, Abdollahimohammad, Firouzkouhi, & Ebrahiminejad, 2018), patients close to death in hospice care settings (Anderson et al., 2017), pre- and post-surgical patients (Anderson et al., 2017), women following a cesarean delivery (Midilli & Eser, 2015), and women in health care centers to alleviate discomfort and anxiety from pregnancy complications (Poplar, 2014).

Reiki has been incorporated into American medical settings. Reiki-certified healthcare professionals volunteered through a Hospital-Based Enhancement Program and provided hundreds of reiki and healing touch treatments upon patient requests for these services. Requests for reiki and healing touch were mainly for anxiety, pain, sleeplessness, and nausea. Patients commented that the treatments provided pain relief, that they could feel heat coming from the practitioner's hands, and that the treatments were relaxing (Anderson et al., 2017). Midilli and Eser (2015) conducted a study with women who were recovering from a cesarean surgery. These patients reported statistically significant differences in symptom relief when compared to the control group. The reiki treated individuals had less need for analgesic medication, had a more regulated breathing rate, lower pain intensity, and anxiety levels. These women received thirty-minute reiki sessions, twice a day within the 48-hour recovery period post-surgery. Simons (2017) reported that nurses benefited from a few minutes of reiki during the workday and reported feeling more centered, calm, mentally alert, and more compassionate towards their patients.

According to Nahin, Barnes, and Stussman (2016), patient populations have had an increasing use and desire for Complementary and Integrated Health Practices (CIHPs).. Americans have an increased willingness to pay for CIHP when they believe in the benefit. Energy healing therapies have been utilized in various medical settings for different concerns including rehabilitation, hospice, preoperative, palliative, postoperative (Doğan, 2018), and cancer care (Rosenbaum & Van de Velde, 2016). Reiki has been practiced on individuals with and without illness and of varying ages throughout the lifespan (Miles & True, 2003).

Perhaps as a result of studies using Healing Touch (HT), an energy healing therapy similar to reiki, some insurance companies have begun to reimburse nurses, physical therapists,

and occupational therapists when they have practiced HT (Hart, 2012). Berger, Cheston, and Stewart-Sicking (2017) constructed a study to form an initial understanding as to how counselors could incorporate HT with bereaved populations. Clients reported that the conjunction of HT and traditional counseling worked well to provide support during bereavement (Berger et al., 2017). The HT program is nationally accredited by the American Nurses Credentialing Center (Hart, 2012). The nursing profession has found energy healing therapies to be beneficial in hospital settings and for their personal self-care (Brathovde, 2017), as evidenced by the multiple research articles that can be found in their journals, as well as their continued efforts to integrate complementary approaches in medical settings. Certification in HT is available to anyone; however, it is unclear whether insurers will provide reimbursement for other professionals.

In addition to treatment for clients, some medical professionals have begun examining the use of reiki for self-care (Brathovde, 2017). Because of the importance of self-care among mental health professionals, it is important to understand the impact, if any, of the use of reiki on wellness and self-care practices. The literature about reiki and mental health provider self-care is scant.

Statement of the Problem

There is a growing percentage of the population interested in complementary and alternative healing/medical practices. Fifty-nine million individuals in America reported paying over thirty billion dollars for a variety of complementary services in 2012 as reported by the U.S. Department of Health and Human Services. Complementary approaches referred to in this report include energy healing therapy, guided imagery, meditation, qigong, yoga, and tai chi, among others (Nahin, Boineau, Khalsa, Stussman, & Weber, 2016).

A growing interest in energy healing therapies has been observed among healthcare providers, including nurses and doctors, as well as consumers of healthcare (Doğan, 2018). Reiki has been incorporated into hospices, rehabilitation units, surgery rooms, neonatal care and pediatric clinics, aged care facilities, psychiatric clinics, emergency care units, obstetrics and gynecology clinics (Doğan, 2018). The problem lies within the interconnection of mental health and CIHP practices, including reiki. Lumadue et al. (2005) noted that some ethical and legal concerns for mental health professionals include the lack of evidentiary support through scientific studies, absence of proper training of those integrating complementary practices during the therapeutic process, and lack of knowledge and ethics among professionals utilizing CIHPs, including reiki (Lumadue et al., 2005).

While Curtin (2015) provides examples from his own practice about how he has included reiki in psychotherapy as well as information about how he believes reiki can be useful to clients with particular problems, there continues to be little direction about when and how to effectively use integrative and energy healing therapies, including reiki, in mental health sessions (Berger et al., 2017; Lumadue et al., 2005).

Attention needs to be given to the integration of reiki into mental health professions to begin building a framework for incorporating reiki into counseling. A qualitative study which investigates the perceptions of reiki certified mental health professionals regarding the use of reiki in session could begin to remedy the situation.

Purpose of the Study

The purpose of this phenomenological study was to understand the lived experiences of LMHPs who are reiki certified to gain knowledge of whether and how they incorporate reiki into counseling sessions. Participants were asked to complete an online survey and semi-structured

interview to share their perceptions and experiences about this topic. This study also contributes to the knowledge about concerns of LMHPs regarding the use of reiki into counseling sessions.

Research Question

There is one overarching research question for this study:

What are the lived experiences of LMHPs who are reiki certified and have incorporated or considered incorporating reiki into mental health sessions with clients and/or patients?

Significance

This research provides information useful to guide further research concerning the use of reiki by LMHPs with clients who might benefit from it. Because of the increasing number of people with interest in receiving wellness-based services and CIHPs (Berger et al., 2017; Lumadue et al., 2005), LMHPs may be challenged to provide services to clients using various complementary methods. In addition, given the reality that some LMHPs already use energy healing therapies in counseling, those who provide education and supervision need information about how it is being used both for the purpose of educating and supervising counselors-in-training and of designing additional research

Despite articles in nursing (Zins, Hooke, & Gross, 2018), psychiatric (Charkhandeh, Talib, & Hunt, 2016), psychology, (Chaudhary & Kumar, 2012) and other medical (Alarcão & Fonseca, 2016; Thrane et al., 2017) journals that note positive impacts of reiki on a number of mental health symptoms, there is very little peer-reviewed literature in counseling journals about reiki or other complementary practices. Thus, an initial exploration examining experiences of licensed counselors and other mental health professionals who are also reiki certified provided an excellent starting place for research. Because research reviewing reiki as an integrative method for mental health professionals remains scarce in most university curricula and mental health

literature, understanding reiki and the meaning it holds for clinicians and clients is an essential component of designing new and effective intervention strategies and for building effective models and programs. Results of this study concerning current utilization of reiki in the context of mental health sessions as well as about concerns about the use of reiki among LMHPs who are reiki-certified may be useful to counselors and counselor educations and supervisors. Results may also provide information that can serve as a foundation for studying best practices. Furthermore, results of this study may challenge negative misconceptions and stereotypes about reiki and the use of this method in mental health sessions.

The American Counseling Association (ACA) Code of Ethics (ACA, 2014) states professional counselors are responsible for evaluating practices and advancing research so that innovative interventions can be employed in an effective and ethical manner. This exploratory study that examined what LMHPs who are reiki certified are thinking and doing in regards to incorporating reiki into their mental health practice. Given the lack of literature about the use of reiki in counseling, this research was a reasonable starting place for further research.

Methodology

This research study utilized a qualitative phenomenological method to explore the lived experiences of LMHPs who are reiki certified. Phenomenological methodologies allow for the creation of knowledge about a topic that exists, but for which little is known (Creswell, 2014). One of the main goals of phenomenological research is to develop a holistic representation of the phenomenon under review by identifying themes present in the participants' dialogue. Qualitative studies commonly utilize several forms of data collection to analyze multiple viewpoints of the chosen topic. Qualitative designs are emergent and may diverge from the initial plan once the data collection has begun (Creswell, 2014).

Amedeo Giorgi outlined a process and tenets for the descriptive phenomenological psychological method, which is largely based upon Edmund Husserl and Merleau-Ponty's writings (Giorgi, 2010, 2012). Giorgi desired to provide a scientific research process for studying humans that was not reductionistic because he believed that, in order to really understand a human phenomenon, their whole being needed to be taken into consideration rather than a fragmented version of a person (Giorgi, 2012). This study utilized Giorgi's descriptive phenomenological psychological method to gather information about the lived experiences of LMHPs who are reiki certified. This study follows Giorgi's tenets and attitudes concerning phenomenological research.

Sample

Qualitative studies do not specify the number of participants needed for useful research; however, Creswell (2014) suggests three to ten participants. For the current study, the minimum number of participants was determined to be five for the online surveys and three for the individual interviews. The maximum number of participants was 30 participants for the online surveys and 10 for the phone/in-person/e-mail interviews. Inclusion criteria included having a master's degree or above, being licensed in a mental health related field, and being reiki certified for at least six months.

Data Collection

After gaining approval from the Internal Review Board (see Appendix M), the purposefully chosen Facebook page owners posted the approved Facebook post on their page for their followers to see. Once the post was on the Facebook page, those who viewed it were able to share it so it could reach more potential participants. The sites were chosen based on their likelihood that individuals who would see the posts were reiki practitioners in a mental health

field. Those who were likely to see the posts on these sites were also individuals who might know others who met criteria for the study with whom they could share the information. Participants were purposefully recruited through messaging if their public social media information provided insight into their profession as a LMHP who was reiki certified. I also contacted individuals I knew to have the requirements for the study. The link to begin the online survey was provided in the post and was open until the data gathered was rich. The online survey (see Appendix H) was designed to collect demographic information as well as responses to questions regarding the topic under study. At the end of the survey, the participant had the option to end the survey or provide their e-mail address to participate in an individual phone, in-person, or e-mail interview.

The participants had a right to leave the study at any point without consequence. In the first phase of data collection, no identifying information such as IP addresses or names were collected. A waiver of consent documentation information sheet was provided at the beginning of the online survey, which outlined the purpose and other relevant information pertaining to the study. If the participants chose to move on to the next phase of data collection, they provided an e=mail address, allowing me to send them an informed consent document for their review and completion prior to interviews. The e-mail included an informed consent form for their review and for them to sign before the individual interview. The interviewees had the option to have a phone, in-person, or e-mail interview.

Online survey. The Facebook posts (See Appendices C and D) were made to two sites, Lumina Healings and Myshtic Fysh, and were sent in individual messages (See Appendices N and O). The posts included necessary information regarding the study, how potential participants could volunteer to participate by clicking on the link in the post, and a statement asking people to

share the post if they knew others who might like to participate. Upon clicking on the provided link, potential participants accessed the waiver of documentation of informed consent information sheet (see Appendix E), demographic questions (see Appendix F), and online survey questions (see Appendix G). The online surveys were stored in a Qualtrics® account and then re-located to a word document and securely stored. The anticipated length for completing the online survey was 10-20 minutes depending on the detail of responses. Online survey collection continued until I determined I had sufficient rich data.

Individual interviews. At the end of the Qualtrics® survey, participants were asked if they were willing to participate in a phone, in-person, or e-mail interview. Participants were provided information about criteria for participation in a phone, in-person, or e-mail interview (e.g., stable cell reception for a phone interview, ability to travel to TAMUCC campus for an in-person interview, or access to the internet for an e-mail interview). In addition, space was provided for participants to enter their choice of type of interview and e-mail address. I made contact via e-mail to provide informed consent documents and set up interviews. Interviews were conducted using a semi-structured interview guide (see Appendix K); in-person and telephone interviews lasted between 45 and 60 minutes. In-person and telephone interviews were recorded and transcribed.

Data Analysis

Transparency of the data analysis process strengthens rigor and is accomplished through providing the reader with explanations of how the data is transformed into themes to create meaning from the raw data (Tracy, 2010). I utilized Giorgi's (2012) methods for analyzing the data, beginning with gaining a holistic understanding of the data before moving forward to identify initial ideas about themes. I then broke up the data into meaning units and worked to

create a psychological relevant understanding of participant expression and then breaking up the data into meaning units. The final step was to make sense of initial themes and data in a way that allowed me to clarify the raw data, which resulted in themes presented in Chapter 4.

Credibility and Trustworthiness

Tracy (2010) defined credibility as "trustworthiness, verisimilitude, and plausibility of research findings" (p.842). For the purposes of this study, triangulation of data sources, adherence to Giorgi's (2012) methods, regular meetings with my committee chair to discuss data, and maintenance of a reflective journal throughout the dissertation process provided scientific rigor.

The process of debriefing is often used in qualitative studies to improve credibility. In Giorgi's view, a colleague with expertise in qualitative research with whom the researcher can reflect on the entire research process, including data analysis, enhances the rigor of the research (Giorgi, 2012). I asked an individual who had experience with qualitative research and was a LMHP who will consult with me throughout the research process. This allowed me to review decisions I made during data collection, as well as ways in which I analyzed data throughout the process. Liao and Hitchcock (2018) delineated reflexivity and continuous reflection throughout the qualitative process as a primary design consideration. In order to maintain critical self-awareness, I kept a reflective journal throughout the data analysis process to consciously acknowledge my thoughts, actions, insights, and potential assumptions. As a fully licensed counselor, I still do not use reiki in counseling sessions, even though I believe there have been times when it would have been beneficial to clients. I kept a researcher's journal throughout this process in order to keep note of my thoughts during each phase.

Definition of Key Terms

A *biofield* is the subtle energy within and surrounding the body. Some biofield therapies examples include reiki, tai chi, qigong, therapeutic touch. Biofield therapies are a section of energy healing therapies.

Complementary and Integrative Health Practices (CIHPs) is the term used throughout to describe practices that can be integrated into an individual's traditional mental health and health practices. The difference between complementary versus alternative is that alternative practices are performed *in place of* traditional healthcare, whereas complementary practices are utilized *in conjunction with* traditional healthcare practices. Examples of CIHPs include manipulative and body-based practices (e.g., diet-based therapies, massage, chiropractic manipulation, tai chi, dance therapy, yoga, and Pilates), energy practices (i.e., reiki, qigong, therapeutic touch, HT; Granello, 2012)

The *conventional or traditional medical healthcare model* operates from the Western scientific method and assumes the treatment of the body is solely through biochemical mechanisms (Granello, 2013).

Energy healing therapy entails "the channeling of healing energy through the hands of a practitioner into the client's body to restore a normal energy balance and, therefore, health" (Granello, 2013, p. 65).

Qi (i.e., *ki*, *energy*) is viewed as a force that flows through meridians or pathways throughout the body. In Chinese medicine, health arises from a balance and flow of qi throughout the body.

Qigong is derived from "an ancient Chinese discipline combining the use of gently physical movements, mental focus, and deep breathing directed toward specific parts of the body" (Granello, 2013, p.66).

Reiki is a holistic, complementary, biofield method used to treat the emotional, mental, and physical imbalances within an individual. A reiki practitioner places his or her hands near or on the reiki client with the intention of transmitting life-force energy (i.e., ki, qi) to the recipient (Granello, 2013).

Limitations

The aim of this phenomenological study was to explore the experiences of LMHPs who are reiki certified. There were a few limitations in the current research study. While my intense interest in and personal investment in the topic is not unusual in qualitative research, it can also be a limitation. I am reiki certified and a LMHP, which may have led participants to restrict their openness about their use of reiki in session because they were aware of my status as a member of the profession. Related to this, participants' stated concerns about getting in trouble if they were to practice reiki in sessions may have impacted their responses. In order to mitigate that concern, I provided information that no identifying information was collected in the survey data and that the interview data is confidential. Another limitation is that there was no attempt to account for the large variation in length of time certified in reiki or length of time licensed. Future studies could examine differences in experiences that may exist among those who have been licensed and/or certified for shorter vs. longer periods. In addition, the difficulty of identifying LMHPs who are also reiki certified may have impacted the possibility of participation by a wider group of LMHPs. Future research may identify ways to include a broader range of reiki-certified LMHPs. Finally, the topic of using reiki in mental health sessions may not have been an area that

was actively considered by the LMHPs prior to participation in this research; thus, their thoughts and experiences related to this subject may have been limited. Future researchers might utilize a different qualitative design that fosters consideration of a topic prior to interviews.

Remaining Chapters

A review of relevant literature is provided in chapter 2 regarding research-based evidence of various CIHPs, including qigong, tai chi, mindfulness, and yoga. An overview of CIHP in medical, helping professions, counselor education and counseling is given. This CIHP review is followed by an overview of reiki in medical and mental health fields, as well as an introduction to ethical implications. Chapter 3 includes an introduction to the specific phenomenological approach used in this study, as well as the role of the researcher. The population, setting, data collection methods, analysis of data, and findings is presented. Chapter 4 encompasses the findings of the present study and chapter 5 provides an overview of unique findings within this study, implications, and recommendations for future research.

CHAPTER II: REVIEW OF THE LITERATURE

Within American society, an upward trend in favor of CIHPs has been documented through polls and surveys since the 1990s. This continuous shift signifies an interest in and use of complementary and/or alternative methods in conjunction with traditional medical healthcare (Granello, 2013). The shift is thought to occur as a reflection of the society's internal belief system rather than as a reaction to the danger and cost of traditional health care. The individuals who typically seek out CIHPs in the U.S. include those who are well-educated and affluent. In 1991, the U.S. congress authorized the formation of The Office of Alternative Medicine which was later termed the National Center for Complementary and Alternative Medicine (NCCAM) in 1998. One purpose of NCCAM is to conduct research in response to the public's growing interest in CIHPs (Berger et al., 2017; Lumadue et al., 2005). NCCAM is a part of the National Institutes of Health. One of the NCCAM's aims is to provide organization and definitions to various CIHP techniques in order to provide a basis for research to be conducted to identify the effectiveness of specific approaches (Granello, 2013).

An increasing number of individuals within American society desire and seek out complementary, mind-body-spirit, and wellness treatments which were originally established in Eastern traditions. Holistic methods have been utilized as a common practice in places such as India, China, and Japan for centuries. Some traditional Eastern practices include meditation, yoga, acupuncture, and reiki (Berger et al., 2017).

