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Experiences with Exposure to a Distant Reiki Intervention during the COVID-19 Pandemic

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University of Massachusetts Chan Medical School
Tan Chingfen Graduate School of Nursing

*Experiences with Exposure to a Distant Reiki Intervention during the COVID-19
Pandemic*

A Dissertation Presented

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ABSTRACT

Purpose: The purpose of the study was to explore the use of virtual distant Reiki as a healing modality to influence the human environmental field patterning.

Specific Aims: (1) To determine if it is feasible to recruit and retain participants (through expressions of human choice) to participate in a study comprised of two distant Reiki administrations on a virtual platform. (2) To investigate the preliminary influence of a distant Reiki intervention on pattern of the whole as manifested by participant response in stress and anxiety. (3) To explore the participant's reflections on their virtual distant Reiki experience within the human environmental field pattern of their home environment as a healing space.

Theoretical Framework: The theoretical framework is grounded in Martha Rogers' Science of Unitary Human Beings.

Design: This study incorporates a feasibility, mixed method design. Data was collected through pre and post intervention individualized interviews and two tools (State Trait Anxiety Inventory (STAI) and Impact of Events Scale-Revised (IES-R)).

Results: Described changed in pattern manifestation supported the need for home-based interventions during covid 19 pandemic. Quantitative response indicated a statistically significant reduction in perceived stress and anxiety ($p < 0.001$).

Conclusion: The preliminary study findings support the feasibility of a distant Reiki and suggest that nurses, who are Reiki practitioners, may be influential in interacting with the human environmental field to promote change and foster healing.

Keywords: Distant Reiki, Stress, Anxiety, Martha Rogers, Science of Unitary Human Beings, Complementary therapies, COVID-19

PROPOSAL

Introduction and Specific Aims

As the novel COVID-19 pandemic continues to drastically alter daily life, mental health repercussions have become an increasing concern (Brooks et al., 2020; Gloster et al., 2020). Many Americans are reporting increased levels of stress (Cooke, Eirich, Racine, & Madigan, 2020; Gloster et al., 2020), anxiety (Banerjee, 2020; Haleem, Javid, & Vaishya, 2020; Huang & Zhao, 2020; Islam, Ferdous, & Potenza, 2020), and low affect (Gloster et al., 2020), which is largely attributed to the social distancing guidelines recommended by the Center for Disease Control (Borges Viana & Barbosa de Lira, 2020; Brooks et al., 2020; Santini et al., 2020; Voitsidis et al., 2020) and the lack of access to socially distant self-care tools (Martínez et al., 2021). Therefore, it is important to have self-care healing modalities available that can be accessed by individuals in a socially distant way from the comfort of the participant's own home, to promote healing and comfort.

Complementary therapies are increasingly being recognized as important therapeutic modalities. One such complementary practice is that of Reiki. Reiki is a holistic healing modality that enables the nurse to participate as a conduit of universal life force energy (Rand, 2019a) to promote wellness. A theoretical perspective developed by Martha Rogers (1991), *The Science of Unitary Human Beings*, provides a lens for energy-based nursing interventions. Rogerian science views the person as whole within the human-environmental energy field. The nurse-patient relationship creates opportunities for a dynamic exchange in the human environmental field through the intentional presence of the nurse. Although there is scant literature exploring Reiki and

Rogerian science (Thornton, 1996), the philosophical assumptions of the human-environmental field in Rogers's work provides a theoretical lens to better understand Reiki as a therapeutic nursing intervention to promote healing. The purpose of this study is to explore the use of virtual distant Reiki as a healing modality to influence the human environmental field pattern. The use of Reiki as intervention to promote healing within the human field pattern will be conducted virtually with the participants in their home, in a self-selected space of their choosing while receiving an energy-based Reiki healing intervention.

***Specific Aim 1:** Determine if it is feasible to recruit and retain participants (through expressions of human choice) to participate in a study comprised of two distant Reiki administrations on a virtual platform*

***Specific Aim 2:** Investigate the preliminary influence of a distant Reiki intervention on pattern of the whole as manifested by changes in stress response and anxiety*

***Specific Aim 3:** Explore the participant's perceptions and reflections of their virtual Reiki experience within the human environmental field pattern of their home environment as a healing space.*

Background and Significance

Stress and anxiety

Psychological stress is a common and debilitating symptom experienced by many people during the COVID-19 pandemic, with as many as 23% reporting some psychological distress related to COVID-19 and an additional 26.2% reporting some post-traumatic stress (Cooke, Eirich, Racine, & Madigan, 2020). Elevated cortisol levels have been found in individuals who experienced large amounts of stress (Turner-Cobb,

Smith, Ramchandani, Begen, & Padkin, 2016) and cortisol awakening response in the general population with or without COVID-19 were correlated highly with anxiety and were statistically significant ($p < 0.001$) (Huang & Zhao, 2020; Ramezani et al., 2020).

Anxiety is a common response experienced by some individuals during the COVID-19 pandemic (Banerjee, 2020; Haleem, Javid, & Vaishya, 2020; Huang & Zhao, 2020; Islam, Ferdous, & Potenza, 2020). The pandemic has continued to show strong negative associations to baseline levels of anxiety since the origin of COVID-19 (Sønderskov et al., 2020). In recent investigations, participants reported experiencing increased levels of anxiety, which researchers attributed to fear, long periods of quarantine and inability to exercise (Borges Viana & Barbosa de Lira, 2020; Brooks et al., 2020; Santini et al., 2020; Voitsidis et al., 2020). One study investigated the COVID-19 anxiety prevalence and found a significant gender difference with females experiencing higher levels of anxiety (24.6%) compared to males (17.7%) ($p < 0.01$) (Shevlin et al., 2020). Islam, Ferdous, & Potenza (2020) also found females to be more likely to have generalized anxiety compared to males (41% vs 34.8% respectively) and that 37.3% of individuals reported some level of anxiety. In another longitudinal study, Wang et al., 2020 found that 28.8% of participants experience some levels of anxiety, but there was no statistically significant change over time ($p > 0.05$).

The psychological implications during the COVID-19 pandemic, limited access to self-care tools, and the potential to create a healing environment at home create a need for nursing interventions and complementary therapies on a virtual platform. The use of an inexpensive, complementary stress-reducing intervention, such as distant Reiki therapy, may help change the responses to stressful experience, promote healing, and provide a

self-care healing modality in the presence of one's own home environment. This study will explore the use of distant Reiki as a healing therapy or as a self-care tool accessible to the public in a socially distant way.

Complementary Therapies

Complementary healing modalities are becoming increasingly recognized as tools that promotes wellness. Complementary and alternative therapies are defined by the U.S. National Center for Complementary and Alternative Medicine (NCCAM) as *a group of diverse medical and health care systems, practices, and products that are not generally considered to be part of conventional medicine* (National Center for Complementary and Integrative Health, 2019). Some examples of complementary healing modalities include, but are not limited to, therapeutic touch, guided mediation, imagery, acupuncture, music therapy and Reiki (Tabish, 2008).

Reiki as a complementary healing intervention

Reiki is recognized as a complementary therapy that is used globally (Tabish, 2008) to help promote wellness. Reiki is defined as “a complementary health approach in which practitioners place their hands on or just above a person, with the goal of facilitating the person's own healing response” (National Center of Complementary and Integrative Health, 2015, p. 1). When an individual is exposed to Reiki, the practitioner seeks to balance the recipient's energy centers (chakras) in the body, and open specific chakras to allow the energy to move freely. This action can be achieved by either lightly touching a clothed individual or just hovering above the body in stillness. Zahourek and Larkin (2009) described a similar phenomenon in the context of Therapeutic Touch that applies the same principles to Reiki. The authors stated how “centering, focusing

attention, setting intention, presencing, and caring are all related to how intentionality is described in Therapeutic Touch.” In Reiki, stagnant and clogged pathways of energy are relieved in order to reduce the potential for dysfunction and disease (The International Center of Reiki Training, 2019). Reiki allows the practitioner to be intentionally present with the recipient, working as a conduit for energy flow, to transfer energy from the “universal life force” to a person, object, situation, or animal, by the use of their hands (Rand, 2019b). Distant Reiki acts in a similar fashion in transmitting energy to the individuals, however the treatment is more “like prayer” where the PI would be thinking about the participant (vanderVaart, 2010, p. 10). In the Reiki standards of practice, a practitioner would only be able to send distant Reiki when they acquire the distant reiki attunement symbol that is typically given to the practitioner in their Reiki level II course (Helmich, 2020).

Chakra is an ancient Sanskrit word meaning “*wheel*;” it aligns in the center of the body and is moving in a continuous clockwise motion unbeknownst to most people. It is believed that there are seven main chakras that a person has and depending on the cause behind the imbalance in a particular chakra, it can reveal illness within a person (Judith, 2004). It is essential to keep a person balanced to maintain wellness through the maintenance of energy therapy, as, once a chakra is imbalanced acutely or chronically, it can interrupt energy flow and compromise healing. Nurses are central to creating balance and promoting healing through their intentional caring and constant presence (Henderson, 1991). When a nurse uses complimentary therapies to enhance the person’s environment, it may promote healing.

Reiki Balance and Acquisition

Reiki is the energy field around and within a person, and the Reiki practitioner channels and uses that energy once the ability to use Reiki is acquired. Usui established the passing of the Reiki practice through the first of three subsequent “attunements” are required to prepare a person to practice Reiki (Rand, 2019c). In Reiki level I, one attunement focuses on learning the basic hand positions of Reiki and offering it to oneself and others. In Reiki level II, there are a series of attunements where one learns energetic healing symbols that are incorporated with the Reiki healing. Lastly, in the Reiki Master level, one learns another energy healing symbol and can attune others to the Reiki practice. It is theorized that the further one advances in Reiki, along with the continued practice, one can more effectively offer Reiki (Rand, 2019a).

The process of having a series of Reiki “attunements, or initiation” assists the practitioner to have insight into the energetic imbalances in a person which corresponds to Rogers’ concept of resonance. Resonance allows energy to be accessed in one’s human environmental field to allow Reiki to be facilitated to ultimately achieve balance (Rogers, 1991).

Reiki in Research

Many studies have incorporated Reiki as a research intervention including (but not limited to) post-operative management (Baldwin, Vitale, Brownell, Kryak, & Rand, 2017; Notte, Fazzini, & Mooney, 2016), cancer (Tsang, Carlson, & Olson, 2007), self-care (Vitale, 2009), nursing (Vitale, 2009), stress (Baldwin, Vitale, Brownell, Kryak, & Rand, 2017), anxiety (Baldwin, Vitale, Brownell, Kryak, & Rand, 2017), and pain management (Baldwin, Vitale, Brownell, Kryak, & Rand, 2017; Notte, Fazzini, & Mooney, 2016; Vitale, 2007; Vitale & O’Connor, 2006).