Complementary Approaches to Health

The Western traditional model of health is focused on disease and breaking up a person into parts, whereas a holistic wellness model focuses on the interrelatedness of the different parts that contribute to the whole of human experience. Healing traditions predate the modern medical

view of health and have long been utilized by various indigenous cultures in China, Russia, Tibet, India, the United States, and Russia (Miles & True, 2003). Within the dominant U.S. culture, individuals who are more apt to utilize complementary therapies (CTs) are reported to be individuals whose beliefs support the use of these less traditional interventions, are female, have a postsecondary education, and are in the middle to upper class (Nichols, 2015).

While there is some literature reporting specific effects of various complementary and energy healing therapies including tai chi (Winser, Tsang, Krishnamurthy, & Kannan, 2018) and yoga (Cramer, Anheyer, Saha, & Dobos, 2018), the literature that exists is primarily in nursing, with some in psychology and social work. There is a dearth of scholarly literature available that contributes to understanding how mental health professionals can effectively incorporate such approaches into practice, much less best practice guidelines for mental health professionals who would like to incorporate complementary approaches (Nichols, 2015). There have been studies documenting the benefits experienced by clients receiving reiki (Barnett et al., 2014; Birocco et al., 2012; Bowden et al., 2010; Clark et al., 2012; Hammerschlag et al., 2014; Lorenzato, 2013; Midilli & Eser, 2015; Rosada et al., 2015; Thrane & Cohen, 2014; VanderVaart et al., 2009); however, there is little information about reiki being used among mental health professionals.

There are different forms of CTs, such as mind and body practices and use of natural products. Examples of natural products include botanicals, herbals, and vitamins, and mind-body practices include acupuncture, yoga, and meditation. Other complementary practices include use of traditional healers, homeopathy, progressive muscle relaxation, guided imagery, deep-breathing exercise, biofeedback, qigong, music, art, dance, spirituality, and Ayurvedic medicine (Nichols, 2015). Some mind-body practices include massage, meditation, tai chi, HT, acupuncture, reiki, and relaxation techniques. Some examples of energy healing therapies

include meditation, prayer, reiki, qigong, and thought field therapy (Lumadue et al., 2005). Reiki is an energy therapy which involves the practitioner using his or her hands in an intentional and heart-centered way to facilitate mental, emotional, physical, and spiritual health (Berger et al., 2017).

Hospitals have integrated CIHPS, including massage, yoga, meditation, and acupuncture prescribed for patients who are afflicted with gastrointestinal conditions, depression, cancer, stress, and chronic pain (Horrigan, Lewis, Abrams, & Pechura, 2012). As discussed in the previous section, traditional medicine has incorporated wellness and complementary practices, and these gentle therapies have been shown to help manage symptoms and do not have the adverse effects of some medications that would be used to achieve symptom management (Thrane et al., 2017). In the counseling literature, there is not much scholarly research available that provides research-based evidence concerning complementary approaches and techniques implemented in session. Available literature does, however, provide some evidence of counselor interest in the implementation of CIHPs. An overview of the counseling profession's growing interest is provided through presentation of a potential grounded theory for CIHPs in counseling, counselor education program incorporation of CIHPs into coursework, and CIHP presentations at ACA conferences and non-ACA supported certification in CIHP integration

Within the United States, there is a growing interest in the use of CIHPs, but there have been only a few research studies with this topic in the counseling field. For example, Nichols (2015) proposed an initial grounded theory for the use of mind-body practices in counseling. He explored how and why 16 counselors across the country utilized mind-body practices in session. He found that counselors who practiced complementary therapies in session had personal experiences with mind-body practices before they considered including these practices in session

with a client. The experiences each of them had with these practices were positive, resulting in a desire to know more about how to incorporate various techniques into their daily lives. The counselors reported having a trustworthy and respectable mentor was important for them to develop competence and implement mind-body practices into client sessions. Participants described beliefs that created openness to CIHP, including belief in something bigger than themselves and a holistic view of health that includes mind, body, and spirit. Nichols (2015) noted that building competence through acquiring formal and informal knowledge, as well as repeated exposure and practice, helped counselors to build an ethical understanding in regard to the use of CIHPs in session.

Lumadue et al. (2005) surveyed CACREP programs to discover how many of them had incorporated instruction about CIHPs within their courses. Over half of the 62 programs surveyed were found to include topics that fall outside traditional therapeutic practices. Some of these complementary practices included qigong, reiki, hypnotherapy, breath work, and thought field therapy. Lumadue et al. (2005) held that mental health fields, including psychology and counseling, were continuing to shift as theorists' and clients' belief systems expand in their understanding of health.

In an earlier study conducted by Evans, Valadez, Burns, & Rodriguez (2002), researchers found that 72% of counselors within the southern region of the ACA reported using some form of unconventional approach. Presentations including the integration of complementary methods into counseling has been offered at ACA conferences. For instance, Christine Berger, PhD presented an education session titled *Counselor Educators' and Students' Use of Complementary and Integrative Therapies* at the 2019 ACA conference (https://www.counseling.org/conference/home). Organizations such as The Association for

Comprehensive Energy Psychology (ACEP: https://www.energypsych.org/default.aspx) provide LMHPs training and certification to utilize energy techniques in sessions.

Even though counselors are being certified and granted continuing education in these methods through counseling and other organizations, research about how, when, where, and with whom to use these techniques in specific relation to counseling is sparse. As Lumadue et al. stated in 2005, it is still true that peer reviewed literature in regard to utilizing alternative methods in counseling journals is lacking. I conducted multiple searchers in Academic Search Complete and PsycINFO with the terms 'complementary alternative approaches in mental health counseling' and found zero counseling journal articles. There is a lack of guidance specific to counselors, counselor educators, and thus counseling students as how to properly learn about, integrate, understand, and evaluate complementary approaches in counseling.

Wellness The wellness model is a keystone within the counseling profession and is included within ACA's definition of counseling as one of the keys aims linked to professional counseling (ACA, 2014). Kirsten, van der Walt, and Viljoen (2009) provided a description of the philosophical underpinnings of wellness and discussed how the beginning of traditional medicine can be traced back to the teachings of Hippocrates. The model of modern medicine focuses on purely physiological, biological, and pathogenic descriptions of the human experience (Kirsten et al., 2009). Kirsten et al. (2009) described a paradigm shift from viewing health as purely biomedical to an "eco-systemic anthropological perspective" (p. 1). Further, these authors stated the eco-systemic view encompasses the interconnectedness of an individual's emotions, spirit, social relationships, behavior, and environment to contribute to overall well-being. A shift or imbalance in one area causes disharmony within the system as a whole. Optimal well-being in each domain and harmony within each of these contexts leads to overall wellness within an

individual, and is a life-long process (Kirsten, et al., 2009). Wellness is not simply the absence of illness, but complete social, mental, and physical well-being. Myers, Sweeney, and Witmer (2000) defined wellness is defined as "a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community" (p.252)**.** As Eastern complementary approaches have become integrated into Western modern medicine, there has been an increasing amount of research-based evidence providing support for the benefits of body, mind, and energetic healing therapies, including but not limited to, yoga, mindfulness, tai chi, healing touch, and qigong.

Yoga

The practice of yoga has been shown to have a positive impact on a variety of medical and mental health concerns among multiple populations. Data exploring the impact of yoga has been gathered from participants and instructors, as well as from systematic reviews and meta analyses. Individuals with Parkinson's disease participated in an eight week yoga intervention study to determine the effect and impact on their mobility, interpersonal relationship, handling stress, self-care, household tasks, and recreation (Hawkins et al., 2018). In this mixed-methods study, Hawkins et al. (2018) discovered there was a statistically significant improvement in pre- and post-test measures of participants' balance, motor function, gait, and at reducing the number of falls by participants.

Yoga instructors provided their perceptions and experiences in regard to what they viewed as beneficial practices when conducting yoga with Veterans. Justice, Brems, & Ehlers (2018) gathered information through interviews with expert yoga instructors to discover "trauma- and veteran-specific barriers to practice, motivators to practice, symptom management, contraindications, and useful adaptations" (p.41). Some of these practices included deep and

prolonged breathing, poses that are restorative, establishing a safe space, and using encouraging language (Justice et al., 2018).

Dominguez (2018), in a systematic review, found reasonable evidence from previous studies that benefits from yoga include an increased ability to be mindful, as well as improved physical, mental, and social well-being. Most studies reviewed by Domingues (2018) found yoga to be a feasible and safe practice for a wide variety of individuals. In a systematic review studying the effects of yoga on immune functioning, Falkenberg, Eising, and Peters (2018) reported yoga could be useful as a complementary treatment intervention for individuals who suffer from inflammation and promoted immune functioning. Another systematic review provided some validation that laughter yoga, which combines the positive psychological and physical effects of laughter and yoga, improves depressive symptoms (Bressington, Yu, Wong, Ng, & Chien, 2018). In a meta-analysis conducted by Dunne et al. (2019), yoga was also shown to contribute to reduced stress, improved positive affect, and lessened anxiety symptoms among individuals with human immunodeficiency virus and acquired immune deficiency syndrome.

Mindfulness

Mindfulness practices, including yoga and meditation, have been incorporated into helping fields such as medicine (Verweij, van Ravesteijn, van Hooff, Madelon, Lagro-Jansse, & Speckens, 2018), counseling (Testa & Sangganjanavanich, 2016), and psychology (MacKenzie & Kocovski, 2016). Kabat-Zinn designed mindfulness-based stress reduction (MBSR), arguably one of the most familiar mindfulness-based interventions, in 1979. In a systematic review of MBSR treatment effects for employee mental health, there was consistent evidence among the studies reviewed that MBSR is helpful for decreasing stress, anxiety, depression, emotional exhaustion, and psychological distress. Within this study, there were also significant findings of

an increase in feelings of personal accomplishment, relaxation, sleep quality, and self-compassion (Janssen, Heerkens, Kuijer, van der Heijden, & Engels, 2018). More recently, mindfulness has been a topic of research in counseling. For example, in a single-case research design study conducted by Schomaker and Ricard (2015), counselors in training who completed a six week mindfulness program were found to be almost sixty percent more able to become attuned to their clients than their peers that did not participate in the treatment intervention.

Tai Chi

The practice of tai chi was originally developed as a form of martial art (Chrisman, Chambers, & Lichtenstein, 2009; Yang et al., 2018). Tai chi incorporates gentle movement, breath regulation, awareness, and intentional attention to thoughts and sensations (Wayne et al., 2018; Horwood, 2008). Tai chi, also termed Tai Ji Chuan or Tai Ji is considered a type of mind-body exercise (Yang et al., 2018) by some, and a body-based practice by others (Granello, 2013). Tai chi has gained recent worldwide popularity (Yang et al., 2018), and has been shown to positively impact anxiety, depression, exercise self-efficacy, and stress in several populations (Wang et al., 2014). Other benefits associated with tai chi training include relief from sleep difficulty and improved sleep quality among older adults (Du et al., 2015), as well as improvements in aerobic endurance, anxiety, and depression among those with coronary heart disease (Liu, Chan, Liu, & Taylor-Pillae, 2017). Wayne et al. (2018) conducted a meta-analysis of the use tai chi and qigong in cancer care. Findings indicate that tai chi impacted a number of psychological and physiological processes, including beneficial effects for survivors of breast cancer including relief from fatigue, depression, and anxiety. Winser et al. (2018) conducted a meta-analysis of the impact of tai chi on balance and falls among individuals with Parkinson's disease or who had had a stroke. They found that participation in tai chi significantly reduced

falls. In another study conducted by Chan et al. (2018), tai chi was shown to significantly reduce blood sugar, improve mental health and exercise self-efficacy, and lower stress among individuals at risk for cardiovascular disease in comparison to individuals who exercised through brisk walking (Chan et al., 2018).

Qigong

Qigong is an ancient Chinese practice that incorporates mindful movement and the manipulation of the qi energy to maintain well-being and restore health. This practice was adopted from traditional Chinese medicine and philosophy and posits that illness occurs from an imbalance in an individual's qi or chi. Qigong helps to remove blockages of qi within the body so that energy can flow freely throughout, bringing harmony to the body and mind systems (Jonas & Levin, 1999). Qigong has been shown to be an easily accessible practice and was found to produce immediate results among counseling students. When introduced as a 15-week course to counseling students, themes of mental, physical, and emotional changes were found, as well as interdependence and group consciousness (Chrisman et al., 2009). Qigong includes movement, visualization, and meditation and can be used as a self-care practice or taught in an instructor-student type setting (Chrisman et al., 2009; Jonas & Levin, 1999). Positive benefits of qigong include treating fibromyalgia (Mannerkorpi & Arndorw, 2004), chronic fatigue (Craske et al., 2007), elderly depression (Tsang, Fung, Chan, Lee, & Chan, 2006), anxiety (Chow & Tsang, 2007), stamina, flexibility, and strength (Chow & Tsang, 2007). Findings from a meta-analysis and systematic review validated findings that qigong positively effects mood, depress, quality of life, psychological well-being, and management of stress (Wang et al., 2013).

Reiki

Different sources report conflicting ideas about when Reiki originated, with some indicating we have had access to Reiki for centuries (Barnett et al., 2014) and others stating Reiki is a new phenomenon (Lübeck, et al., 2013). Barnett et al. (2014) stated the true origins of Reiki are unknown, dating back at least 2,000 years, with references to the practice in the Tibetan Sanskrit Sutras. According to Lübeck et al. (2013) the symbols of Reiki were depicted in the sutras, but with alternate meanings that were not associated with Reiki.

A consistent part of Reiki's origins is how the practice was recently founded in 1922 by Mikao Usui while he was in a meditative state. Usui was a Tendai Buddhist and Japanese businessman who spent years of his life practicing and searching for energy healing methods. Usui studied spiritual development, psychology, religion, and medicine while traveling through Europe, China, and Japan. Usui became the mayor of Tokyo and then decided to leave the business world to become a Buddhist monk in 1914. As a monk, Usui trained and devoted his mind to the Buddhist practices (Lübeck et al., 2013).

The insight which created the practice of Reiki came about in a 21-day fast atop Mount Kurama, a sacred mountain in Kyoto, Japan (Barnett et al., 2014; Birocco et al., 2012; Rand, 2013; Thrane & Cohen, 2014) where he meditated, chanted, and prayed (Lübeck et al., 2013). According to Lübeck et al. (2013), Usui had an enlightening experience toward the end of his retreat, in which a powerful and great spiritual light entered through his crown chakra, allowing him to be attuned to the Reiki energy (Lübeck et al., 2013). The attunement felt like a bolt of lightning struck his brain; he lost consciousness and woke feeling refreshed (Yamaguchi, 2007). He knew he could use this energy to heal himself and others without being depleted of energy. Usui trained others to practice Reiki and since then the practice has spread to Europe and

America (Barnett et al., 2014; Birocco et al., 2012). In the beginning, Reiki was taught as a spiritual healing practice, although the spirituality aspect has not been as highly emphasized in the West (Thrane & Cohen, 2014).

In order to practice reiki, an individual must be attuned by a reiki master and teacher. Other healing modalities involve a manipulation of chi or life energy, but usually need to be guided by the healer. Most often, these healers need to have intense focus and enter into an altered state for optimal healing to occur. Reiki allows the practitioner to release life force energy easily and at a higher frequency than when he or she was not attuned (Rand, 2000).

Dr. Hayashi and Hawayo Takata are responsible for bringing Reiki to the West and supplying the history of Reiki to Western society (Lübeck et al., 2013). Usui developed five principles to guide Reiki practitioners: "Just for today, do not anger. Just for today, do not worry. Be humble. Be honest in your work. Be compassionate to yourself and others" (Barnett et al., 2014, p. 241).

Reiki as a Biofield Therapy

Reiki is considered a biofield therapy because the intent of reiki is to influence an individual's subtle energy field which surrounds the body to stimulate the bodies healing process (Jain & Mills, 2010). A biofield or biomagenetic field is the unseen magnetic or electrical energy which emanates from and surrounds a living organism (Miles & True, 2003). According to Doğan (2018), quantum physics may be a potential avenue for explaining the theory underlying reiki. Reiki is a type of holistic biofield therapy, which treats an individual's mental, physical, emotional, and spiritual state of being (Miles & True, 2003).

The human body has electric currents running through and surrounding the body, which have been measured (Lübeck et al., 2013). Biofield measurements for certain body parts have

been made possible through technology since the 1960s and have been commonly used in the medical profession. An electrocardiogram (ECG or EKG) is a medical instrument used to measure the electrical field of the human heart. The electric field of the heart is not confined to the human body but rather extends outward, as evidenced by use of an EKG type device. Simple biology can explain the existence of an electric field in and around the human body. Every cell has a negatively charged outer wall and positively charged inner wall, which has been shown to create small traces of electricity (Thrane & Cohen, 2014). Pert (2003) described subtle energy, also known as prana or chi, as being the "free flow of information carried by the biochemicals of emotion, the neuropeptides and their receptors" (p. 276). As a neuroscientist researcher, her theory of how we experience this "energy" involves the belief that what we are feeling is a "clearing of our internal pathways" as blocked emotions become released through body-mind mechanisms. She noted that the majority of cultures recognize the occurrence of the release of emotional energy (Pert, 2003, p. 276). Each organ within the human body has a specific frequency that signifies health and balance as measured by Gaussmeters, electromagnetic field detectors, and Magnetic Resonance Imaging detectors. When a part of the body goes outside these healthy frequencies, imbalance of the body system is occurring (Alarcão & Fonseca, 2016).

Reiki within the Cultural Context

Some cultures (i.e., indigenous tribes in Tibet, the United States, Africa, China, and India) have historically utilized energy healing practices and believe illness comes as the result of energy blocks which can be removed through energy work. Within these cultures, there is belief that removal of energy blocks rebalances the body's energy field and physical body (VanderVaart et al., 2009). Balance, harmony, and wellness in the body is attained because of clearing energy blocks to allow the free flow of energy throughout an individual's body. In this

perspective, life imbalance and lethargy are the result of blocked energy (Barnett et al., 2014) and suppressed emotions. Reiki does not decrease symptoms into nonexistence but rather provides balance within systems (Wardell & Engebretson, 2001).

VanderVaart et al. (2009) stated that belief in energy healing is not needed for energy practices to be effective or for the effects to be felt in the recipient. Thrane and Cohen (2014) stated practitioners are not the source of energy or the cause of healing, but an avenue for energy to flow through to promote self-healing in the recipient. Energy transfers through the practitioner aids in increasing the body's intrinsic ability to heal itself (Miles & True, 2003).