McManus (2017) published an integrative review that focused on evaluating the pertinent clinical trials. These studies focused on the benefits of Reiki in patients compared to placebo effect (Sham-Reiki). Of the 13 eligible studies, 8 suggested a benefit of Reiki over Sham-Reiki (Alarcão & Fonseca, 2016; Baldwin & Schwartz, 2006; Baldwin, Wagers, & Schwartz, 2008; Díaz-Rodríguez et al., 2011; Dressen & Singg, 1998; Erdogan & Cinar, 2016; Salles, Vannucci, Salles, & Silva, 2014; Witte & Dundes, 2001), 4 studies suggested no difference (Bourque, Sullivan, & Winter, 2012; Catlin & Taylor-Ford, 2011; Gillespie, Gillespie, & Stevens, 2007; Kundu, Lin, Oron, & Doorenbos, 2014) but had “questionable resolving” statistical power (McManus, 2017, p. 1051), and 1 study clearly showed no benefit (Assefi, Bogart, Goldberg, & Buchwald, 2008).

Several qualitative studies have reported that Reiki helped reduce stress in participants and health care providers (Ring, 2009; Vitale, 2009). Ring (2009) described how some of the participants experienced varying sensations following Reiki that generated positive feelings of harmony and satisfaction (p. 250). Vitale’s (2009) research results concluded that nurses who offered themselves Reiki felt “self-healed and interconnected to their sense of self,” providing psychological relief from stress (p. 129). Overall, McManus (2017) found Reiki was a safe, complementary, hands-on healing therapy, with the potential to change patient responses to chronic and acute responses to illness.

Currently there is no scientific literature on distant Reiki and its impact on the general population during the COVID-19 pandemic, although studies by Shore (2004)

and Demir et al., (2015) suggested that distant Reiki was an effective stress reducing intervention compared to sham-Reiki or control ($p = 0.005$; $p = 0.001$ respectively).

Theoretical Framework

Martha Rogers' Science of Unitary Human Beings (SUHB) provides a framework to understand the experience of individuals who are living through the COVID-19 pandemic and Reiki. Rogers' initially theorized that humans were energy-based beings inseparable from their environments (Rogers, 1989). Rogers (1991) defined a person's energy field through five main sub concepts: *wholeness*, *openness*, *unidirectionality*, *pattern and organization*, and *sentience and thought*. Wholeness, reflects that the person is unified as one being, not in separate parts; Openness allows a person to exchange energy with their environment without reservation; Unidirectionality suggests that life is progressing along a space-time continuum that is nonreversible; Pattern and Organization, where individuals have a new understanding of their wholeness by accepting their thoughts and emotions as changeable and unknowing; and Sentience and Thought, signifying that individuals are open to express imagery, thought, idioms, abstraction, feelings, and sensation. In essence, Rogers (1970) described the significant effect between energy field and pattern and the nurse-patient relationship. This effect was all through the means of human pandimensionality, the "non-linear domain without spatial or temporal attributes" and later form unidirectionality, (Daily et al., 1994; Rogers, 1991) and the limitless transference of energy from the nurse to the environment (Rogers, 1986).

Rogers proposed that nursing science is grounded in knowing the person as a whole and working in relationship with person to change their experience to alter the

human-field pattern manifestation (Rogers, 1991). Reiki is healing intervention that can create “an individual-environment energy field interaction” (Meehan, 1993). SUHB supports a way to understand the possibility to change human field environment within the context of the nurse-recipient relationship with Reiki as an intervention.

Reiki and Rogerian Science

The principles of Reiki strongly align with the assumptions and principles of Rogerian science and the Science of Unitary Human Beings (SUHB). To date, much of the literature describing Reiki is grounded in other science and fails to adequately connect SUHB with the Reiki experience (Baldwin, Vitale, Brownell, Kryak, & Rand, 2017; Notte, Fazzini, & Mooney, 2016; Vitale, 2007; Vitale & O’Connor, 2006). Several qualitative descriptive studies have linked these concepts more fully (Vitale, 2009), especially by Ring (2009) and her assessment of pattern manifestation after participants received Reiki. Ring (2009) was able to assess changes that occurred in the participants’ pattern manifestations (experiences, perceptions, and expressions) of unitary human beings who received Reiki and what their unitary field pattern portrait looked like. It was identified that participants felt timeless, warm, cool, heightened awareness, and an all-embracing embodiment of integrated awareness, harmony, and health (Ring, 2009, p. 256).

Rogers’ SUHB theory provides a link between the assumptions and principles of nursing and Reiki. Awareness, mindfulness, and integral presence of the nurse (Phillips, 2017) create a dynamic, simultaneous interaction that changes the energetic dynamic in a person receiving Reiki and the provider. A holistic, humanistic pattern change is created and manifests itself in the change of their feelings from that transference of energy in the

person's energy field. It is through the concept of "pandimensional awareness-integral presence" that explores how the transcendence of the energy spirit always changes, but it can be higher or lower depending on the person's emotional state at that time (Phillips, 2017, p. 224). Energy may be experienced as a transpersonal healing modality, enhanced through the use of Reiki (to link the key concepts from Rogerian Science explored in this study, refer to Appendix D in the appendices). Understanding Reiki as a healing intervention within the context of Rogers' SHUB could guide practice and enhance healing. The findings from this study will advance our understanding of how nursing can use virtual modalities to enhance patient healing, choice and pattern manifestation in creating healing spaces and using a self-care healing modality in the home environment, to enhance the nurse patient interaction and promote healing.

Research Method

Design

The proposed study will use a mixed method design to determine feasibility of a nurse-administered distant Reiki intervention for the general population and explore the participants' experience and manifestations of changes within human-environmental field patterning. The participant will receive distant Reiki by the PI, a registered nurse who is also attuned to a Reiki Master level. Due to the COVID-19 pandemic, the PI will complete the entire intervention through a virtual platform to minimize risk of transmission.

This study will utilize a mixed method approach. Butcher (2018) discussed that a mixed method design may be appropriate to use in Rogerian research as long as the quantitative aspect of the design is consistent with Rogerian science and enhances an

understanding of the qualitative question. Butcher (2018) further describes how quantitative methods can be used as long as the “design, concepts, measurement tools, and results are conceptualized and interpreted in a way consistent with Rogers’ nursing science” (p. 4). The use of a mixed methods design is exploratory and may showcase how the Reiki intervention can change field patterning as it is reflected in the qualitative descriptive data (interviews) as well as quantitative measures (surveys). The mixed method approach also strongly relates to Rogers’ SUHB framework because this study will utilize deductive and inductive approaches to understand changes experienced by participants textually and numerically. Rogers recognized how feelings, such as stress and anxiety, are pattern manifestations that are fluctuating with disruptions in their environmental field. Rogers proposed that although there is no way to determine causality using her science, it is possible to implement complementary therapies to help work towards altering the human field pattern with the goal of increasing the energy field vibration to achieve human betterment (Rogers, 1991). The qualitative part of the study will use qualitative description which is noted to be a helpful approach in mixed methods research (Sullivan-Bolyai, Bova, & Harper, 2005, p. 129).

Sample

Participants (N=18) will be recruited through respondent driven sampling on social media website (Facebook) rather than imposing a false environment (Butcher, 2018). In Facebook, the recruitment flier will be posted on the “PH Nurse Explains” page, which is focused on COVID-related information and through personal sharing on Facebook pages. Participants will receive distant Reiki during two specified exposures with the nurse, one at the initial meeting and a second intervention 24-36 hours later.

Multiple Reiki interventions can be more effective than a single administration, as described by McManus (2017), to provide maximum benefit. The targeted sample size will encompass 18 participants and will encompass a total of 36 interventions. The sample size of 36 interventions was justified from the current nursing sampling literature on pilot literature in Reiki, nursing, or Rogerian research (Baldwin, Vitale, Brownell, Kryak, & Rand, 2017; Choi et al, 2016; Jones, Backman, & Griffiths, 2012; Vitale & O'Connor, 2006) and accounts for an oversampling of 3 participants (target N=15) to account for attrition as noted in previous literature (Baldwin, Vitale, Brownell, Kryak, & Rand, 2017; Choi et al, 2016; Jones, Backman, & Griffiths 2012). The sample is linked to method and analysis of the question.

Setting

The setting of the intervention will take place anywhere in the 50 U.S. states in the setting of a person's home. The distant Reiki intervention sessions will be administered by the PI over a virtual platform (Zoom) in a quiet location. The PI will make every effort to have their personal environment conducive to healing by minimizing noise and distraction and incorporating music. Participants will select and choose the location in their home where the intervention will occur. They will be encouraged to make any modifications to the space to make it a comfortable space for them to receive the distant Reiki intervention. The PI will offer suggestions upon recruitment to help modify the environment if the participant chooses to do so, such as dimming the lights, increasing or decreasing the temperature, choosing a quiet location, putting on essential oils or adding a relaxing fragrance in the room, or resting in a comfortable location. Standard of Reiki practice include the inclusion of music, which typically involves soft

tones and without lyrics. The music will be offered to the participant as a standard of care with receiving a distant Reiki intervention and it will be utilized unless the participant declines it. Whether a participant decides to use music will be noted on the data form.

Recruitment and retention

The recruitment strategy will include actively and passively recruiting participants on social media. Facebook has been a platform commonly used by researchers, and it has been an effective way to recruit participants (Kamp et al., 2020). The participants will be prompted to notify the PI by calling the phone number listed on the Facebook post of their willingness to participate. The distant Reiki sessions will be scheduled at a later time convenient for the person. The participants will be screened by the PI to see if they meet the inclusion criteria.

Informed consent will then be obtained from the participant if they agree to partake in the study, and they will complete the baseline demographics form measuring pattern manifestation data. The participant will then receive a study ID, which will be logged in the logbook, and receive education about the distant Reiki intervention.

Inclusion/Exclusion criteria

The inclusion criteria are individuals age 18 or older, who are able to speak, read and write in English, live in the United States, and have access to Zoom. The exclusion criteria include individuals who do not speak English, do not have internet or a way to connect to the internet, or live outside the United States. Also, prisoners, pregnant women, and adults unable to provide consent will be excluded.

Retention will be attained through the use of incentives. Subjects will receive a \$25 Bank of America gift card if they complete the study (a total of two visits) after the

completion of the individualized interview. Participants will be able to receive follow up and the results of the study upon its completion and published publicly.

Procedures

Data collection/contact points

Data collection will take place over Zoom and through the telephone upon recruitment from Facebook. Refer to Appendix I and Appendix H in appendices for more specific steps.

Data management

All data will be stored on an encrypted, password protected research drive at the University of Massachusetts Medical School. Interviews will be collected on Zoom's audio tape and on a tape-recorded device, stored in a locked area at the PI's residence. The PI will store the surveys in a secure, locked location and manually enter the data into SPSS. The interviews will be collected through a voice-recorded device and be uploaded to the UMass research drive on a laptop. The transcription will take place on a secure software called the rev.com service, and access to those documents will be granted to study personnel. Transcripts will be uploaded into N-Vivo by the PI for analysis. The PI's self-reflective journal will be written and stored in a secure location between entries.

Study Personnel

The PI will conduct all the data collection including conducting the individualized interviews and administering surveys. The PI will also administer the intervention initially and 24-36 hours after the first intervention. All study personnel will be CITI trained.