Reiki Certification

Individuals can practice reiki on themselves and others depending on the level of training they obtain (Miles & True, 2003; Rand, 2000). A certified reiki practitioner must have been taught and attuned by a reiki master and teacher and cannot be taught solely on the internet as some website providers (e.g., https://www.udemy.com/reikicourse) suggest. Reiki is taught in person by a level three Reiki Master/Teacher (RMT) through education, attunement, and hands on practice (Miles & True, 2003; Rand, 2000). An attunement is an initiation which passes along the ability to practice reiki to the student. Without an attunement from a RMT an individual cannot be classified as a reiki practitioner (VanderVaart et al., 2009).

Rand (2000) stated the amount of knowledge and skill increases with each progression through the three degrees. A reiki student receives a certification upon completion for each degree of reiki. Education about the history of reiki, hand positions, and how reiki has been utilized are communicated during the first phase of training (Rand, 2000). Level one practitioners can practice on themselves to enhance self-care, as well as to enhance self-care of family members and friends (Miles & True, 2003). Individuals across much of the lifespan can

learn and practice level one reiki, ranging from the elderly population to school aged children (Miles & True, 2003).

Second level practitioners gain a more intensive breadth of knowledge regarding energy flow. Level two practitioners practice on themselves and others and gain knowledge to send reiki energy across distance and time. They are equipped to increase the flow of energy specific to the mental, emotional, and physical health of individuals (Miles & True, 2003; Rand, 2000). Second- and third-degree reiki practitioners learn symbols to enhance certain healing effects during the practice of reiki. An RMT is certified to teach and attune others to the reiki energy and learns more about how to increase the energy flow to clients (Miles & True, 2003; Rand, 2000).

Transfer of Reiki Energy

The process and transfer of reiki energy occurs when a reiki practitioner places his or her hands on or near the body of an individual while maintaining a meditative and mindful state and allows the energy to flow naturally into the areas of the body in most need (Rand, 2000). Reiki can be practiced in any context at any time (Petter, 2013). Recipients of reiki remain fully clothed and can be standing, sitting, or lying down. A typical session lasts an hour and can be shortened or lengthened depending upon the recipient's needs (Rand, 2000). Recipients tend to feel warmth, relaxation, grounded, safe, and secure (Birocco et al., 2012; Orsak et al., 2015; Thrane & Cohen, 2014) during a session. Reiki is transferred through the hands by the use of light touch, with the hands hovering a few inches over the body, and across a distance. A goal of reiki treatment is to bring the emotional, physical, spiritual, and mental aspects of an individual into harmony (Petter, 2013; Rand, 2000).

Reiki Mental Health Benefits

There is some research regarding the benefits of reiki for mental health issues. The study conducted by Richeson et al. (2010) found reiki treatment to cause a significant reduction in depression and anxiety in older adults. The Geriatric Depression Scale and Hamilton Anxiety Scale were administered before and after reiki treatment. The results from the assessments showed a significant improvement in anxiety and depressive symptoms when compared to the waitlist control group. Qualitative themes were gathered in semi-structured interviews after reiki treatment to gain information about the participants' experiences during the reiki treatment. The categories elicited from respondents were: "Relaxation; Improved Physical Symptoms, Mood, and Well-Being; Curiosity and a Desire to Learn More; Enhanced Self-Care; and Sensory and Cognitive Responses to Reiki" (Richeson et al., 2010, p.187).

Researchers studied the effectiveness of cognitive behavioral therapy and reiki at reducing depressive symptoms among 188 adolescents in the city of Tehran (Charkhandeh et al., 2016). Participants were randomly assigned into control, cognitive behavioral therapy, and reiki treatment groups. Symptoms were measured before and following a 12-week period. Cognitive behavioral therapy showed the greatest effect in decreasing depression scores, which was significant in relation to waitlist and reiki scores ($p < .0001$). The treatment effect of reiki was reported as being large with significance ($p < .0001$) in relation to waitlist scores. Female adolescents in the reiki group had a larger treatment effect than male participants in the reiki group (Charkhandeh et al., 2016). These researchers encouraged the scientific community to continue with the investigation of reiki to enhance treatment of individuals with depressive symptoms.

Reiki has been shown to promote a peaceful, relaxing, and calming effect and decrease pain, distress, and anxiety within treated individuals (Thrane et al., 2017). DiScipio (2016) found participants experienced deeper relaxation and an increased ability to overcome fearful intrusive thoughts when receiving reiki and yoga treatment, rather than the yoga treatment alone. In a single group measure study design with healthy individuals, Wardell and Engebretson (2001) measured state anxiety and physiological markers associated with the bodies biological stress response. The participants' self-reported anxiety, blood pressure, muscle tension, salivary IgA, cortisol levels, and galvanic skin response were measured before and after a 30-minute reiki session. The results of the study indicated a significant decrease in and anxiety reduction and blood pressure (Wardell and Engebretson, 2001).

Shore (2004) examined the long-term effects of reiki on stress and depression as measured by various self-report assessments (e.g., Beck Hopelessness, Beck Depression Inventory, and Perceived Stress). Shore conducted a randomized and blinded trial utilizing repeated measures analysis. Shore measured differences between a placebo group and two treatment groups; distance reiki and hands-on reiki treatment groups. The participants received 1-1.5 hours of placebo and reiki treatment each week, for a period of six weeks. Participants in the treatment groups experienced a significant reduction of psychological distress as measured by the three assessments when compared to the placebo group. This effect on psychological distress was found to be present one year after the study (Shore, 2004). Alleviation from depression, memory loss, and fatigue have been found to be a result of receiving reiki treatments.

Reiki Benefits for Counselors

Moodley, Lo, & Zhu (2018) reviewed current literature about the mental, physical, and emotional effects of reiki treatment on individuals. Moodley et al. discussed how reiki could be a

useful adjunct to helping counseling clients in session. An example of how reiki could be incorporated into a counseling session was provided in the form of a case study (Moodley et al., 2018). Curtin (2015) provides a personal account of how he has utilized reiki in psychotherapy and discussed how he believes reiki can be beneficial for various mental and emotional ailments within clients. A few researchers have started to build a basis for utilizing reiki as a psychotherapeutic tool, but there is scarce literature reviewing the efficacy and guidelines for incorporating biofield therapies such as reiki into counseling sessions (Berger et al., 2017).

However, Reiki has been shown to be useful as a combatant against counselor burnout, which impacts a counselor's ability to provide a beneficial service to clients (Lawson & Venart, 2005). Craig and Sprang (2010) stated mental and behavioral health professionals working with victims of trauma are at risk of developing compassion fatigue and burnout. Burnout has been described as a prolonged state of mental, emotional, and physical debilitation experienced from rigorous professional demands (Moate, Gnilka, West, & Bruns, 2016). Precursors of burnout include daily, repeated exposure to discouraging situations such as working with individuals who have struggled with poverty, abuse, persistent mental health problems, and trauma (Rosada et al., 2015). Burnout symptoms can lead to counselors having a lowered capacity to provide proper care in session and increases the potential for harming their clients (Lawson & Venart, 2005). Rosada et al. (2015), in a study concerning the effect of reiki on burnout symptoms among community mental health professionals, found that 30-minute weekly reiki sessions over a period of six weeks was an effective combatant against burnout, as evidenced by decreased depersonalization, emotional exhaustion, and an increased sense of personal accomplishment among participants.

Reiki Findings in Medical Research

Reiki has been assimilated into some Western health centers including hospitals, care centers (Kryak & Vitale, 2011), general practices, and hospices (Alarcão & Fonseca, 2016). Reiki has a significant impact in the social, environmental, and physical domains of cancer patients (Alarcão & Fonseca, 2016). Reiki is also considered a cost-effective treatment tool for insurers and health care professionals in the management of symptoms (Zins et al., 2018).

Various healing modalities, including reiki, have become more prominent in the treatment of those with cancer (Alarcão & Fonseca, 2016). Alarcão and Fonseca (2016) supported reiki as a safe and effective complementary treatment for promoting a state of wellbeing in patients suffering from blood cancer. They suggested reiki could contribute to the quality of life and welfare of these patients. Their findings noted that significant differences were found in pain severity between cancer patients receiving reiki versus the control group using sham reiki. No adverse side effects were reported (Alarcão & Fonseca, 2016).

DiScipio (2016) found relaxation and an increased capacity to let go of intrusive and fearful thoughts was found among cancer survivors receiving reiki, when compared to those not receiving this treatment. In a study conducted by Zins et al. (2018), patients reported outcomes of those receiving reiki for twenty minutes, twice a week demonstrated acceptability and feasibility of utilizing this CIHP in outpatient hemodialysis settings (Zins et al., 2018). Tsang, Carlson, and Olson (2007) found reiki helped decrease cancer-related fatigue, as well as resulted in significant improvements in quality of life. Tiredness, pain, and anxiety significantly decreased in cancer patients who received reiki. Results from self-report questionnaires were compared between individuals in the reiki treatment group; the comparison group included individuals who rested without reiki treatment (Tsang et al., 2007).

A study conducted by Kundu, Dolan-Oves, Dimmers, Towle, and Doorenbos (2013) involved teaching reiki to parents so they could care for their cancer-stricken child at home. Almost half of the parents in the study reported using complementary techniques at home to help manage their child's symptoms. The researchers noted that this helped to satisfy the parents' desire to collaborate in the healing of their child and to create a sense of empowerment for the parents (Kundu et al., 2013). Thrane et al. (2017) encouraged future researchers to continue to grow the body of evidence focusing on the effects of reiki with pediatric populations.

Crawford, Leaver, and Mahoney (2006) conducted a quasi-experimental study measuring memory and behavior issues found in patients with Alzheimer's disease and individuals with mild cognitive deficits. Memory and behavior were measured by comparing pre and post scores on the Revised Memory and Behavior Problems Checklist; mental functioning was measured by comparing pre and post test scores on the Annotated Mini-Mental State Examination. Participants who received reiki once a week for four weeks had significant improvements on both measures in comparison to individuals within the control group (Crawford et al., 2006).

Bowden et al. (2010) found the main benefit in their study of university students was a decline in symptoms of illness, including "fever, chills, general malaise, loss of appetite, muscle ache, cough, headache, skin rash, dizziness, shortness in breath/difficulty in breathing, phlegm, night sweat, diarrhea, runny nose, nausea, vomiting, abdominal pain, cold sores, painful lymph nodes" (Bowden et al., 2010, p. 68). Bowden et al. (2011) found a significant decrease in anxiety and depression among individuals with high anxiety and depressive symptoms five weeks after the reiki treatment ended. There was not a significant improvement with symptoms of illness within participants.

MaCkay, Hansen, and McFarlane (2004) conductive a blinded, randomized clinical trial with a control, placebo, and reiki treatment group. The control group had no treatment except to rest, the placebo group had an individual not trained or attuned in reiki mimic reiki treatment, and the treatment group receive reiki. The participants' blood pressure, cardiac measures, and breathing activity were continuously measured throughout treatment. In comparison to the control and placebo group, those who received reiki therapy experienced a significant decrease in diastolic blood pressure and heart rate. These findings indicate reiki has a recordable effect on the autonomic nervous system functions (MaCkay et al., 2004).

In a meta-analysis conducted by Doğan (2018), findings demonstrated reiki has shown promising results in decreasing pain within patients of various randomized controlled trial studies. In a study conducted by Richeson, Spross, Lutz, & Peng (2010), reiki treated community-dwelling older adults experienced a significant decrease in pain when compared to a wait list control group. The study measured pain before and following reiki treatment with the Faces Pain Scale, as well as blood pressure and heart rate measurements. Mental health benefits were found to improve within this study as a result of reiki treatment. These findings are discussed further in the following section which provides an overview of the mental health benefits of reiki (Richeson et al., 2010).

Ethical Considerations for Counseling

Researchers studying the effects of reiki treatment have found mixed results and treatment has been shown to be insignificant in some instances. The effects of reiki treatment on depression and anxiety within women having a breast biopsy were found to be insignificant (Potter, 2017). Reiki treatment on mental health professionals did not experience a significant reduction in secondary traumatic stress symptoms when compared to a placebo and control

group. Associated secondary traumatic stress symptoms include depression, anger, anxiety, hopelessness, and somatic symptoms (Novoa & Cain, 2014). Some reiki treatment findings within individuals who have cancer have been found to be insignificant. Beard et al. (2011) conducted a randomized controlled trial with men who were receiving radiotherapy for prostate cancer. Two treatment groups and a control group were compared using self-report questionnaires to measure depression, anxiety, and quality of life. Individuals who received relaxation response therapy had significant improvements in anxiety reduction and emotional well-being, a subscale of the quality of life assessment. Reiki treatment resulted in decreased anxiety symptoms, but the findings were insignificant in comparison to the other groups (Beard et al., 2011). Due to these findings, caution is warranted when determining who would benefit from reiki treatment.

Lumadue et al. (2005) called for a conscious effort by ACA, licensure boards, and counselor educators to ethically assist in adequate training, competency, and implementation of complementary and energy methods within counseling. More systematic, comprehensive, and responsible training guidelines are needed if counselors are to use or refer for complementary approaches in counseling.

While biofield therapy has been studied in university research centers, there is little information available to counselors to inform ethical practice in this area (Berger et al., 2017). If reiki or biofield methods continue to be incorporated into counseling, whether provided by the counselor or via referral to another practitioner, then better understanding of the practice itself, as experienced by counselors who are also certified in reiki, is warranted. Issues such as rationale and goals for such interventions or referrals, basis for assessing fit between clients and reiki or other biofield methods, and attention to the world view of both clients and counselor (Berger et

al., 2017; Stockham-Ronollo & Paulsen, 2012) all have ethical implications not yet explored in regard to energy healing therapies and other complementary approaches.

Summary

Chapter two covered various complementary approaches to health and helping professions. Also included within this chapter was a detailed literature review covering aspects of reiki regarding history, certification requirements, research findings, ineffective contexts, and ethical considerations. Chapter three includes the rationale for the chosen research method, research questions, methodology, population, setting, data collection, and intended data analysis for the current research study.

CHAPTER III: METHODOLOGY

The present study explored the lived experiences of LMHPs who are reiki certified to gain insight into how and whether they incorporated reiki into session. Participants in this descriptive phenomenological study completed online survey and interview questions designed to answer the research question and begin to understand their beliefs and perceptions about using reiki in session.

Descriptive Phenomenological Psychological Method Rationale

Little is known about the use of reiki in counseling within research literature, which is one of the reasons descriptive phenomenological research is an appropriate method for the study. The method aims to promote rich data through conversations, which can elicit further questions rather than provide an answer to a hypothesis. Phenomenological research is aimed at exploring and describing a phenomenon that already exists in order to gain further insight into the topic (Creswell, 2014; Sousa, 2014). The available studies which have addressed reiki as a healing intervention are derived from varying professions, counseling not being one of them. I did not compare or contrast data, but rather collected written and spoken information about the topic. My objective with this study was to describe the already occurring phenomenon in an attempt to gain insight and knowledge into the lived experiences of LMHPs who are reiki certified. Giorgi's (2012) descriptive phenomenological psychological method provided an appropriate means to pursue my objective.

Giorgi (2012) developed the descriptive phenomenological psychological method in order to study human experience and behavior in a non-reductionist and rigorous manner. When discussing the foundation for this method, Giorgi (2012) gave special attention to the phenomenological philosopher, Husserl, as well as to premises from psychology, science, and

phenomenology (Giorgi, 2010, 2012). Husserl developed the phenomenological method because he desired a way to rigorously analyze conscious phenomena in the philosophical sciences. Husserl believed a certain attitude needs to be present in order to conduct a phenomenological study. This attitude needs to be accompanied by an interest in a phenomenon and "process of free imaginative variation in order to determine the essence of the phenomenon" (Giorgi, 2008, p. 2). Then, a carefully depicted description of the essence under observation is for the phenomenological method must be completed (Giorgi, 2008).

Research Question

The purpose was to understand the lived experiences of LMHPs who are reiki certified to gain insight as to whether and how they incorporate reiki into session for the betterment of the client's mental health. There was one overarching research question for this study:

What are the lived experiences of LMHPs who are reiki certified and have incorporated or considered incorporating reiki into mental health sessions with clients and/or patients?

Design Methodology

Qualitative data is collected from a situation, event, and participants' experiences with an already occurring phenomenon. The premise for qualitative methodology is based on contributing to a knowledge base where there is not one, in an inductive reasoning manner (Balkin & Kleist, 2017; Sousa, 2014). Qualitative inquiry allows us to gain a deeper understanding of the psychological processes that occur in relation to certain contexts, experiences, actions, and events. This type of inquiry begins with the question, "What do I wish to understand?" (Balkin & Kleist, 2017, p. 196). Purposive sampling of individuals was conducted during the recruitment phase by targeting Facebook users that were more likely than the general population to have the necessary requirements for this study (Balkin & Kleist, 2017).

This study is meant to be exploratory and descriptive rather than confirmatory. A rigorous qualitative research study is an adequate method to generate valid scientific information (Sousa, 2014).

Interviews are considered the main method of data collection; gathering a written account is another method to gain qualitative information with human subjects. In phenomenological research the interview allows the participants to express their lived experiences of the phenomenon under review. Giorgi (2015) emphasized that detailed raw data is needed to gain a subjective view of an individual's experience. He stressed the importance of allowing the person under study to speak in everyday language. Giorgi (2015) further noted that a descriptive phenomenological researcher does not need to describe the raw data in an objective manner, but rather strives to make sense of the raw data by developing a simpler way to accurately represent what was said by participants. The connection between the raw data and resulting themes should be transparent and evident (Giorgi, 2015). Giorgi (2015) discussed the importance of having the individuals in the study describe their experience in full. In the current study, participants were granted the opportunity to freely express their beliefs, experiences, and views. I asked open-ended questions and allowed the participants to speak as long as they desired. In this manner, the participants were able to be emotionally expressive in their interviews. Giorgi (2015) stated the participants should not have time to reflect on the questions being asked so that their responses would be genuine, as opposed to having time to ponder what their responses to the questions may be. With the exception of one e-mail respondent to interview questions, who may have taken time to reflect on the questions before responding, participants only had broad information about the study prior to the interviews and did not have opportunity to prepare in advance. When analyzing the data, the researcher needs to explore the data presented in a thorough manner, and

this is partly accomplished through obtaining data that is similar. In other words, the data gathered from participants can be deemed as rich data when the researcher discovers similarities and overlapping viewpoints within the responses (Giorgi, 2015). In this study, I continued to gather survey responses and conduct interviews until I noted that overlapping viewpoints were present and prevalent in the responses.