Human Subjects Protection

There are no known physical risks to participants in this study who receive Reiki, but there is a risk of a breach in participant confidentiality, emotional, and psychological risks when describing their experiences of their emotional well-being during the COVID-19 pandemic. IRB approval will be obtained prior to starting the study by the University of Massachusetts Medical School's IRB will be obtained. If any participants experience psychological distress requiring psychological assistance contact information for local resources will be provided. Expenses for any psychological treatment will be at the participant's expense or their insurance. The intervention will be conducted completely virtually and will pose no risk to the participants to contract COVID-19.

Procedures

Upon providing consent, the participants will be encouraged to sign onto a virtual platform (Zoom) during their scheduled appointment times. Once the participant arrives for the first distant Reiki session, the nurse researcher will meet with participants and ask them to describe and answer pre-intervention questions. The researcher will write down the demographic responses and responses to the pre-interview questions. Prior to receiving distant Reiki, the participants will be asked to complete the Impact of Events Scale- Revised and State Trait Anxiety Inventory. After the participant answers the pre-intervention questions the first 30-minute distant Reiki intervention would be administered as described below. Once the session is completed, participants would then return in 24-36 hours to receive the second Reiki intervention. Afterward, the PI will ask the participant how they were feeling after the Reiki treatment, which will be written down on their baseline survey sheet.

Upon the second meeting time, the participant would receive a second 30-minute Reiki session followed by the Impact of Events-Revised Scale and the STAI tools. Once the intervention and scales are completed, participants will be interviewed by the PI to discuss their experience of complementary therapies and what they experience (e.g., to assess changes in perceived stress and anxiety and their healing environment). If a participant is unable to attend the second Reiki session or if they are not willing to undergo another Reiki intervention, they will be contacted by phone for a follow up interview.

Healing Intervention

The distant Reiki intervention will be provided as a healing intervention. The PI will create a space to allow for the role of intention (by grounding themselves prior to working with the participant), consciousness, and healing to take place. Reiki intertwines with Rogers' theory of physical and emotional human-environmental field pattern. Before the distant Reiki intervention is offered, recruited participants will be encouraged to create a healing space in their home and any changes to their environment will be recorded in their pre-intervention interview.

The participants will receive distant Reiki (via Zoom session using video) for 30 minutes by the PI, who is a Reiki master and a nurse. The PI will be seated in a chair in front of the computer. The participant will be positioned in any way they feel comfortable during the session. During the session, the PI will begin by mindfully generating a positive intention of the participant and draw the distant reiki symbol. After, the PI will create a "ball" of Reiki energy by placing their hands next to each other, but with space, and continue to send a silent positive intention and Reiki energy to the

participant for 30-minutes. The PI will provide an overview of the process ahead of time and will gently tell the participant when the Reiki session is beginning and when it has ended. One distant Reiki begins it will be completely silent. The quiet allows the participant to listen to the music (if they chose) while focusing on themselves and receiving the Reiki energy.

Measures

The following variables will be collected:

Variable	Measures & Instruments
Subject Demographics	
Age (years)	Continuous
Previous Reiki experience (years)	Continuous
Gender (Male/Female/other)	Categorical
Ethnicity (White, African American, Asian, Hispanic, other)	Categorical
Potential Confounders	
Previous Reiki experience? (yes/no)	Categorical
Current Reiki Practitioner? (yes/no)	Categorical
Previous experience in a healthcare setting? (yes/no)	Categorical
Outcomes	
Perceived Anxiety	State Trait Anxiety Inventory
Perceived Stress	Impact of Events-Revised Scale

Experiences from participants	Semi-structured individualized interviews
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Experience of Exposure to Reiki and Response to Reiki

The PI will also conduct semi-structured interviews about the participants' experiences of complementary therapies, distant Reiki, and their overall feelings about making changes to their home environment. One interview, conducted by the PI, will take place before the intervention (see Appendix K) and one interview will take place after the two interventions are administered (see Appendix J). Also, the PI's experiences will be noted in a self-reflective journal.

Demographics

Demographic data will be collected on a virtual platform through an interview.

The participant will report to the PI the responses to the demographics form. All data will be kept confidentially on record in a secure, locked location. A file will be created for each person, with a code instead of a name identifier, to maintain confidentiality (refer to Appendix I).

Perceived Stress

Perceived Stress will be measured using the Impact of Event Scale-Revised (IES-R) (ICC ranged from 0.79-0.91) pre/post distant Reiki intervention at initial meeting and 24-36 hours after the second distant Reiki intervention (Alfheim et al., 2018; Chiang et al., 2016; Weiss & Marmar, 1997). The IES-R is a 22-item tool that is short, timely, and convenient to use particularly measuring individuals who may be experiencing a stressful or traumatic event that could lead to PTSD (see Appendix F) (Weiss & Marmar, 1997). Many studies measured the level of stress by using the Impact of Events Scale-Revised scale (IES-R) (ICC ranged from 0.79-0.91) (Alfheim et al., 2018; Chiang et al., 2016; Weiss & Marmar, 1997). The scale is rated high in reliability and validity, with a high internal consistency rating overall (Cronbach's alpha = 0.95) (Rash, Coffey, Baschnagel, Drobles, & Saladin, 2008) and in avoidance (Cronbach's alpha = 0.84-0.87), intrusion (Cronbach's alpha = 0.87-0.94), and hyperarousal (Cronbach's alpha = 0.79-0.91) (Creamer, Bell, & Failla, 2003; Rash et al., 2008; Weiss & Marmar, 1997). Test-retest reliability was rated between 0.89-0.94 (Weiss & Marmar, 1997). Lastly, semi-structured interviews with the participants will assess their level of stress by their verbal accounts of how they were feeling about the COVID-19 pandemic prior to the Reiki intervention and at the study's cessation.