Giorgi (2008) discussed the importance of the phenomenological researcher bracketing their past experiences of the phenomenon being analyzed in order to discover the basic elements of the phenomenon in relation to the current data being presented. Keeping a research journal throughout the research process provided a way to track my perceptions as they related to the study, bracket my own experiences, and stay clear about how my personal way of thinking could impact how I saw participants' data. A reflective journal helped inform me when methodological changes were needed and provided an audit trail.

Role of the Researcher

The role of the researcher in the descriptive phenomenological psychological method is to abstain from making judgments based on previous experiences and information and focus on the findings from the current study data. The attitude of the researcher in this methodology is to be psychological and sensitive. In analyzing the data, the researcher refrains from making assumptions and interpretations, and rather describes what the participant has expressed in a way that unifies the presented meanings within their descriptions. The researcher attempts to gain an understanding and be able to describe the participant's worldview (Giorgi, 2012).

In order to promote rigor, the researcher must maintain a perspective of phenomenological reduction. This means the researcher "has to the bracket personal past knowledge and all other theoretical knowledge not based on direct intuition" (Giorgi, 2008, p. 3).

In order to maintain this perspective, I kept a researcher's journal in which I documented not only thoughts and decisions but also my own reactions in order that I could reflect on and separate my personal beliefs, experiences, and biases from those of the participants. This attitude allowed me to study the phenomenon as it was presented to me at the moment. Imaginative variation is utilized to "discover essential characteristics of the phenomenon being investigated" (Giorgi, 2008, p. 3). Eidetic reduction is used, along with imaginative variation to discover a phenomenon's most essential elements. A complete description of the data analysis process is provided later in this chapter; during the process, imaginative variation and eidetic reduction became a natural part of allowing the data to provide a deep understanding of the essence of the experiences of the participants. Giorgi (2008) held that the process of checking with participants to determine whether findings are accurate is not a tool utilized in this method to verify findings. In this manner, the themes found by the researcher do not need to be validated or corrected by the participants. I employed Giorgi's methods to draw meaning from what participants said in order to direct attention to the phenomenon (Giorgi, 2008).

In this study, I served as the interviewer and interpreter of data during and after the data gathering process. I maintained openness about past experiences during my reflections utilizing my researcher's journal, being attentive to decisions made throughout the study, my observations, and reflection about my own experiences. As the interviewer, I was the primary instrument in this study. I took an open and transparent stance.

Lens of the Researcher

After I became a National Certified Counselor and was certified as a reiki master and teacher, I had a desire to utilize reiki in my counseling sessions. I began speaking with other counselors who were reiki certified and we had a common issue: we did not know how to

incorporate our reiki practice into counseling. The fear of violating the ACA code of ethics and not using evidenced based practices was enough to halt any personal in-person exploration of reiki in counseling. I believe there are certain instances and clients that the combination of these two practices could be helpful, but as a new counselor who was not yet licensed, I did not feel knowledgeable enough to explore utilizing reiki in session. As a fully licensed counselor, I still do not use reiki in counseling sessions, even though I believe there have been times when it would have been beneficial to clients. I personally use reiki as a form of self-care and believe it helps me be present in session, let go of client struggles so that I can maintain work and personal balance, and generally take care of myself, thus mitigating the risk of burnout. My personal experiences and beliefs made the use of the researcher journal particularly important.

Population and Setting

The data for this study was collected from voluntary LMHPs who were reiki certified. Participants had access to the online survey through Facebook and had the option to participate in an individual interview upon completion of the online survey. A waiver of consent documentation information sheet was shown to participants at the start of the online survey, and the informed consent was given to individuals who chose to partake in the interviews. Identifying information such as names, IP addresses, and e-mails were not gathered from participants engaging in the online survey.

Setting

I gained permission to post the research participant flyer from two Facebook site owners (See Appendices A and B). The Facebook sites were chosen based on the likelihood that followers of the sites would meet the study criteria. I re-posted after four weeks from the initial post in an attempt to gather more data. Individuals were recruited through Facebook messenger

and individual messaging based on my knowledge about the likelihood of them meeting the study criteria. The recruitment posts included necessary information regarding the study and how potential participants could volunteer to participate by clicking on the link in the post, and had a statement inviting potential participants to share the post if they knew others who might wish to participate (See Appendix C). A reminder recruitment post was posted on the Facebook pages after about four weeks (See Appendix D).

The first phase of data collection was a survey using Qualtrics®, to which participants were routed after clicking on the Facebook post. Phase two of data collection was conducted over the phone, in person, or through e-mail. I conducted phone interviews from a secure location free of distractions and in-person interviews were conducted in an interview room on the university campus. After the phone and in person interview transcriptions were completed, an e-mail was sent to participants to verify the accuracy of their transcript. This provided an opportunity for respondents to make any necessary changes or additions to their interview transcript.

Study Participants

Participants were recruited based on the likelihood that they had related experiences to the phenomenon being studied. Participants were those who chose to click on the link within the recruitment post and met the inclusion requirements. Participants included only individuals 18 or above who held a master's level degree or above, were licensed in a mental health related field, and had been reiki certified for at least six months. There is no specific target number in qualitative research; however, the study aimed to include a minimum of five participants and maximum of 30 participants for the online survey and a minimum of three participants and maximum of 10 participants for the phone/in-person/e-mail interviews.

Survey population demographics. There were 15 individuals who completed the online survey and 1 respondent provided partial information. All identified as female. Twelve participants (80%) identified as White or Caucasian, two (13%) identified as Hispanic, and one (7%) identified as Black. The women who responded to the survey were between the ages of 28-68, with nine (60%) being above the age of 40 years and six (40%) being below the age of 40. The majority of participants (10; 67%) were licensed counselors; the remaining five identified as licensed social workers (33%). Respondents had been licensed between 2 and 45 years, with 13 (87%) indicating having been licensed between 2 and 20 years and the remaining two (13%) indicating having been licensed more than 21 years. Nine (60%) were licensed in Texas, and six (40%) were licensed in other states including Alaska, Connecticut, Missouri, Minnesota, and Pennsylvania. Eight (53%) were reiki masters and seven (47%) were level 1 or 2 practitioners. Seven (46.3%) had been certified for fewer than five years, three (20%) for 5 – 15 years, and five (33.3%) for 16 – 30+ years. One of the participants who had been certified for "a couple of months" was certified at level 2. I assumed she referred to length of time certified at that level and did not disqualify her survey.

Data Collection Methods

The Institutional Review Board (IRB) at a South Texas university granted approval for this study. Participants were recruited through Facebook and messaging to partake in the online survey. Screening criteria requirements participants needed to meet included: (1) a master's degree or above in a mental health related field; (2) licensure in their chosen mental health field, and (3) reiki certification for at least six months at the start of the study.

In phase one of data collection, the participants clicked on the link provided on the recruitment post, which allowed them to access the waiver of informed consent documentation

information sheet (See Appendix E). The information sheet contained the purpose, relevant information, and the mandatory criteria for being in the study. The participants were then asked to fill out demographic information (See Appendix F) and the online survey questions (See Appendix G) which were recorded by Qualtrics®. Qualtrics® was set up to not collect any IP addresses or personal identifying information. The online survey collection continued until a sufficient amount of rich data was gathered. Once participants finished the online survey, the participant responses were transferred to a word document, saved to an encrypted USB, and then deleted from Qualtrics®.

Online Surveys

The anticipated length for completing the online survey was 10-20 minutes depending on the detail of responses. The survey included the following questions:

1. Have you ever used reiki in your mental health practice? Yes/No
    a. Why or why not?
2. If you have not used reiki in your practice, would you consider using it in the future? Yes/No
3. As a mental health professional, how do you, if at all, incorporate reiki into your personal self-care routine before and/or after seeing clients?

These survey questions were meant to gather information about the basic ideas behind the study, and to learn more about how and if LMHPs who are also reiki certified utilized reiki in session, and why they decided to use it or not. The third question inquired about the participant's use of reiki as a self-care practice because self-care is a critical aspect of working as a helping professional and is an essential part of reiki practice.

Semi-Structured Interviews

Phase two of data collection was introduced at the end of the Qualtrics® survey. Participants had the option to provide their e-mail address if they wanted to participate in an interview. They had the option for a phone, in-person, or e-mail interview. The following information was included if they indicated a willingness to participate in the interview process: (a) criteria for being able to participate in a phone, in-person, or e-mail interview (e.g., have stable cell reception for a phone interview; be able to travel to the designated campus for an in-person interview; have access to the internet for an e-mail interview), (b) a space for the participant to type in whether they chose to have a phone, in-person, or e-mail interview, and (c) a space for the participant to type in their e-mail address.

Participants interested in a phone interview were sent an e-mail with the consent form, a list of possible days/times for the interviews, a request for the day(s)/time(s) they were available to participate in the interview, and a request for their telephone number. Participants who expressed an interest in an in-person interview were sent an e-mail which included the consent form, a list of possible days/times for the interviews, and a request for the day(s)/time (s) they were available to participate in the interview. Any participant who expressed interest in the e-mail interview were e-mailed the consent form, followed by the interview questions after receipt of the signed consent form.

Phone, in-person, and e-mail interviews were scheduled and conducted until data saturation was achieved. Audio recordings for the phone and in-person interviews were needed to ensure accuracy and to gain an in-depth understanding of the participants' lived experiences. Phone and in-person interviews were recorded using a recording device, uploaded to my computer, and stored in an encrypted USB. When the audio recording upload was verified, the

recording was deleted. The anticipated length for completing the phone or in-person interview was 45-60 minutes. I transcribed the interviews using a secure transcription program and headphones.

Out of the 15 interviewed, 10 responded with a desire to participate in an interview, but 5 followed up to schedule and participate in an interview. Two of the individuals interviewed over the phone, two were conducted in person, and one individual opted to have an e-mail interview. A follow-up e-mail was sent to participants who were interviewed over the phone and in person to verify the accuracy of their transcripts. One individual responded that her transcript was correct and one made adjustments to her transcript to better reflect her views. Two others did not respond to the e-mail. The surveys and interviews were completed over a period of almost 3 months. The survey was made unavailable once I noticed similarities in individuals' responses and less new information was being presented by interviewees.

Data Analysis

The following steps were taken in this study and were guided by the phenomenological reduction steps provided by Giorgi (2012), which is an integral concept within the descriptive phenomenological method of analysis.

(1) I transcribed the interviews as soon as possible after each was completed. I read through both interview and survey responses several times in order to gain a holistic understanding of the data as a whole (Giorgi, 2012). I continued to immerse myself in the data and identified initial conceptualizations of themes in the data as a whole. These themes were general and tended to be aligned with the questions asked. As I continued to read and re-read the data, my initial conceptualization of themes transformed into themes that were more representative of the participants.

(2) I reread the presented data and made note of the various attitudinal shifts within the dialogue. This practice of constituting parts helps break up the data into pieces to make it more understandable (Giorgi, 2012). I made meaning units (Giorgi, 2012) in order to shorten the data in a way that is retainable, remaining mindful that my attitude as the researcher affects what meaning units are developed. I read through all of the survey data and interviews and highlighted key words and phrases in the surveys and interviews. I attempted to use an online qualitative coding software tool but realized I needed to see the data in the real world. I printed out the interview transcripts and highlighted words and word groupings that had meaning, such as emotions, beliefs, and ideas. I then wrote notes in the margin to encompass the meaning of the highlighted items. During this phase, I also cut out the highlighted items and grouped and re-grouped them together. Analyzing the data in these two ways helped me to gain insight as to how the raw data fit together as themes.

(3) Next, the varying parts were transformed into a psychologically relevant understanding of participant expressions. According to Giorgi (2012), value is derived through the imagination of the reviewer. He describes this step as the "heart of the method" (Giorgi, 2012, p. 6). During this process I considered the themes in order to have a psychologically relevant understanding of participant experiences. I consulted with my reviewer and continued to make reflections in my research journal. I color coded each of the interviews, so I would know which interview to read through if more context was needed. Color coding also helped me find trends across the different interviewees, as well as in comparison to the survey responses. After I picked out keywords and phrases, I printed these out and proceeded to make sense of themes and categories present. After continuing to reread through the data, a series of themes emerged.

(4) During step four, I reviewed my understanding of psychologically sensitive participant experiences using my imagination to form a structure of the experience. During this stage I signified which direct quotes aligned with each theme and subtheme. I examined whether multiple participants mentioned each theme in order to determine whether there was broad enough coverage to constitute a theme or an additional finding. Through organizing the quotations in this manner, I was able to see how the quotes from participants fit together into subthemes within the themes.

(5) The final step in Giorgi's descriptive phenomenological psychological method is to utilize the meaning units and structure formed in the previous steps to interpret and clarify the raw data (Giorgi, 2012). In this stage, I wrote out each theme with the accompanying subthemes. I provided a description of each and included the participants' voices through quotations from their transcripts. I read through the information and made final arrangements to the order of themes to develop a natural flow to the information to best represent the participant voices and experiences.

Remaining Chapters

In this chapter, I provided a detailed description of the descriptive phenomenological psychological method rationale. I also provided a description of participants as well as a detailed description of how the study was conducted. Chapter 4 encompasses the findings of the present study.

CHAPTER IV: FINDINGS

The findings presented include an overview of the survey data and themes found within the interview data. Implications for counselors, educators, and supervisors is provided, as well as recommendations for future research. Also, additional findings and overlap between the survey and interview data is discussed.

Quantitative Survey Data

Responses to the question regarding whether respondents have ever used reiki in their mental health practice was almost evenly divided, with eight (53%) indicating yes and seven (47%) indicating no. All except one who said no indicated they would consider using reiki in the future. Thirteen (87%) of those surveyed indicated they utilized reiki as a form of self-care before and/or after seeing clients; responses from the remaining two (13%) were unclear. Most of the LMHPs who completed the survey also provided various ways they implemented reiki as a self-care tool before and after counseling sessions.

Qualitative Survey Data

When asked why they do or do not utilize reiki in session, the individuals responded with a variety of reasons. One prevalent reason for using reiki was to protect and ground their energy to better serve their clients. Those who stated they used reiki in session stated, “Yes, I definitely have [used reiki in session]. I consider it to be a kind of extra tool to use” and “not often, but to promote healing [when I do use reiki in session].” One participant stated, “I feel the energy flowing through my hands to fill the environment with loving energy and directed toward the client, knowing it’s the clients free will to accept or not accept it, on an unconscious level.” One individual noted the use of intentions as a reiki tool and wrote, “I always set the intention that the session will be for the highest good of all.” A therapist working in a prison wrote about her use

of distance reiki and indicated she tends to "utilize a non-person-specific form of distance reiki with EVERYONE I come in contact with, that their journey be gently supported with peaceful resolutions to that which may be interfering with their highest directive. In this way, I am not infringing on free will or personal choice." A LCSW responded she utilized "direct reiki" in session with clients because she is also a licensed massage therapist. This clinician stated she utilized reiki in conjunction with trauma-based EMDR after this was requested by a family with whom she was working, "During my internship, a family I was seeing requested reiki in conjunction with trauma related interventions for their son (e.g., EMDR – I am Emdria EMDR II Certified). Because I also had a state license as a licensed massage therapist, the agency allowed my use of direct reiki to assist treatment." Another LCSW stated, "I always set the intention that the session will be for the highest good of all." A counselor responded that she does not officially utilize reiki in session but also stated "I use energy work with clients and have prayed for them after sessions if they have asked me to."

A counselor stated that although she has not practiced reiki in session, she does provide resources " . . . I have not practiced reiki in either the psychiatric setting or chemical dependency setting, due to the requirements of practice I am highly encouraged to follow. However, when clients inquire about alternative and holistic forms of healing, I do . . . mention reiki energy healing as well as . . . provide resources and referrals to learn more about this type of intervention . . . "

Some of the respondents described how they incorporate reiki into their self-care practice before, during, and after seeing clients. A reiki certified LMHP stated, "I do incorporate it but not as much as I need to. I tend to let my needs fall and that's not good for me. So, I try to at least do reiki on myself once a day but even that's been a struggle lately. I would ideally like to

have a practice of doing small bits throughout the day and a bit longer at night, especially after days of seeing clients." Another LMHP stated she uses reiki in her self-care practice, "For grounding. Before sessions and after sessions to help with emotional healing and clearing of energy." While another stated she uses reiki, "Just to protect myself from energy. Protecting my office/space. Clearing energy." A LMHP who responded to the survey wrote, "I sometimes draw reiki symbols in the room to raise the vibration of the room." One respondent wrote, "I use reiki to help heal myself before and after sessions." One individual stated, "As a practitioner, I do my best to cleanse my energy field and strive to be grounded after each encounter I have with clients and patients. Visualizing a protective shield around myself is used when working with the populations that are extremely troubled and very mentally ill. When I leave work, I do make it a point to be in nature to ground and recharge my energy." Along with this use of reiki, one respondent stated she uses reiki, "As a cleansing and to get myself back into balance." A LCSW reported, "I incorporate several energy practices into my self-care routing to make sure that I'm clear of others' energy and vice versa."

Those who do not use reiki in session stated they did not use reiki in session due to ethical issues and not having clear permission to utilize this tool in counseling from the state licensing board. Some believed the clients did not want reiki while seeking help from a mental health professional. One individual stated her place of work did not support non-evidence-based approaches, writing "I have not practiced reiki in either the psychiatric setting . . . or chemical dependency setting, due to requirements of practice." An LPC said she has not used reiki in session because of others' beliefs and that reiki, " . . . still has a stigma attached to it."

Interview Data Themes

After studying the interview transcripts, nine themes were identified and five of them had subthemes. These themes were as follows:

- Experience of Dissonance within LMHPs
- Psychoeducation
    - For clinicians
    - For clients
- Desire to Have a Community of Like-Minded Individuals
- Client Receptivity and Openness
    - Spirituality
    - Complementary methods
- Emotional Energy Exchange
    - Self-care through letting go
- Potential Benefits for Clients
- Ideas about Incorporating Reiki into Session
    - Integration with traditional therapy interactions
    - An extra tool
- Fear of Violating Ethics
    - “I don’t want to lose my license!”
    - Not imposing values or beliefs on clients
- Contraindications

Experience of Dissonance within LMHPs

Participants expressed feelings and thoughts indicative of dissonance about their experiences of being an LMHP who is reiki certified. They were excited about the prospect of using reiki and at the same time, they were cautious about considering this as a mental health technique in session. They felt distressed about not being able to use reiki in session and believed reiki would be helpful as a tool with clients.

Kate discussed some of the reasons she does not use reiki in session, "nervousness that I will be judged because I think that reiki is seen [as a] . . . fake science . . . a message from like society that reiki is not a valid thing to do . . . I really internalize a lot of those messages . . . either you are in science or you're into like artsy, creative energy kinds of stuff . . . for some reason those things have to be totally separate. And the science is the only thing that's real." Erica stated she did not have a desire to use reiki in session, " . . . I have no interest at this time of integrating reiki into my counseling . . . " because "To provide a reiki treatment, I would need to have a table and touch my clients."

Interviewees expressed an incongruence within themselves since reiki was an important part of their mental health, yet they did not feel as though they could share this part of themselves with clients. Anna stated, "It sucks because I would like to [use reiki since it is] . . . helpful as a holistic approach and for them to have you know, a different understanding about mental health and how to help themselves." Kate stated, "It [reiki] would be a nice addition . . . " and she "would like to [utilize reiki in session] because I believe it can be helpful . . . I really appreciate reiki and I want to incorporate it more . . . " Similarly, Becca shared she " . . . would like the freedom to incorporate these alternative therapies into the counseling session." Becca discussed, "I would love to have a counselor that practices reiki on me and that's why I believe

that it would be a good idea to be able to offer reiki to my clients . . . I know how it [reiki] feels. It feels awesome." The majority of interviewees expressed excitement about the prospect of being able to use reiki in session, which typically led into a desire for more support in their community.

Psychoeducation

Interviewees stated they would need to have a better understanding of evidence-based research regarding the benefits of reiki. They were uncertain about how to talk about reiki with clients if they were to introduce it because of lack of knowledge. It was difficult for them to identify how they would utilize reiki in session. For example, Anna stated, "I just like honestly, I haven't practiced enough [reiki] to know what that's going to look like right now."

For clinicians. Anna stated the importance of the clinicians to educating themselves and stated, "I think it is vital for the clinician to become aware of the benefits of reiki because many therapists are uneducated about energy work and what an impact . . . our levels of vibration have on our own minds, bodies, and souls." Interviewees had a desire to attend trainings and receive psychoeducation regarding the use of reiki in session. Anna stated she would like "additional [reiki] training and some guidance from someone who has more experience to kind of assist me so I can facilitate that [reiki in counseling] better." Denise shared she would like to know more about "liability issues, evidence base, and standards of training to be able to use this modality." Anna would also like "resources, trainings, up-and-coming research and literature . . . so I'm more informed and more educated."

Some expressed having a visual demonstration, hands-on learning experience, and being provided with real-world examples of how to use reiki with clients would be helpful. Anna stated, "I would actually like to see it [reiki] conducted in [a counseling] session because I'm a

very visual learner . . . get more educated . . . make sure I know what I'm doing." Kate indicated she would like to learn more about reiki before introducing it in session and that she would like to learn more about how other counselors "talk about it [reiki] with their clients and how, you know, what research they bring up . . . I would definitely want to know that . . . different ideas for integration . . . would also love to know that." Kate stated, "I want to be better at explaining benefits to clients . . . would want to like review . . . research from my first [reiki] training so that I could explain more . . . "

For clients. Participants discussed the importance of psychoeducation for clients about reiki, including research, benefits, referrals, and general information about reiki. Participants stated they would provide information about energy and how this relates to our emotions, beliefs, and attitudes. Clinicians wanted to provide high quality research information to clients. They stated if they had more education about the connection between mental health and reiki, they would feel more confident to provide up to date information to clients**.**

Anna shared, " . . . I would you know, inform them about that [reiki] and you know, refer them out to individuals who have way more experience with practicing reiki and energy healing than I do . . . risks and benefits and give some background information . . . educate them . . . discuss with them . . . how it will look, like . . . ". Denise shared information she believes would need to be relayed to the client, "The nature and practice of reiki, any possible side effects, my qualifications to use reiki . . . " as well as benefit, evidence-based research, ineffective uses, and identifying misconceptions about reiki. Kate stated she, "will talk about reiki with them and kind of see their interest in it." When her clients bring up wanting to learn more about alternative therapies Becca said, "I have to be very clear, I can recommend somebody, I can give you [the client] names. I cannot bring it here [into the counseling session], at least not now."

Desire to Have a Community of Like-Minded Individuals

Interviewees expressed a desire to have a community of like-minded LMHPs to discuss complementary interventions such as reiki. Clinicians indicated they would like to attend mental health trainings with other professionals who were reiki certified and learn more about the research behind the effectiveness of reiki.

Kate stated, " . . . it would be really cool to have . . . a group in the counseling association for . . . complementary methods and interventions . . . where people could talk about complementary methods and the ways they incorporate those methods into their counseling with clients." Becca stated, "I can imagine a group of counselors getting together, reiki masters come together to work on . . . a community that is going through a crisis or things like that. I think that could happen and that would be beautiful actually." Becca stated, "I am impressed you're finding more than one counselor willing to talk about this. So I think we need to connect. I think we need to learn from each other about how are you [other counselors] are using it [reiki]. How can we use it better and more effectively and what works for you and what doesn't work." Becca stated, "I love that you're doing research on this because I think that's how we get to that acceptance and the more we connect with other counselors doing this, the more we can actually do research and learn and see what works for [clients] . . . I'm very interested in that."

Client Receptivity and Openness

Respondents stated the importance of the client's openness to reiki as being an important factor before introducing this modality into session. In addition, two subthemes, spirituality and complementary methods, were identified from the data. Participants said they would intentionally listen for key words that the client may use to signify whether they would be open to reiki. Participants discussed various signifiers that would provide insight as to whether the

client would be interested in learning about reiki. Respondents also described a correlation between a client's openness and how this would increase the benefits obtained from reiki.

Becca discussed what the client may say to help her determine whether they would be open to reiki, " . . . when a client actually talks about 'I believe that we can share energy. I believe that we are energy . . . I feel connected to all other beings . . . ' they would not only be receptive to hear me but actually feel the benefit . . . a big chunk of my clients would probably be very open and would benefit a lot from that." Anna stated, "So I feel people who are more, I say receptive." She said, " . . . clients that have tried other forms of treatment [non-traditional treatment] per se or are open to or curious to alternative forms of therapy for sure." Denise said, "In my belief reiki will only work well if there is an individual that at least partially believes it will be helpful . . . the usefulness of the energy received depends on the openness and willingness to receive to achieve full benefit . . . " Kate stated, " . . . it's making sure that they are actually interested", as well as "flexible and open." She also mentioned a distinction between genders, " . . . gosh, I think I'm less likely to bring it up with men that I would with women, particularly when the person is not generally so open . . . " Becca stated, " . . . most of my clients in my practice, they would love this [reiki]." Becca stated, "I think we have to get hints from the client. And I think we're trained to be very good at that because we're paying attention to what they say . . ." Becca discussed how even when reiki can be offered in session, " . . . a key thing . . . we just have to be very aware of some people want it, some people don't want it. And some people would benefit and some people probably won't benefit . . . not a one size fits all. Not even for reiki." Erica expressed how reiki may not be an option for everyone, "I access each client and carefully listen to what they are asking for . . . Not everyone has an interest in energy, reiki, or healing."

Spirituality. Some participants noted that how clients talk about their spirituality help them ". . . gauge if they would be receptive" (Anna) to reiki. Anna described characteristics of a client who she would deem as open to reiki. She provided an example of a client who ". . . was very spiritually inclined . . . I believe that introducing that [reiki] could be helpful." In thinking about who would be receptive to reiki Anna further stated she would conduct an " . . . assessment to see how spirituality is a role within their livelihood or their well-being." Becca stated, "These themes [spirituality] and topics come up and I get a . . . sense of where maybe this person is willing to go or not. So I think that's how I would start gathering clues . . . " Becca gave the following example of what a client might say if they were receptive, "I [the client] may follow a religion or not, but I believe in energy and I believe that we're connected and I believe in . . . "

Complementary methods. Certain keywords related to complementary methods helped LMHPs identify a client's openness to reiki. Anna stated, " . . . alternative ways of medicine then for sure, if those keywords popped up [spirituality or alternative medicine] . . . then I would inform them . . . [about reiki] . . . I kind of peer in to see . . . that maybe this could be something [they are interested in]." Kate stated she would intentionally listen for topics "related to reiki like . . . crystals . . . essential oils . . . meditation . . . singing bowl . . . that they kind of hint to me that I might be able to bring this up."

Emotional Energy Exchange

The LMHPs discussed emotions in terms of energy during the interviews. For example, they stated there was residual energy in the room from sharing emotions. There was an emotional exchange between the client and the counselor in which the counselor was able to feel the emotions they thought the clients were going through. Participants noted that emotions, thoughts, and words have energy and that the counselor needs to be a clear receptive channel for the

energy to flow through. Erica said, “I teach clients about energy and the impact it has on our thoughts, feelings, beliefs, words, and attitudes.”

Self-Care through letting go. The LMHPs utilized reiki as a form of self-care before and after seeing clients. The purpose was to let go of the residual emotions felt by clinicians as they were in connection with a struggling client. They stated the importance of being able to clear their energy and let go of emotions throughout the day so they could be fresh and revitalized for each client. They reported they used reiki to detach themselves from a client after a session and that it is important between clients to help clear their thoughts before seeing the next client. They also used reiki at the end of the workday to get rid of residual emotional energy they felt in sessions throughout the day. The clearing of blocked emotional energy was a reason they used reiki to help themselves. Participants also stated they utilized reiki to clear the counseling room and to cleanse any residual emotional energy. The LMHPs stated reiki helped them to achieve the feeling of being grounded throughout the day. Clinicians stated if they did not do this then they would feel the energy was not clear within them or within their room. They discussed how they would receive the clients’ emotional energy and feel it within their body. Their use of reiki for self-care was an attempt to have energy that was uplifting and supportive for each client.

Kate said would use reiki for self-care if she was

> . . . taking stuff from a client . . . and it’s hard to cut that energy off . . . I think I would use it for myself in that sense to send reiki to them and kind of use reiki on myself at the same time and allow them to take that energy back and in a healing way . . . separate myself . . . for self-care . . . in working with clients it usually is when I can reiki myself, I

> feel a little bit more well . . . doing what I need to do in terms of self-care and when I don't do it, I feel like there's something missing.

Becca described how she uses reiki when she notices a tightness in her throat due to emotions being stuck, saying, " . . . a feeling of getting stuck, having a hard time talking . . . .I use reiki and it just feels like I can let go, reenergize, feel ready again for the next client." Becca stated,

> It's a very physical feeling, like I'm carrying the emotion with me . . . some days I even get teary eyed before . . . I usually tell them [the client], I'm feeling it here [points to body] . . . I need to get rid of that so I can be ready the next one [client] . . . it's like a cleansing."

Becca indicated reiki is a way to, " . . . open their [the client] gates for energy to go through your [the counselor's] body. And if I'm stuck with something it makes sense . . . that opening the gates and letting the energy flow would help you feel unstuck."

Becca noted, "I use reiki for myself when I am seeing clients . . . She spoke about how she knows when she would benefit from reiki when she said, " . . . my body . . . it's done with me . . . I have no energy, I feel stuck . . . reiki has been one of those things that has helped me feel more energized, more open to change." Becca indicated that reiki not only helps with removing energy blocks when she has a treatment, but also gives her, " . . . some peace and hope."

Potential Benefits for Clients

Participants discussed potential benefits for clients if they were to receive reiki in a mental health session. Becca stated, "I think it [reiki] could help people feel better, feel more focus[ed], feel more clarity to discuss the problems that they are discussing, so that's how I

envision it." There was a trend toward utilizing reiki as a trauma intervention to assist in releasing emotions trapped in the body. Becca discussed, " . . . that's the other thing with trauma. Sometimes it's very obvious that it's stuck in the body. And sometimes they [the clients] disconnect so much from the body that they don't even feel it anymore. And I think reiki could also help with that." Some specific ailments reiki was believed to assist with include aches within the throat and stomach, as well as physical tightness. Erica stated, " . . . it appears that client with stress, anxiety, trauma, or depression could benefit [from reiki]." Erica indicated the energy exchange between her and the client allows them to be open to the "release of things that create self-sabotage and unhappiness." Becca stated, "So if we think that an emotion or trauma is stuck in your body in certain ways, we can treat trauma or we can treat the body, or we can treat the energy in between both. And I think that's where reiki would play a role." She discussed symptoms that could be helped with reiki, " . . . stomach tightness or their throat, the way I feel it for example, or headaches . . . that might be a way that they express what the emotions we are, we're working through in this session . . . this [reiki] could be helpful. Another way to release, another way to bring new, fresher energy to wherever that area is . . . " Erica discussed her personal view of reiki and how it can benefit the client, "Reiki is a system of healing that gets the client in contact with the creative intelligence and vital energy of the universe."

Ideas About Incorporating Reiki into Session

Just over half of respondents stated they did not use reiki session and did not know what this would look like. Nonetheless, respondents who currently use reiki in counseling as well as those who do not provided ideas about how they would like to incorporate reiki into session. Two subthemes were identified: integration with traditional therapy interactions and as an extra tool.

Integration with traditional therapy interactions. Interviewees discussed how their reiki training has helped them develop an integrative approach to traditional counseling, which includes belief of an interplay between energy and emotions. Erica stated, "Reiki teaches that our loneliness and isolation can create pain and suffering. I use a different approach to imply the same message with a more traditional delivery." Kate discussed ways she currently uses reiki with clients, " . . . if a client wants to shake my hand or hug me, oftentimes I will do like reiki while I'm doing that . . . " Erica emphasized language differences while noting similarities when she said, "Many aspects of reiki have a similar thread to traditional talk therapy but with a different language."

Erica described ways in which she currently uses techniques taught in her reiki training. She said,

> Some of the [reiki] exercises I do include internal scanning, Etheric Gazing, Mindfulness and Self-Awareness about the influence . . . others have on us, Inner Child Work, Hand Holding for Couples (sending and receiving energy) and Heart to Heart Energy Exchange of passing love and light to each other plus several prenatal and birth exercises . . . I . . . help to facilitate an engaging energy flow, creating an energetic pathway between myself and my clients . . . "

Becca stated, "I might say that I can offer alternative therapies during this session and I would ask for permission in the moment every time so they wouldn't have to give me permission ahead of time." Esther talked about clearing energy from the body, "We talk about taking steps to open the heart and mind and what creates dis-ease." Denise shared counseling practices that are similar to reiki in her perspective, " . . . hypnotherapy using the healing light and warmth has a similar effect [as reiki] . . . when it comes to healing . . . "

Erica made a clear distinction by what she meant by reiki, which was to have someone lie down on a massage table while performing a reiki session with touch. She said, "You can teach tools that come from reiki . . . and you can incorporate it . . . You can use affirmations."

An extra tool. The LMHPs equated reiki to another complimentary technique to utilize, similar to liquid sage, going out in nature, prayer, intention, affirmation, and visualization. When they allowed themselves to imagine what it would look like if they were utilize reiki in session, they equated it to another tool to help clients. Erica said, "I only use aspects of reiki such as the use of grounding, relaxation, education about the importance of touch and setting intentions." Participants who would like to or used reiki in session indicated they would not use it in the place of talk therapy but used for a few minutes in session. Kate stated, " . . . I consider it another tool . . . might be for like five minutes or ten minutes . . . an additional tool or intervention depending on the clients need and desire . . . " Becca explained how she would implement reiki in a similar manner as mindfulness and for a short period of time, "Same as we do with mindfulness. They could stay sitting. I can concentrate with them and then bring a few minutes of reiki into this session." Becca further discussed how she would incorporate reiki in the same way she does mindfulness, " . . . we [counselor and client] practice mindfulness at the end of every session, I can see that happening with reiki" or in the beginning when a client has a hard time opening up she could see reiki as being a helpful tool to, " . . . release the anxiety and open channels to communicate. Furthermore, Becca described a specific example of what this would look like:

> . . . explaining why I would like to bring it [mindfulness] in. What I think would be the benefits and really asking, 'do you feel comfortable with this? I'll close my eyes with you' and see where they are and where they want to go. And that I would do the same

> with reiki . . . I think there will be a lot of ways in which we could incorporate [reiki] . . . start with reiki right away . . . or finish each session with a little bit of reiki, which I think would be awesome cause then I feel the cleanse, so I can imagine a client feeling the same way . . . I can see that happening and being super cool.

Fear of Violating Codes of Ethics and Workplace Requirements

Interviewees discussed a desire to utilize reiki in session but were also clear about their responsibilities to licensure boards and employers. They expressed fear about potential violation of codes of ethics and/or employer policies. Several participants indicated they would only consider using reiki as an intervention if their state licensing board approved of the use of reiki. In addition to fear of losing their licenses or their jobs, they expressed fear of challenging their clients' belief systems. Some LMHPs stated they would not practice reiki without the client's consent, whereas some believed they could send reiki without verbal assent because it is up to the clients' higher self whether or not to accept reiki energy. There were two subthemes within this category: "I don't want to get in trouble" and not imposing values or beliefs on client.

"I don't want to get in trouble." Several participants provided clear explanations about concerns regarding risks around licensure and liability. After talking about how she would need a table and be able to touch her clients if she was to provide a reiki treatment to clients, Erica stated,

> This is a big ethical issue, touching, tables, hands on healing, and to my knowledge reiki has not been approved by the board as an accepted method of treatment. I do not want to go against the board or have any false allegations made against me.