Perceived Anxiety

Perceived Anxiety will be measured using the shortened State Trait Anxiety Inventory (STAI) (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) tool initially (See Appendix G)

and 24 hours after the second distant Reiki intervention. STAI is a commonly used anxiety tool with a Cronbach's alpha of 0.86-0.92 (Kao et al., 2016; Quek, Low, Razack, Loh, & Chua, 2004). The high majority of the Reiki literature involving patients who receive Reiki were evaluated with the STAI for their level of anxiety (Baldwin, Vitale, Brownell, Kryak, & Rand, 2017; Bowden, Goddard, & Gruzelier, 2011; Midilli & Eser, 2015; Vitale & O'Connor, 2006; Wardell & Engebretson, 2001). Anxiety will also be assessed through the semi-structured interviews to describe their state of anxiety initially and at the end of the last Reiki session.

Intervention Fidelity Plan/Scientific Rigor

The individual who will be conducting the Reiki intervention will be the PI, who is a reiki master and a nurse. The Reiki community strongly suggests that Reiki should be offered by at least a level II Reiki practitioner (they will have acquired the distant Reiki attunement) or a Reiki Master (Wolf & Wing, 2018). The PI will provide the Reiki sessions on the same participant on both days.

Subject receipt will be addressed by having the participants openly discuss their understanding of the Reiki intervention back to the PI upon consent to participate in the study. Subjects will also discuss their perceptions and feelings towards receiving Reiki and whether it helped them during their interview with the PI.

The PI will follow a method of providing a continuous 30-minute distant Reiki sessions by creating a ball of energy with one's hands and explain to the participant when the session begins and ends. A script will be recited by the PI explaining the distant Reiki intervention and what the participant is to expect. Also, researcher reflexivity will be attained by keeping a self-reflective journal throughout the study to reduce bias.

Data Analysis

***Specific Aim 1:** Determine if it is feasible to recruit and retain participants (through expressions of human choice) to participate in a study comprised of two distant Reiki administrations on a virtual platform*

Specific Aim 1 will be obtained by collecting data on recruitment, completing distant Reiki intervention sessions 1 and 2, and analyzing interview responses. I will keep track of how many participants participate at that time, refuse, come for a second treatment, or want to participate at a later date. I will also log if the participants arrive on time, or if there are any interruptions in the environment. I will also screen the % who are eligible to participate versus those who meet the exclusion criteria. I will keep this information in a logbook.

***Specific Aim 2:** Investigate the preliminary influence of a distant Reiki intervention on pattern of the whole as manifested by changes in stress response and anxiety*

Specific Aim 2 will be obtained by comparing and analyzing the statistics from the surveys through paired t-tests to compare within participant session correlation and outcome standard deviations over pre and post time points and noting the change in the scores on the survey.

***Specific Aim 3:** Explore the participant's perceptions and reflections of their virtual Reiki experience within the human environmental field pattern of their home environment as a healing space.*

Specific Aim 3 will be obtained by qualitative descriptive content analysis before and after the Reiki interventions through individualized interviews.

Qualitative and Quantitative data will be used to manifest pattern change as a whole. Qualitative description will allow us to gather insight into the thoughts and perceptions of emotional patterns that occur during the novel COVID-19 pandemic. Quantitative data will be assessed through survey data that will allow us to measure some of the physical manifestations

of patterning through surveys. The acceptance of the Reiki intervention will be analyzed in the qualitative interviews. The responses will be assessed in N-Vivo and collected in qualitative description with content analysis (Hsieh & Shannon, 2005). The content will be compared to the survey data in a mixed method analysis through triangulation (Creswell & Plano Clark, 2011).

To analyze the data qualitatively, participants will provide data in individualized interviews and I will tape record their responses (See appendices of specific interview questions). Interviews will be then be selected to be transcribed verbatim on “rev.com,” a secure transcription software system. Prior to, I will listen to confirm and get a sense of the whole. Then, I will enter the information into N-Vivo for coding. An open-coding content analysis will be used in order to create categories and themes based on the varying statements participants provide (Hsieh & Shannon, 2005). Qualitative validity will be obtained through the PI’s attempt to be reflexive, allowing faculty to review to the responses, and have the dissertation committee give feedback on its meaning. Creswell (2003) described some ways mixed method data can be validated, one through triangulation, respondent validation, and reflexivity. Triangulation assists with measuring a potential connection between the physical and emotional patterns reflected in the interviews, surveys, and hemodynamics. The collaboration between the quantitative and qualitative findings can result in mutual corroborated information (Creswell, 2003). Respondent validation will also be obtained by the PI when clarifying responses to questions during the individualized interviews. Lastly, I will practice reflexivity by keeping a self-reflective journal to reduce bias (Creswell, 2003).

Quantitatively, a paired t-test will be used to compare within participant correlation and outcome standard deviations pre-Reiki and after the second administration; and by identifying the changes in the scores on the surveys. Reiki intervention at three different intervals: pre-

intervention data and post intervention days 0 and 1. If preliminary statistically significant data are identified, a pairwise multiple comparison procedure will be used at a significance level of 0.1.

The qualitative responses will be informed by the survey data in a mixed method analysis. I would then describe the responses from each individual interview by comparing the responses with the results from the physical data reported by participants (IES-R and STAI surveys) and note if they were similar or different. Anxiety will be assessed by analyzing the quotes from the participants and matching them to the results of the questions on the STAI and note if they were similar or different. Separate qualitative themes will be retained to provide insight into the participants' overall experience receiving Reiki.

Alternative Considerations for Methodological Challenges

One methodological challenge is whether it is feasible to conduct 30-minute Reiki sessions at two specified time points over a virtual platform during the COVID-19 pandemic. Recruitment will be available to all participants across the 50 U.S. states who have access to social media platforms, but the small sample size may limit generalizability globally. There also may be issues with recruitment and retention of participants who do not have access to a virtual platform. As a result, I will attempt to recruit 3 more participants (N=18) beyond the target sample of 15 participants. Also, during the COVID-19 pandemic, participants may suddenly contract COVID-19 or not physically feel well enough to participate at any time. The PI will take all necessary measures to mitigate this risk. The biggest challenge is the approach to the study through the use of the Rogerian framework and integrating the quantitative analysis in a manner consistent with the framework in a virtual setting (e.g., trying to be true to the Rogerian framework and be true to the Reiki intervention).

Conclusion

This proposed research may provide a nursing intervention for healing and comfort to participants through the lens of Reiki and Rogerian science, especially as a lack of self-care tools are available during the COVID-19 pandemic. Once the distant Reiki intervention/treatment is experienced, opportunities may be perceived by participants as transformative in health and well-being. Through a mixed-method design, the qualitative and quantitative responses to the Reiki intervention will be captured to describe dimensions of the healing intervention as experienced by participants. The findings of this study will be used to support the future development of a future larger scale study. This study may also contribute to expanding Rogerian research by utilizing a nursing framework with a Reiki intervention to explore and understand the dimensions of a human, environment, and provider-participant field. This proposed study will help mend a gap in this area of knowledge and potentially provide an accessible self-care tool to promote wellness to an understudied population.

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Executive Summary

The following changes were made after the execution of this study

1. After the initial proposal was approved, I needed to submit a modification for a new proposal due to the COVID-19 pandemic. I had to change the intervention from in-person, hands-on Reiki to distant Reiki because of the need for social distancing. Also, the population needed to be changed because the initial proposal requested to have family members of ICU patients become the target, but there was a lack of access to this population once COVID-19 restrictions became active. The population was then changed to the public. All changes were approved by both the committee and the IRB.

Slide Presentation

**Experiences with Exposure
to a Distant Reiki
Intervention during the
COVID-19 Pandemic**

Jennifer DiBenedetto, MSN, RN-BC



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Graduate School
of Nursing

December 15, 2021

Disclosures

- There were no perceived or existent conflicts of interest when conducting this study

Background

- Mental Health is an increasing concern during COVID-19¹⁻²
 - Increased levels of stress,²⁻³ anxiety,⁴⁻⁷ low affect,² and need for social distancing^{1, 8-10}
- Lack of access to socially distant self-care tools¹¹
- Inexpensive complementary therapies
 - Reiki is a holistic healing modality that enables the nurse to participate in universal life force energy exchange¹² to promote wellness in recipients.
 - Distant Reiki may help change the response to stressful stimuli, promote healing, and it can be a home-based intervention

Purpose Statement

- The purpose of this study was to explore the use of distant Reiki as a healing modality to influence the human environmental field pattern.

Aims

The study aimed to explore:

- **Aim 1:** If it is feasible to recruit and retain participants (through expressions of human choice) to participate in an intervention comprised of two distant Reiki administrations on a virtual platform.
- **Aim 2:** The participant's reflections on their virtual distant Reiki experience within the human environmental field pattern of their home environment as a healing space
- **Aim 3:** The preliminary influence of a distant Reiki intervention on pattern of the whole as manifested by participant response in stress and anxiety

Theoretical Framework

Martha Rogers Science of Unitary Human Beings¹³

- Person as a unitary whole
- Humans were energy-based beings in-separate from their environment
- Pandimensional
- Nurse-patient relationship is a dynamic exchange through intentional presence
- Connection to Reiki
 - Energy-based therapy
 - Awareness, mindfulness and integral presence of the nurse
- Patient healing, human choice, and pattern manifestation



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Methodology

- Mixed method, feasibility study
- Single group of participants (N= 25)
- Pre-post analysis of perceived stress and anxiety
 - State Trait Anxiety Inventory Form Y-1
 - Impact of Events Scale-Revised
 - Pre/post interviews
- 2 distant reiki sessions
 - 30 minutes, 24-36 hours apart
- Nurse and Reiki Master



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Inclusion/Exclusion Criteria

Inclusion Criteria

- 18+
- Living in 50 US states
- Zoom Access
- Speak and write in English

Exclusion Criteria

- Pregnant women
- Prisoners
- Unable to provide consent
- Unable to speak/write in English
- Live outside the US

Sample/Setting

Sample

- An intended sample of (N= 25) participants enrolled
- 3 weeks
- Recruitment fliers from personal Facebook and “PH Nurse Explains” page
- Verbal Consent
- \$25 Bank of America gift card at study’s conclusion

Setting

- Participants home via Zoom
 - 2 participants selected work office and car
- Modifications to home space were encouraged such as:
 - Adding a fragrance
- Music was offered
 - All participants opted to have music playing

Procedures

- Enrollment
 - 15-minute phone call
 - Eligibility criteria
 - Verbal Consent
 - Demographics
 - Scheduled Reiki sessions
- Pre-intervention interview, surveys, and 1st Reiki session
- 2nd Reiki session, surveys, and final recorded interview

Procedures (cont.)