Similarly, Becca discussed fear, particularly in terms of risks to license, and stated,

> . . . right now it's too scary to go there [introducing reiki into a counseling session] in case we get into trouble. Because I feel that if we take the wrong step, I might even lose my license and I am not willing to risk my license for this although I do believe that it could be helpful for the clients.

She indicated that before she would incorporate reiki into session she would, " . . . like to keep an eye on the laws and rules around this." While she indicated "I don't think I would dare to go there right now" she also stated that "if one day I feel that I can introduce reiki and it wouldn't be a problem, and I wouldn't be violating my ethical mandate . . . I would come up with a way to do it." Kate discussed her fear when she thought about using reiki in session, "upsetting to me because I really . . . want to incorporate it more, but that fear, it really does hold me back." Denise stated her "main concerns are with ethics and liability . . . release forms are helpful but are not enough to protect from clients that might litigate if the expected outcome is not achieved."

After being asked if she incorporates reiki into mental health sessions with clients, Anna stated, "I do not at the moment, unfortunately where I am working, we have strict guidelines and policies about the type of therapeutic interventions we use. So, I'm not able to do that." Kate expressed that she would not use reiki with clients at the private practice she works at as an employee, "I think in terms of the private practice I work at, I would be fearful of it because of the owner, and I don't know if they're at all receptive."

Not imposing values or beliefs on client. Kate stated part of her fear about introducing reiki into session is "because I wouldn't want to put them in a place where they felt I had challenged their religious beliefs. And so I would be very mindful of that" She indicated would become upset with herself if she was to, "read them [the client] wrong . . . When discussing

what she would think about before introducing reiki Anna stated, “What are they saying that makes them believe that maybe this could be something [they are interested in]? . . . So I’m not imposing my bias onto them or like, my values.” Becca noted her belief about the importance of clients being fully aware of what was happening if she was going to incorporate reiki into session and stated it would have to be “ . . . with the permission of the client. Everybody knowing what that [reiki] is and what we’re doing.” Becca stated, “It’s always such a fine line to walk, I think because you . . . never know when a client is going to be uncomfortable enough to say, ‘oh you shouldn’t have brought that up’ ” She contrasted bringing up mindfulness which may “ . . . put a little strain in the relationship” as opposed to reiki which could result in getting, “ . . . in trouble with the client . . . ” She further indicated,

> I would never impose my values or beliefs on a client . . . if I dared to do it [bring up reiki to a client], I would be imposing my values on the client and that would be tricky, if it gets to the board for example, if mindfulness gets to the board, I don’t think anything will happen but if it [reiki] gets to the board . . . I think that we would be in trouble.

Contraindications

Participants discussed clients whom they believed would not be likely to benefit from reiki as well as inappropriate settings for reiki. Several participants noted they would not bring up the use of reiki to those who express strict religious beliefs or conservative views. Kate referred to those who have “more rigid beliefs” as among those to whom she would not broach reiki as a possibility, including those who are “conservative and strictly religious”. She clarified that she was referring to those who have “devoutness” rather than those who are religious. Becca noted she would not bring up reiki with clients who are “classic in their religious practice.” She offered, “I would probably be more careful on bringing that [reiki] into session because I know

at least for my religion some of these practices are [seen as] openly Satanist. 'No, no, you don't go there. That's weird.' So, I wouldn't put my client in an uncomfortable situation."

Anna noted that she would not offer reiki to clients who "are not in a right state of mind . . . [not] people that are oriented, completely oriented like times four. A lot of the population I am working with are severely mentally ill . . . they are not in touch with reality."

Kate indicated her belief that reiki would not be beneficial for those wanting to "avoid what they're going through or . . . if they thought it would be some kind of magical cure."

Participants introduced contexts in which they would not bring reiki into session. Anna stated, " . . . within the hospital setting it's so brief . . . I have to follow guidelines and procedures at the hospital." Kate shared she would not feel comfortable bringing up reiki to the owner of the private practice where she currently counsels, stating "I feel less comfortable with incorporating it in a bigger way than I do because it's not my practice and I'm nervous about how they, the owners, will perceive that." Even though she did not believe she could use reiki in counseling session while she was an employee, she was considering the possibility of broaching the topic with her employer. She noted, "I think I could probably do it on my online practice – that's just me. But I think in terms of the private practice I work at, I would feel it [fear] . . . because of the owner and I don't know if they're at all receptive. And I think I'm nervous because I might bring it up."

Additional Findings

Some information was presented in the surveys and interviews that was not strong enough to warrant identification as a theme yet is important to consider. Two participants (one survey respondent and one interviewee) indicated they regularly use reiki without consent. Their belief is that it is not an infringement on free will. Some reiki teachers train their students to ask

an individual's higher self for permission to reiki if verbal consent does not seem appropriate. The belief behind this is that the individual's higher self will accept or deny the reiki treatment. Conducting reiki in this way is in contrast with the experiences and practices of other participants in this study who indicated they would need written and/or verbal consent. This additional finding raises the question: As LMHPs do we need to ask through written and/or verbal consent before sending reiki to a client?

Another interesting finding from two different respondents has to do with the issue of touch. One of the survey respondents stated she uses direct reiki through touch with her clients in a mental health session because she has a license to touch as a massage therapist. An interviewee who had a license to touch as a registered nurse stated she does not touch her mental health clients because her work as a counseling professional is separate from her work as a nurse. These disparate comments bring up the question: Is it appropriate to touch mental health clients if you have a license to touch through a different professional credential?

Both of these are important because they each, in separate ways, speak to the need for more clarity about whether and how reiki could be used in counseling. While the first may be more related to philosophical stances of reiki practitioners, the second is clearly related to codes of ethics and potential violations thereof.

Overlap between Survey and Interview data

The themes identified using interview data were supported by the information in surveys. There was not conflicting information. The same concerns were presented in the surveys as were present in the interviews. The surveyees and interviewees had a desire to follow their ethical guidelines and be clear on guidelines before implementing reiki as a mental health technique with clients. They were unclear as to how they would utilize reiki in session and had a desire to

learn more about the connection between reiki and mental health. Respondents believed reiki would be beneficial to clients and discussed how reiki has been a beneficial tool for their self-care.

CHAPTER V: DISCUSSION

In this study, I examined the lived experiences of LMHPs who are reiki certified. There are LMHPs who desire more knowledge and training specific to integrative practices in mental health sessions. Integrative treatments, including reiki are being utilizing as a tool in the medical community. Licensed mental health professionals incorporate some integrative techniques in session, but at the time of this study there was little research about integrative treatment utilizing reiki.

The primary research question that guided this study was: What are the lived experiences of LMHPs who are reiki certified and have incorporated or considered incorporating reiki into mental health sessions with clients and/or patients? I utilized a descriptive phenomenological design because little is known about the use of reiki in counseling within research literature. In this chapter, I discuss my findings in light of past research and literature, and consider implications for the counseling field, counselor educators, and supervisors, as well as recommendations for future research.

Findings and Relationship to the Literature

Because there is little literature about reiki being used in the counseling process by LMHPs, many of the findings are unique to this study. At the same time, there literature that is related to the current findings. The purpose of this study was to discover how LMHPs who are reiki certified experienced and perceived the use of reiki in mental health sessions.

Experience of Dissonance within LMHPs

A unique finding within the study was that the LMHPs expressed dissonance surrounding the topic of utilizing reiki as a mental health tool for clients. They reported feeling excited about the prospect of this incorporation, as well as worry about how this practice would

be perceived by the client. These LMHPs were uncertain about how they would incorporate reiki into session, while also believing this would be a helpful addition. In relation to the desire to utilize reiki as a mental health intervention, Moodley et al. (2018) developed a case study to provide an example of how reiki could be incorporated into a counseling session.

Psychoeducation

The theme in which reiki certified LMHPs emphasized the importance of psychoeducation in mental health professions for clients and professionals supports previous literature. The LMHPs in the current study had a desire to learn more about the research behind reiki as well as effective ways to utilize reiki in session that is in alignment with their code of ethics, employers, and the state licensing board. Respondents identified a need for more information about how other counselors would introduce and incorporate reiki into session and how they would find accurate information to provide the client. Berger et al. (2017) and Stockham-Ronollo and Paulsen (2012) explicated issues which included the need for LMHPs to be able to understand and express information related to reiki, such as the rationale for using reiki, how to assess the fit of reiki with clients, referral resources, and goals.

Desire to Have a Community of Like-Minded Individuals

A unique theme found in this study was a desire to have a community of like-minded individuals. This theme developed in response to realizing their desire to desire to learn more about reiki as it relates to mental health. The LMHPs expressed a desire for support from like-minded professionals through community forums, associations, events, and training. Clinicians stated they would like to learn from other LMHPS specific reiki practices they could utilize in session. They also wanted to connect with like-minded individuals in their community to share resources and information specific to reiki and mental health.

Client Receptivity and Openness

The theme, client receptivity and openness included two subthemes, spirituality and complementary methods. This theme was a unique finding to this study, although it has a relation to previous literature. Related to openness to reiki, participants discussed ways they gauge how receptive a client would be to reiki. Some of these ways included listening for keywords, such as spirituality and desire for the use of other complementary methods. The LMHPs discussed using non-verbal cues to determine whether the client would be open to reiki and would then obtain verbal and/or written consent before practicing reiki in session.

In relation to the importance of utilizing reiki with individuals who are open to the practice, there were some previous findings that are related. I found no extant literature about gauging a client's receptivity to literature. Contrary to assertions by Petter (2013) and VanderVaart et al. (2009) that reiki could be useful for anyone regardless of whether they believe in this practice, LMHPs in this study agreed reiki would be more useful with those who were open to reiki. They indicated that even though clients may receive benefits from reiki regardless of whether they believe in the practice, introducing reiki to a client who has a bias toward reiki could rupture the therapeutic alliance. Previous researchers (Berger et al., 2017; Stockham-Ronollo & Paulsen, 2012) stressed the importance of paying attention to the world view of the counselor and client when considering reiki as an adjunct tool in therapy. This seems to be supported by the current research. Research conducted by Charkhandeh et al. (2016) found female adolescents had a larger treatment effect from the use of reiki in the treatment of depression than their male counterparts. Respondents in the current study stated their belief that females would be more open to the use of reiki.

Emotional Energy Exchange

A finding within this study was the theme that of an emotional energy exchange with clients, with the subtheme of self-care through letting go. Reiki certified LMHPs said they could feel strong emotions from clients during and after sessions. The LMHPs discussed how they used reiki as a way to clear this residual emotional energy from themselves and the counseling room throughout the day. Utilizing reiki as a self-care tool throughout the day helped LMHPs let go of client concerns and was helpful as a self-care tool. The clinicians discussed the importance of using reiki to help them detach from client concerns and feel grounded.

This finding seems to support previous literature about reiki as a self-care tool. Nurses in one study (Brathovde, 2017) found self-reiki to be beneficial for their personal self-care. Rosada et al. (2015) found 30-minutes of weekly reiki sessions was an effective combatant against counselor burnout. In the current study, the LMHPs discussed the use of reiki on themselves multiple times throughout the day to help them detach from clients which could aide in burnout reduction. In the study by Rosada et al. (2015), participants received reiki once a week from someone other than themselves. Lawson and Venart (2005) also found reiki was a useful combatant against counselor burnout.

Potential Benefits for Clients

In the current study, reiki-certified LMHPs not only saw the benefit of using reiki on themselves, but also expressed how reiki could be beneficial for clients. Participants stated they believed reiki could assist clients in developing a better understanding of their mental health concerns. They also believed reiki could be a helpful tool to release trapped emotions caused by a trauma, as well as relief from stress and anxiety.

Potential benefits for clients discussed by participants included the release of physical tension and pain in the body caused by stuck emotions. They also stated utilizing reiki in session could potentially help reduce the effects of anxiety, depression, and stress. Results of this research support findings by previous researchers concerning how reiki could benefit various mental health issues. In previous literature, Curtin (2015) and Moodley et al. (2018) expressed their belief that reiki could be a useful treatment for various emotional and mental issues with clients. Mental health benefits found in previous research studies as a result of reiki included decreased anxiety (Birocco et al., 2012; Bowden et al., 2010, 2011; Poplar, 2014; Thrane et al., 2017; Wardell and Engebretson, 2001), alleviation of depression, stress, tension, as well as improved mood, calmness, and energy (Bowden et al., 2010, 2011). Similarly, Tsang et al. (2007) found reiki treatments helped to decrease cancer-related pain and anxiety in patients. Doğan (2018) conducted a meta-analysis study which provided support for the use of reiki treatments as an effective method to reduce pain. Richeson et al. (2010) found reiki treatments significantly decreased pain and anxiety in older community-dwelling adults.

Ideas about How to Incorporate Reiki into Session

Participants in this study provided their views about how reiki could be integrated into traditional therapy interactions and used as an extra tool in mental health sessions. The LMHPs identified how they would use certain practices such as relaxation and grounding taught to them in their reiki training. They also related the use of reiki to a mindfulness practice which would be implemented for a brief period of time in session. While literature about this is limited, some previous authors have addressed incorporation of reiki into counseling sessions. Curtin (2015) provided an account of ways he has personally utilized reiki in psychotherapy sessions and

Moodley et al. (2018) provided a case study example concerning how reiki could be utilized in mental health sessions.

Fear of Violating Ethics

A unique finding of this study was the theme fear of violating ethics, which included two subthemes: I don't want to lose my license!; and not imposing values or beliefs on clients. This theme captured the fears and anxieties clinicians experience when they consider the use of reiki in session. They expressed a fear of violating their ethics as a LMHP, did not want to get in trouble with their licensing boards or employers, and did not want to impose their values on clients. Even though they thought reiki would be an asset to their work with clients, the various fears associated with utilizing reiki in session stopped most of them for implementing this practice. The LMHPs were cautious in a desire to protect their license and in turn, the integrity of their professions. This finding supports the assertion by Berger et al. (2017) that there is a lack of information available to counselors that provide guidelines for ethical practice when implementing biofield therapies into session. It is also consistent with the call by Lumadue et al. (2005) for a conscious effort by licensure boards, counselor educators, and ACA to ethically assist in adequate competency guidelines, training, and implementation of complementary and energy methods within counseling.

Contraindications

A unique finding within this study was contraindications. The LMHPs discussed situations in which they believed reiki would not be helpful as a mental health tool. Clinicians stated they would not feel comfortable utilizing reiki with clients who expressed having conservative belief systems. Clients who fall into this category included those who appear to not be open to the idea and practice of reiki, complementary methods, as well as those who are

devout and strict in their beliefs. Caution was noted about introducing reiki to clients within certain religious traditions because such an alternative practice is not accepted within those traditions and can even be viewed as evil. Clinicians stated they did not believe reiki would be helpful for clients struggling with a severe mental illness.

Implications

There are implications of this study for mental health professionals, counselor educators, and supervisors that are important to consider. This section provides recommendations about ways the findings of this study might be integrated into various roles within the counseling profession.

Mental Health Professionals

The issue of touch is an important consideration for mental health professions since physical touch can be an aspect of reiki. Licensed mental health professionals have ethical codes of conduct and restrictions that differ from those in the medical community as well as an interest in utilizing reiki with those they treat. Unlike medical professionals, LMHPs are not licensed to touch clients and need different guidelines when incorporating reiki into session. Given legal scopes of practice and permitted methods, I believe it is generally ill-advised for LMHPs to use touch with clients. In an attempt to introduce alternative ways of incorporating reiki into session, an example of how reiki could be utilized is provided.

Incorporation of reiki into session. Even though there is scant literature reviewing the efficacy and guidelines for incorporating biofield therapies such as reiki into counseling sessions (Berger et al., 2017), there are specific ways reiki can potentially be implemented. However, it is important for the LMHP to first have clarity about their licensing board rules surrounding the use of reiki in session. An LMHP who has a desire to utilize reiki as an extra tool in counseling

should consider including this specific practice in their informed consent. If the LMHP determines a client is open and receptive to reiki initially or after a few sessions, the LMHP can verbally introduce what reiki is, how it works, how it could be implemented in session, referral resources, and research findings about the mental health benefits. This psychoeducation can occur during one or throughout multiple sessions prior to obtaining specific consent for inclusion of reiki as a tool that will be used. If an LMHP uses reiki in sessions, the LMHP should also educate the client about how reiki can cause an individual to become more emotional than normal which can result in tears, physical discomfort, increased thirst, fatigue, and heightened energy for about two days following the reiki treatment. The LMHP should work with the client on what they should expect and form a plan on how to handle these reactions should they occur.

In addition, LMHPs should be clear about state licensing board guidelines regarding touch. If an LMHP has a license to touch with another profession (e.g., a LMHP who is also a registered nurse), they should consult with the respective boards about whether it is appropriate and acceptable to touch their clients when they are acting in their capacity as an LMHP as well as about how to distinguish the boundaries of each license. It may be insufficient, for example, to simply declare oneself as operating under another license that allows touch when providing services as an LMHP.

Practitioners who are level two and three reiki certified are trained how to utilize reiki across a distance and in a professional capacity. They are equipped to impact the physical, emotional, and mental health of individuals (Miles & True, 2003; Rand, 2000). Licensed mental health professionals who are reiki two and three certified could utilize distance reiki with mental health clients so they do not need to touch their clients. Distance reiki can be done with individuals sitting across from each other at a professional distance. Coming closer to the client

during reiki could create discomfort for the client and/or the LMHP, which could create a rupture in the therapeutic relationship. Maintaining professional physical distance in mental health sessions provides a consistent level of safety for the client and the LMHP. One way distance reiki could be implemented is via a mindfulness exercise that is familiar to the LMHP and the client. When adding the element of reiki, the LMHP would lead the client through the mindfulness exercise while also sending reiki to the client. Since reiki could promote the release of painful emotions, it could be beneficial to implement at the beginning of session and to plan for at least 20 minutes to process thoughts, emotions, body sensations, memories, and/or mental images that may have occurred during the mindful reiki exercise. The level of reiki training the LMHP is an important consideration. An individual with level one reiki training is equipped to practice reiki on themselves, family members, and friends (Miles & True, 2003; Rand, 2000). Since level one practitioners are not trained to practice in a professional capacity or over a distance, reiki would be better utilized as a self-care tool for the LMHP.

Self-Care. Respondents discussed how self-reiki helped them to be present, let go, and build rapport with clients. In terms of burnout prevention, Craig and Sprang (2010) have stated the importance of helping professionals taking preventative measures since they have an increased risk of burnout. Lawson and Venart (2005) noted that if a LMHP begins to have signs of burnout, it becomes difficult to empathize and be supportive in session. Counselors and social workers in the current study used reiki as a self-care tool to release emotions and detach themselves from clients. Most LMHPs stated reiki was a tool they used to release blocked or residual emotional energy they obtained while seeing clients for various mental health issues. They reported this was also done to clear the counseling room of leftover emotional energy. They used reiki to ground themselves in the present moment. These findings support previous

research done by Rosada et al. (2015) who found 30 minutes of weekly reiki sessions over a period of six weeks was an effective way to reduce the effects of burnout (e.g., emotional exhaustion, depersonalization, low sense of personal accomplishment). Daily, weekly, and monthly reiki self-care goals could help to intentionally manage the occurrence of burnout symptoms (Rosada et al., 2015).

An LMHP who is certified in any degree of reiki (e.g., level one, two, and three) can practice reiki to enhance self-care on themselves, friends, and family members (Miles & True, 2003; Rand, 2000). Respondents in this study discussed the usefulness of self-reiki for their wellness and ability to let go of clients and work throughout the day. The LMHPs who participated in this study discussed the usefulness of reiki for letting go at the end of the day, but also releasing client concerns via the use of reiki throughout the day. Licensed mental health professionals and those in training can utilize reiki as a self-care tool throughout the day. Reiki can be used by LMHPs to clear the room and their body of residual energy from the client after each session. Specific ways to do this are beyond the scope of this study but are typically taught in reiki trainings.

Counselor Supervisors

Participants in this study were interested in learning about the ethical mandates for their licensing board in relation to the use of reiki in session. Supervisors who are aware of their supervisees' interest in reiki can assist them by guiding them toward specific resources targeted toward these concerns. The supervisor could assist in identifying best practices according to their code of ethics and formulating questions to ask the state licensing board and could discuss ethical issues around the use of reiki with supervisees. Supervisors can also seek consultation for themselves if they lack knowledge about reiki and other integrative practices both to help a

current supervisee and to gain knowledge in general about the use of reiki in counseling sessions. Specific supervisor actions might include having the supervisee contact the state licensing board with identified questions and report back to the supervisor. As with traditional counseling methods, the supervisor could hold the supervisee responsible for reading literature about risks, benefits, and integration of reiki into sessions. If the supervisee is reiki trained, the supervisor and supervisee could role play scenarios in which reiki would be appropriate to introduce with a client and practice specific reiki techniques. The supervisor could then provide feedback on their observations and insights, as well as ask for the supervisee's thoughts and feelings about the process.

Counselor Educators

The reiki-certified LMHPS in this study had a desire to use reiki in session and wanted to know more about training and research related to the mental health benefits of reiki. Counselor educators can assist in counseling students' learning by providing resources where research-based information on the mental health benefits of reiki could be found. Some counselors-in-training may be afraid to bring up questions about the use of reiki in session with clients due to fear that they would get in trouble or be viewed as an unethical counselor. Counselor educators should have awareness about this possibility so they can promote a safe environment for students to be open about inquiries related to the use of reiki and other integrative methods in counseling. Counselor educators need to consider their own biases and knowledge base about the use of reiki in session so they do not unintentionally promote an atmosphere of fear around this topic.

The practice of reiki can be helpful tool for LPC Interns and CITs as self-care practice which could potentially help build their relationship with the client, be present in session, and let go of client burdens. Reiki and other energy approaches can be introduced by counselor

educators as a way for counselors to practice self-care and wellness. Evidence-based research about the topic can be included in wellness and stress units or courses. Educators will need to practice and discuss multicultural sensitivity issues about reiki since certain religious teachings do not support the use of reiki or similar practices.

Clinicians in the current study expressed a desire to attend professional trainings related to reiki in counseling sessions. Counselor educators who are themselves reiki certified could develop trainings specifically targeted toward clinicians interested in utilizing reiki in session. Along with trainings, LMHPs in the current study expressed an interest in have a community of like-minded individuals. Counselor educators could assist in the development of an interest network or association that addresses the use of complimentary practices in counseling. They could also support the production and publication of scholarly literature concerning the use of complementary practices in counseling.

Recommendations for Future Research

Respondents in the current study expressed a desire to learn more about how to utilize reiki in session, but there was a lack of understanding in regard to how they would do this. This study identified a gap in current research literature and counselor knowledge base in relation to the utilization of reiki in session. Some clinicians have already started implementing reiki into session, which could lead to unethical practices without clear guidelines in place. Counselor educators are responsible for being able to educate and provide research about best practices for CITs and counselors. Reiki is being done with clients; and counselors have an interest in learning more about reiki as a mental health technique. The combination of counselors practicing reiki in session and the lack of supporting research and guidelines leads to the potential for a loss of integrity in the counseling profession.

In order to fill this gap in literature, researchers could develop case studies providing examples of how to utilize reiki in session based on actual or hypothetical scenarios. Counselor educators could provide a review of literature and ethical guidelines as they specifically relate to the practice of reiki in session. This review could address potential liability and ethical issues for counselors. A research article providing various examples of documentation for counselors to utilize in session could be formulated. Such an article could provide basic guidelines on the introduction, research based mental health benefits, and implementation of reiki. This would provide clinicians and educators with a format and easy-to-follow procedure as they begin to implement reiki into session and courses.

The reiki certified LMHPs discussed how beneficial self-reiki has been for letting go of client concerns, releasing painful emotions, and detaching from work. A study could be conducted to provide more insight into the mental health benefits of counselors who utilize self-reiki versus those who do not. Researchers could gather information about mental health benefits experienced by clients who have a reiki certified counselor after they have utilized a reiki intervention in session.

Summary and Conclusions

This descriptive phenomenological study was conducted in order to understand the lived experiences of LMHPs who are reiki certified to gain knowledge of whether and how they incorporate reiki into session The benefit of the study was that it describes the experiences of reiki-certified LMPHs, including but not limited to the dissonance they experience, benefits they derive, benefits they believe clients would obtain, and concerns they have. Because there is so little literature about the use of reiki in counseling sessions, the current study provides useful

information that may serve as a foundation for additional research, particularly in light of findings that have not previously been reported.

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APPENDICES

APPENDIX A

Lumina Healings Permission Contract

January 18, 2019

Dear Mrs. Hecht and Members of the TAMU-CC IRB,

You have permission to recruit mental health practitioners through my Facebook page, *Lumina Healings*, for your dissertation research about the experiences of licensed mental health clinicians who are also reiki certified.

Specifically, you have permission to provide Facebook posts for followers of *Lumina Healings*, who may then contact you if they are interested in participating in the study.

Kindest regards,

Jonda Watson

Jonda Watson
Owner, Lumina Healings Facebook Page

Myshtyc Fysh Permission Contract

1/20/19

Dear Mrs. Hecht and Members of the TAMU-CC IRB,

You have permission to recruit mental health practitioners through my Facebook page, *Myshtyc Fysh* for your dissertation research about the experiences of licensed mental health clinicians who are also reiki certified.

Specifically, you have permission to provide Facebook posts for followers of *Myshtyc Fysh*, who may then contact you if they are interested in participating in the study.

Mischele (Powell) Maglothin
Owner, *Myshtyc Fysh*

APPENDIX C

Facebook Recruitment Script

Study Invitation

Hello. My name is Liesl Hecht. I am a PhD candidate in counselor education at Texas A&M University-Corpus Christi. I am gathering some information from reiki practitioners who are also licensed mental health professionals for my dissertation study.

Participation in this research study will involve taking an anonymous online survey and an optional interview. Participation takes 10-20 minutes for the survey. You can choose to respond to the interview questions through e-mail within seven days from the receipt of the e-mail. It will take 45-60 minutes for the optional follow-up phone, or in-person interview depending on the detail provided in the responses.

Participation in this study is voluntary. **Please share this post with those who may be interested!**

If you have been reiki certified for at least 6 months, hold a master's level degree or above, and are a licensed mental health professional click here http://qeasttrial.co1.Qualtrics®.com/jfe/form/SV_emJklzxg4090DDD to participate.

If you have questions or would like additional information, please feel free to contact me at 361-877-3416, Lstrauss@islander.tamucc.edu. You can also contact Dr. Marvarene Oliver, my dissertation chair, at 361-825-3216, Marvarene.Oliver@tamucc.edu.

Thank you for your assistance with this project.

APPENDIX D

Facebook Recruitment Reminder Script

Study Participation Reminder

Hello. My name is Liesl Hecht. I am a PhD candidate in counselor education at Texas A&M University-Corpus Christi. I am gathering some information from reiki practitioners who are also licensed mental health professionals for my dissertation study.

Participation in this research study will involve taking an anonymous online survey and an optional interview. Participation takes 10-20 minutes for the survey. You can choose to respond to the interview questions through e-mail within seven days from the receipt of the e-mail. It will take 45-60 minutes for the optional follow-up phone, or in-person interview depending on the detail provided in the responses.

Participation in this study is voluntary. **Please share this post with those who may be interested!**

If you have been reiki certified for at least 6 months, hold a master's level degree or above, and are a licensed mental health professional click here http://qeasttrial.co1.Qualtrics®.com/jfe/form/SV_emJklzxg4090DDD to participate.

If you have questions or would like additional information, please feel free to contact me at 361-877-3416, Lstrauss@islander.tamucc.edu. You can also contact Dr. Marvarene Oliver, my dissertation chair, at 361-825-3216, Marvarene.Oliver@tamucc.edu.

Thank you for your assistance with this project.

APPENDIX E

INFORMATION SHEET
Mental Health Professionals' Beliefs and Perceptions Regarding the use of Reiki in Session

Introduction
The purpose of this form is to provide you information that may change your decision on whether to participate in this research study.

Why is this research being done?
The purpose of this research study is to understand the lived experiences of licensed mental health professionals who are reiki certified to gain an understanding of whether and how they incorporate reiki into session for the betterment of the client's mental health.
Who can be in this study?
We are asking you to be a part of this research study because you responded to recruitment material. To be eligible for this study, you must
Have a master's degree or above in your chosen mental health field
Be licensed within your mental health profession
Be reiki certified for at least 6 months

What will I be asked to do?
Being in this study involves taking a brief survey on your views about using reiki in mental health sessions. If you agree to be in this study, your participation will include approximately 10-20 minutes of answering questions.

If you choose to be in this study, the following things will happen:
You will be asked some questions in a brief online survey

What are the risks involved in this study?
This research involves minimal risks or risks that are no more than what you may experience in everyday life. The main risk may include:

Confidentiality risk: Your participation will involve collecting information about you. There is a slight risk of loss of confidentiality. Your confidentiality will be protected to the greatest extent possible. You do not have to give any information to the study that you do not want to give.

What are the alternatives to being in this study?
Instead of being in this study, you may choose not to be in the research study.

What are the possible benefits of this study?
There may be no direct benefit to you from being in this research study. By being in this study, you may help researchers increase their knowledge regarding ways in which reiki is being included in mental health sessions, which could direct future research.

Do I have to participate?

No. **Being in a research study is voluntary.** If you choose not to participate, there will be no penalty or loss of benefits to which you are otherwise entitled.

What if I change my mind?
You may quit at any time. There will be no penalty or loss of benefits to which you are otherwise entitled.

You may decide not to participate or quit at any time without your current or future relations with Texas A&M University-Corpus Christi or any cooperating institution being affected.

Who will know about my participation in this research study?
This study is confidential.

When information collected about you includes identifiers (like names, addresses, phone numbers and social security or individual taxpayer identification (ITIN) numbers), the study can involve confidential information.

All research records will be kept securely. Research records will be seen only by authorized research team members. We will share your information only when we must, will only share the information that is needed, and will ask anyone who receives it from us to protect your privacy.

No identifiers linking you to this study will be included in any report that might be published or presentation.

Who can I contact with questions about the research?

If you have questions or would like additional information, please feel free to contact Liesl Hecht at 361-877-3416, Lstrauss@islander.tamucc.edu. You can also contact Dr. Marvarene Oliver, my dissertation chair, at 361-825-3216, Marvarene.Oliver@tamucc.edu.

Dr. Marvarene Oliver is in charge of this research study. You may call Dr. Marvarene Oliver at 361-825-3216 or Marvarene.Oliver@tamucc.edu with questions at any time during the study.

You may also call Liesl Hecht at 361-877-3416 with any questions you may have.

Who can I contact about my rights as a research participant?

You may also call Texas A&M University-Corpus Christi Institutional Review Board (IRB) with questions or complaints about this study at irb@tamucc.edu or 361-825-2497. The IRB is a committee of faculty members, statisticians, researchers, community advocates, and others who ensures that a research study is ethical and that the rights of study participants are protected.

CONSENT TO PARTICIPATE
To participate in this research study click continue to begin the survey. By clicking continue and filling out the survey, you are agreeing to participate in the study. By participating in this study,

you are also certifying that you have a master's degree or above, are licensed in your chosen mental health field, and have been reiki certified for at least 6 months.

If you do not agree to participate in the research study, please exit this form and do not fill out the survey.

APPENDIX F

Online Survey Demographic Questions

Please provide the following demographic information:

1. Age: _____
2. Ethnicity: _____
3. Gender: _____
4. In what mental health field are you licensed? _____
5. How long have you been licensed? _____
6. In what area(s) do you practice your mental health sessions (city/state)? _____
7. At what level/degree are you reiki certified? _____
8. How long have you been reiki certified? _____

APPENDIX G

Online Survey Questions

Complete the following short answer essay and yes/no questions. If a question does not apply to you, provide a brief explanation of why it does not:

4. Have you ever used reiki in your mental health practice? Yes/No
    a. Why or why not?
5. If you have not used reiki in your practice, would you consider using it in the future? Yes/No
6. As a mental health professional, how do you, if at all, incorporate reiki into your personal self-care routine before and/or after seeing clients?

APPENDIX H

Entire Online Survey Format

Survey Link: **http://qeasttrial.co1.Qualtrics®.com/jfe/form/SV_emJklzxg4090DDD**

Mental Health Professionals Beliefs and Perceptions Regarding the use of Reiki in Session

Please read the following information sheet. **Click continue if you choose to participate in the survey and meet the study requirements. Exit the survey if you do not wish to continue.**

Information Sheet
INFORMATION SHEET

Mental Health Professional's Beliefs and Perceptions Regarding the use of Reiki in Session

Introduction
The purpose of this form is to provide you information that may change your decision on whether to participate in this research study.

Why is this research being done?
The purpose of this research study is to understand the lived experiences of licensed mental health professionals who are reiki certified to gain an understanding of how they incorporate reiki into session for the betterment of the client's mental health.
Who can be in this study?
We are asking you to be a part of this research study because you responded to recruitment material. To be eligible for this study, you must
- Have a master's degree or above in your chosen mental health field
- Be licensed within your mental health profession
- Be reiki certified for at least 6 months

What will I be asked to do?
Being in this study involves taking a brief survey on your views about using reiki in mental health sessions. If you agree to be in this study, your participation will include approximately 10-20 minutes of answering questions.

If you choose to be in this study, the following things will happen:
- You will be asked some questions in a brief online survey

What are the risks involved in this study?
This research involves minimal risks or risks that are no more than what you may experience in everyday life. The main risk may include:

- Confidentiality risk: Your participation will involve collecting information about you. There is a slight risk of loss of confidentiality. Your confidentiality will be protected to the

greatest extent possible. You do not have to give any information to the study that you do not want to give.

What are the alternatives to being in this study?
Instead of being in this study, you may choose not to be in the research study.

What are the possible benefits of this study?
There may be no direct benefit to you from being in this research study. By being in this study, you may help researchers increase their knowledge regarding ways in which reiki is being included in mental health sessions, which could direct future research.

Do I have to participate?
No. **Being in a research study is voluntary.** If you choose not to participate, there will be no penalty or loss of benefits to which you are otherwise entitled.

What if I change my mind?
You may quit at any time. There will be no penalty or loss of benefits to which you are otherwise entitled.

You may decide not to participate or quit at any time without your current or future relations with Texas A&M University-Corpus Christi or any cooperating institution being affected.

Who will know about my participation in this research study?
This study is confidential.

When information collected about you includes identifiers (like names, addresses, phone numbers and social security or individual taxpayer identification (ITIN) numbers), the study can involve confidential information.

All research records will be kept securely. Research records will be seen only by authorized research team members. We will share your information only when we must, will only share the information that is needed, and will ask anyone who receives it from us to protect your privacy.

No identifiers linking you to this study will be included in any report that might be published or presentation.

Who can I contact with questions about the research?

If you have questions or would like additional information, please feel free to contact me at 361-877-3416, Lstrauss@islander.tamucc.edu. You can also contact Dr. Marvarene Oliver, my dissertation chair, at 361-825-3216, Marvarene.Oliver@tamucc.edu.

Dr. Marvarene Oliver is in charge of this research study. You may call Dr. Marvarene Oliver at 361-825-3216 or Marvarene.Oliver@tamucc.edu with questions at any time during the study.

You may also call Liesl Hecht at 361-877-3416 with any questions you may have.

Who can I contact about my rights as a research participant?

You may also call Texas A&M University-Corpus Christi Institutional Review Board (IRB) with questions or complaints about this study at irb@tamucc.edu or 361-825-2497. The IRB is a committee of faculty members, statisticians, researchers, community advocates, and others that ensures that a research study is ethical and that the rights of study participants are protected.

CONSENT TO PARTICIPATE

To participate in this research study click continue to begin the survey. By clicking continue and filling out the survey, you are agreeing to participate in the study. By participating in this study, you are also certifying that you have a master's degree or above, are licensed in your chosen mental health field, and have been reiki certified for at least 6 months.

If you do not agree to participate in the research study, please exit this form and do not fill out the survey.

- ○ Continue

Page Break

Demographic info.

Please provide the following demographic information:

- ☐ Age
- ☐ Ethnicity
- ☐ Gender
- ☐ In what mental health field are you licensed?
- ☐ How long have you been licensed?
- ☐ In what area(s) do you practice your mental health sessions (city/state)?
- ☐ In what level/degree are you reiki certified?
- ☐ How long have you been reiki certified?

Page Break

1

Complete the following short answer essay and yes/no questions. If a question does not apply to you, provide a brief explanation of why it does not:

Have you ever used reiki in your mental health practice?

- [ ] Yes
- [ ] No
- [ ] Why or why not?

Page Break

2

If you have not used it, would you consider using reiki in your mental health practice?

- ○ Yes
- ○ No

Page Break

Page Break

4

As a mental health professional, how do you, if at all, incorporate reiki into your personal self-care routine before and/or after seeing clients?

- ○ Please fill in the blank:

Page Break

Option to interview

Thank you for completing this survey! Would you like to participate in a 45 -60 minute phone or in-person interview to help the researcher gather more information about this study?

- ○ Yes
- ○ No thank you

Page Break

Interview info.

If you wish to participate in the follow up interview please provide your e-mail in the space below. If you do not wish to participate further, select the exit survey option.

- [ ] Exit survey
- [ ] Provide your e-mail if you would like to participate in follow-up interview

☐ Click here if you would like the interview questions to be sent to your e-mail address. (Requirement: must have access to the internet)

☐ Click here if you would like a phone interview (Requirement: must have stable cellular reception)

☐ Click here if you would like an in-person interview (Requirement: will need to be able to travel to the Texas A&M University-Corpus Christi campus)

APPENDIX I

E-Mail Script

<Date>

Dear <Name>,

You recently completed an online survey and agreed to the opportunity to participate in a research study, mental health professionals' beliefs and perceptions regarding the use of reiki in counseling.

In this e-mail, you will find the attached informed consent document to sign. This document explains the study we discussed on at the end of the online survey.

Please take the time to read the attached informed consent form. Once you have read the information and decide to participate, please sign and date the form. You can do this by printing out the form and signing it. Please let me know if you have any questions about the informed consent.

When signed and dated, please attach the signed consent form and e-mail it back to lstrauss@islander.tamucc.edu, and then you will be provided with possible days and times for the interview, which will be conducted by me (Liesl Hecht).

Please note, if you have opted for an in-person interview, you have the option to sign the informed consent in person at the start of the interview. If you prefer to sign the consent in person, please simply e-mail me and let me know you would like to set up the in-person interview.

This study has been reviewed and approved through Texas A&M University-Corpus Christi Institutional Research Board (IRB). You may also call Texas A&M University-Corpus Christi Institutional Review Board (IRB) with questions or complaints about this study at irb@tamucc.edu or 361-825-2497. The IRB is a committee of faculty members, statisticians, researchers, community advocates, and others that ensures that a research study is ethical and that the rights of study participants are protected.

For all other questions, or if you would like additional information to assist you in reaching a decision about participation, please feel free to contact please feel free to contact me at 361-877-3416, Lstrauss@islander.tamucc.edu. You can also contact Dr. Marvarene Oliver, my dissertation chair, at 361-825-3216, Marvarene.Oliver@tamucc.edu.

Thank you for your assistance with this project.
Yours sincerely,
Liesl Hecht

APPENDIX J
Consent Form

CONSENT TO PARTICIPATE IN A RESEARCH STUDY AT TEXAS A&M UNIVERSITY-CORPUS CHRISTI
Mental Health Professionals Beliefs and Perceptions Regarding the use of Reiki in Session

WHO IS DOING THIS STUDY?

A study team led by Dr. Marvarene Oliver is doing this research study. Liesl Hecht is the co-investigator.

We are asking you to be a part of this research study. Please read the information below and ask questions about anything that you do not understand before you make a choice.

WHY IS THIS STUDY BEING DONE?

The purpose of this research study is to understand the lived experiences of licensed mental health professionals who are reiki certified to gain an understanding of whether and how they incorporate reiki into session for the betterment of the client's mental health.

WHO CAN BE IN THIS STUDY?

We are asking you to be a part of this research study because you completed a survey that was part of this research and indicated your agreement to be contacted at the end of the survey. To be eligible for this study, you must

- Have a master's degree or above in your chosen mental health field
- Be licensed within your mental health profession
- Be reiki certified for at least 6 months

WHAT WILL HAPPEN TO ME IN THIS STUDY?

Being in this study involves being interviewed by Liesl Hecht about your views concerning using reiki in mental health sessions. If you agree to be in this study, you will be asked to participate in one e-mail, phone, or in-person interview session.

If you choose to be in this study, the following things will happen:

- You will participate in an e-mail interview. The interview questions will be e-mailed to you and you will respond with the signed consent and your written responses within seven days from the receipt of the initial e-mail OR
- You will participate in an oral interview, either face-to-face or via telephone.
- Interviews are anticipated to last 45-60 minutes depending on how much you choose to share.
- You will be asked to come to the TAMU-CC campus if you prefer a face-to-face interview.

- If you participated in a phone or in-person interview, you will be emailed afterwards with a transcript of your interview. You will be asked to respond to the e-mail with any changes that need to be made to the transcript in order to better reflect your views.

WHAT ARE THE RISKS OF THE STUDY?

There are certain risks in this study. The main risks may include:

- There is a slight risk of loss of confidentiality. Your confidentiality will be protected to the greatest extent possible. Results of this study may be made public. If made public, you will not be identified in any publications or presentations.

If you have any of these problems or changes in the way you feel about being in the study, you should tell the study team as soon as possible.

WHAT ARE THE BENEFITS OF BEING IN THIS STUDY?

There may be no direct benefit to you from being in this research study. By being in this study, you may help researchers increase their knowledge regarding ways in which reiki is being included in mental health sessions, which could direct future research.

WHAT ABOUT EXTRA COSTS?

Participation in this study will not result in any extra costs to you. You will not have to pay anything extra if you are in this study aside from the personal time and travel costs should you decide to attend the in-person interview.

WHAT WILL I RECEIVE FOR BEING IN THIS STUDY?

You will not receive any payment for participating in this study.

WHAT ARE THE ALTERNATIVES TO BEING IN THIS STUDY?

Instead of being in this study, you may choose not to participate.

WHAT ARE MY RIGHTS AS A STUDY PARTICIPANT?

Being in a research study is voluntary. You do not have to be in this study. If you choose not to participate, there will be no penalty or loss of benefits to which you are otherwise entitled.

What if I change my mind?

You may withdraw from the study at any time without penalty. If you withdraw from the study early for any reason, the information that already has been collected will be kept in the research study and included in the data analysis. No further information will be collected for the study.

WHO SHOULD I CALL IF I HAVE QUESTIONS OR PROBLEMS?

Dr. Marvarene Oliver is in charge of this research study. **You may call Dr. Oliver at** 361-825-3216, or e-mail at Marvarene.Oliver@tamucc.edu **with questions at any time during the study.**

You **may also call Liesl Hecht at 361-877-3416 with any questions you may have.**

You may also call Texas A&M University-Corpus Christi Institutional Review Board (IRB) with questions or complaints about this study at irb@tamucc.edu or 361-825-2497. The IRB is a committee of faculty members, statisticians, researchers, community advocates, and others that ensures that a research study is ethical and that the rights of study participants are protected.

CONSENT TO PARTICIPATE

The purposes, procedures, and risks of this research study have been explained to me. I have had a chance to read this form and ask questions about the study. Any questions I had have been answered to my satisfaction. A copy of this signed form will be given to me.

_____ _____

Signature of Participant Date

STUDY PERSONNEL

I have explained the purposes, procedures, and risks involved in this study in detail to:

_____

Print name of Participant

Any questions that have been raised have been answered to the individual's satisfaction.

_____ _____

_____

Signature of Person Obtaining Consent Date Time

Print Name of Person Obtaining Consent _____

APPENDIX K

Phone/In-Person Semi-Structured Interview Questions

Do you incorporate reiki into your mental health practice? Yes/No

If YES: How do you incorporate reiki into your mental health practice?

Follow-Up: Tell me about plans or ideas about changing how you use reiki in practice.

If NO: What thoughts do you have about incorporating reiki in your practice?

Follow-Up: What leads you to want/not want to practice reiki in session?

What are some of your beliefs and thoughts about how you would incorporate reiki in future sessions?

What changes, if any, have you made to the consent process when incorporating reiki into mental health sessions?

OR: If you have not incorporated reiki into sessions, what changes, if any, would you make to the consent process if you decided to incorporate reiki?

What do you think/believe is important in identifying who would be receptive to reiki as a treatment option?

What do you think/believe is important in identifying who would potentially benefit from reiki in session?

Tell me about anything you might like to know more about regarding integration of reiki into mental health practices.

What are some ways you have introduced reiki into session?

OR: If you have not introduced reiki within session, what do you imagine that would look like?

What else, if anything, would you like to add about the use of reiki into session that has not been discussed during this interview process?

APPENDIX L

E-mail Script Follow-Up

Dear < >

Thank you for agreeing to participate in an interview. Below is a list of possible days and times for the interviews. Please let me know which times, if any, will work for you. If you have multiple times available, please let me know all that apply. If none of the times offered work for you, please let me know your best days and times.

If you intend to participate via phone interview, please provide your phone number.

I will confirm the day and time as soon as possible.

Thank you.

Liesl Hecht

APPENDIX M

Amendment 1 Determination Letter

TEXAS A&M UNIVERSITY
CORPUS CHRISTI

OFFICE OF RESEARCH COMPLIANCE
Division of Research and Innovation
6300 Ocean Drive, Unit 5844
Corpus Christi, Texas 78412
O 361.825.2497

Human Subjects Protection Program | Institutional Review Board

DATE: February 19, 2019

TO: Marvarene Oliver, College of Education and Human Development

CC: Liesl Hecht, College of Education and Human Development

College of Graduate Studies (gradcollege@tamucc.edu)

FROM: Office of Research Compliance

SUBJECT: Exempt Determination

On February 19, 2019, the Texas A&M University-Corpus Christi Institutional Review Board reviewed the following submission:

Type of Review:	Exempt
Title:	Mental health professionals' beliefs and perceptions regarding the use of reiki in counseling
Principal Investigator:	Marvarene Oliver
IRB ID:	18-19
Funding Source:	None
Documents Reviewed:	18-19_HECHT IRB 2.19.19 A)Lumina Healings Permission Contract_2_19_2019 B)Myshtyc Fysh Permission Contract_2_19_2019 C) Facebook Recruitment Script_2_19_2019 D) Facebook Recruitment Reminder Script_2_19_2019 E) Information Sheet_2_19_2019 F) Online Survey Demographic Questions_2_19_2019 G) Online Survey Questions_2_19_2019 H) Entire Online Survey Format_2_19_2019 I) E-Mail Script_2_19_2019 J) Phone.In-Person Consent Form_2_19_2019 K) Phone.In-Person Semi-Structured Interview Questions_2_19_2019 L) Co-PI Curriculum Vitae_2_19_2019 M) E-mail Script Follow-Up_2_19_2019 List of Appendices_2_19_2019

Texas A&M University-Corpus Christi Institutional Review Board reviewed the project and based on the information provided has determined the research meets exempt category: 45 CFR 46.104(d)(2) (Research involving use of educational tests, survey procedures, interview procedures or observation of public behavior).

Therefore, this project has been determined to be exempt from IRB review. You may proceed with this project.

Reminder of Investigator Responsibilities: As principal investigator, you must ensure:

1. **Informed Consent: Ensure informed consent processes are followed** and information presented enables individuals to voluntarily decide whether to participate in research.

2. **Amendments:** This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. **Any planned changes require an amendment** to be submitted to the IRB to ensure that the research continues to meet criteria for exemption. The Amendment must be approved before being implemented.
3. **Completion Report: Upon completion of the research project (including data analysis and final written papers), a Completion Report must be submitted.**
4. **Records Retention: All research related records must be retained for three (3) years** beyond the completion date of the study in a secure location. At a minimum these documents include: the research protocol, all questionnaires, survey instruments, interview questions and/or data collection instruments associated with this research protocol, recruiting or advertising materials, any consent forms or information sheets given to participants, all correspondence to or from the IRB or Office of Research Compliance, and any other pertinent documents.
5. **Adverse Events:** Adverse events must be reported to the Research Compliance Office immediately.
6. **Post-approval monitoring:** Requested materials for post-approval monitoring must be provided by dates requested.

Please do not hesitate to contact the Office of Research Compliance with any questions at irb@tamucc.edu.

Respectfully,

Anissa Ybarra

Digitally signed by Anissa Ybarra
Date: 2019.02.19 10:25:44 -06'00'

Office of Research Compliance

APPENDIX N

Study Invitation Method Two

Facebook Messenger Recruitment Script

Hello. My name is Liesl Hecht. I am a PhD candidate in counselor education at Texas A&M University-Corpus Christi. I am gathering some information from reiki practitioners who are also licensed mental health professionals for my dissertation study.

Participation in this research study will involve taking an anonymous online survey and an optional interview. Participation takes 10-20 minutes for the survey. You can choose to respond to the interview questions through e-mail within seven days from the receipt of the e-mail. It will take 45-60 minutes for the optional follow-up phone, or in-person interview depending on the detail provided in the responses.

Participation in this study is voluntary. **Please share this post with those who may be interested!**

If you have been reiki certified for at least 6 months, hold a master's level degree or above, and are a licensed mental health professional click here http://qeasttrial.co1.Qualtrics®.com/jfe/form/SV_emJklzxg4090DDD to participate.

If you have questions or would like additional information, please feel free to contact me at 361-877-3416, Lstrauss@islander.tamucc.edu. You can also contact Dr. Marvarene Oliver, my dissertation chair, at 361-825-3216, Marvarene.Oliver@tamucc.edu.

Thank you for your assistance with this project.

Appendix O

Study Invitation Method Three

Recruitment Script Three

Hello. I am sending you this message due to your interest in my study. My name is Liesl Hecht and I am a PhD candidate in counselor education at Texas A&M University-Corpus Christi. I am gathering some information from reiki practitioners who are also licensed mental health professionals for my dissertation study

Participation in this research study will involve taking an anonymous online survey and an optional interview. Participation takes 10-20 minutes for the survey. You can choose to respond to the interview questions through e-mail within seven days from the receipt of the e-mail. It will take 45-60 minutes for the optional follow-up phone, or in-person interview depending on the detail provided in the responses.

Participation in this study is voluntary. **Please share this post with those who may be interested!**

If you have been reiki certified for at least 6 months, hold a master's level degree or above, and are a licensed mental health professional click here http://qeasttrial.co1.Qualtrics®.com/jfe/form/SV_emJklzxg4090DDD to participate.

If you have questions or would like additional information, please feel free to contact me at 361-877-3416, Lstrauss@islander.tamucc.edu. You can also contact Dr. Marvarene Oliver, my dissertation chair, at 361-825-3216, Marvarene.Oliver@tamucc.edu.

Thank you for your assistance with this project.

APPENDIX P

Verification of Transcript Accuracy E-mail

Thank you for participating in the interview process! This e-mail is being sent to provide you with an opportunity to review your interview transcript for accuracy. Feel free to add, alter, or remove any information that better reflects your views. If you choose, respond to this e-mail with your written responses within seven days from the receipt of this e-mail. Please let me know if you do not wish to provide any more information.

<Insert participant transcript here>

<LH e-mail signature>

APPENDIX Q

Data Collection Method Three

E-Mail Interview Script

You are receiving this e-mail in response to your interest in participating in the interview process via email following an online survey. I have attached a consent document. Please take the time to read the attached informed consent form. Once you have read the information and decide to participate, please sign and date the form. You can do this by printing out the form and signing it. Please let me know if you have any questions about the informed consent. When signed and dated, please attach the signed consent form and e-mail it back to lstrauss@islander.tamucc.edu.

As soon as I receive your consent, I will send you the interview questions.

If you have changed your mind and prefer to participate in a phone or face-to-face interview, please let me know. I will contact you to set up a time.

APPENDIX R

Verification of Transcript Accuracy E-mail to Inform of Change

Thank you for participating in the interview process! An updated option to review your interview transcript for accuracy has been incorporated into this study. Feel free to add, alter, or remove any information that better reflects your views. If you choose, respond to this e-mail with your written responses within seven days from the receipt of this e-mail.

<Insert participant transcript here>

<LH e-mail signature>

APPENDIX S

New Data Collection Method: Follow-Up

E-Mail Interview Script for Those who Already Expressed Interest

You previously expressed interest in participating in the interview process following completion of an online survey. An additional option for interviews has been added to my study that allows participants to respond to interview questions via e-mail.

If you would like to participate in the online interview process, please take the time to read the attached informed consent form. Once you have read the information and decide to participate, please sign and date the form. You can do this either by using an electronic signature or by printing out the form and signing it. Please let me know if you have any questions about the informed consent. When signed and dated, please attach the signed consent form and e-mail it back to lstrauss@islander.tamucc.edu.

Once I receive the consent, I will send you the interview questions so that you can respond in writing.

APPENDIX T

Interview Questions for Email Response

I received your consent document. Below you will find the questions for your e-mail response. You can download this document and respond using this document or create a new document – whatever is easiest for you. Please remember that you do not have to answer any question you do not wish to answer.

Please send your response within one week of receiving this email.

1. Tell me about any ways you have incorporated reiki into mental health sessions.
2. Tell me about any thinking you have done about incorporating reiki into your mental health practice.
3. Do you incorporate reiki into your mental health practice? Yes/No
    a. If YES: How do you incorporate reiki into your mental health practice?
        i. Follow-Up: Tell me about plans or ideas about changing how you use reiki in practice.

b. If NO: What thoughts do you have about incorporating reiki in your practice?
        i. Follow-Up: What leads you to want/not want to practice reiki in session?

4. What are some of your beliefs and thoughts about how you would incorporate reiki in future sessions?
5. What changes, if any, have you made to the consent process when incorporating reiki into mental health sessions?
    a. OR: If you have not incorporated reiki into sessions, what changes, if any, would you make to the consent process?
6. What do you think/believe is important in identifying who would be receptive to reiki as a treatment option?
7. What do you think/believe is important in identifying who would potentially benefit from reiki in session?
8. Tell me about anything you might like to know more about regarding integration of reiki into mental health practices.
9. What are some ways you have introduced reiki into session?
    a. OR: If you have not introduced reiki within session, what do you imagine that would look like?
10. What else, if anything, would you like to add about the use of reiki into session that has not been discussed during this interview process?