Data Collection

- REDCap individual data file/R-drive
 - All information stored securely
- Verbally shared survey data
 - Minimize disruption of Zoom/survey
 - More relaxing environment
- Post intervention interview was recorded on Zoom and external voice recorder
 - Transcribed through a transcription service

Analysis

- Quantitative- SPSS
 - Descriptive statistics and paired t-tests
 - Reliability post-intervention (Alpha)
 - Effect size using Cohen's d
 - Feasibility/pilot nature
 - $p < .10$
 - Post hoc analysis- Fisher's Exact Test
- Qualitative- N-Vivo
 - Coding line by line
 - Pattern analysis with overarching patterns
 - Quotes had jargon removed for clarity¹¹

Intervention Fidelity

- Reflexivity
 - Self-reflective journaling
- Subject Receipt
- Triangulation of data
- Trustworthiness
 - Credibility
 - Transferability
 - Dependability
 - Confirmability
- IRB approval was obtained from UMass Chan Medical School

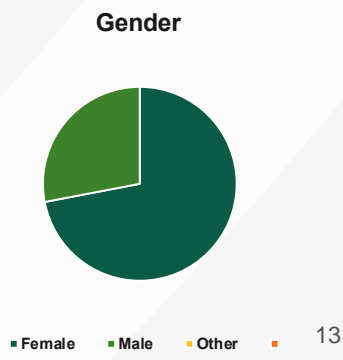
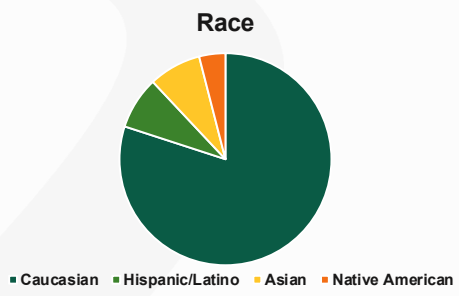
Results

Demographics

- N= 25
- Attrition- N= 1
- Age: 25-75 (Mean = 38.2)
- Experienced Reiki before (60%)
- Experienced distant Reiki before (8%)
- Heard of Reiki (88%), Heard of distant Reiki (24%)
- Reiki Practitioner (4%)
- Greater New England area (80%) Eastern and Central states (20%)



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Results (cont.)

Aim 1: Feasibility

- All participants enrolled in 3 weeks
- One participant could participate in one session only
 - Data was removed from results
- Technological issues (N= 2)
- No changes to home environment or could not receive intervention at home

Results (cont.)

Aim 2 and 3: Overarching pattern exchange between nurse and participant (See figures 1 and 2)

- **Time 1:** represents the state of reported stress due to COVID-19, creation of a healing environment and rapport-building with nurse
- **Time 2:** (1st distant Reiki session) represents a period of initial awareness, pattern change, and self-discovery.
- **Time 3:** (2nd distant Reiki session) represents a pattern response manifested by changes in pattern expression of perceived stress and anxiety.

Figure 1: Participant Experiences during Distant Reiki Intervention

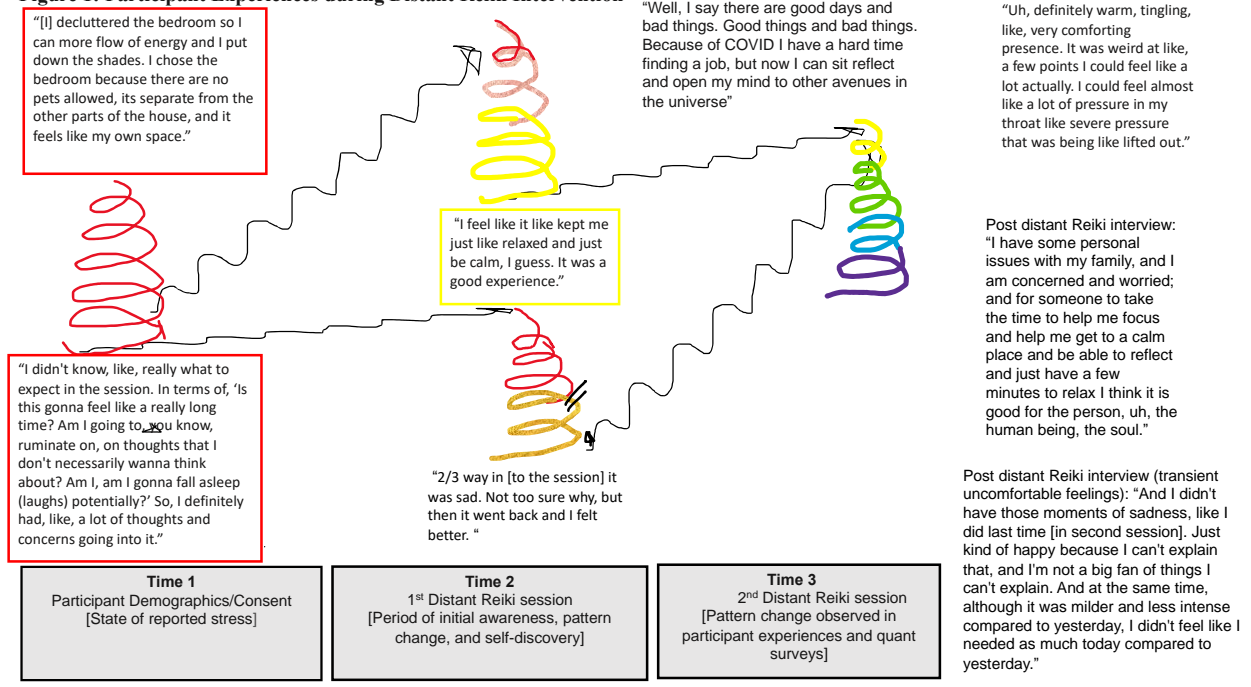
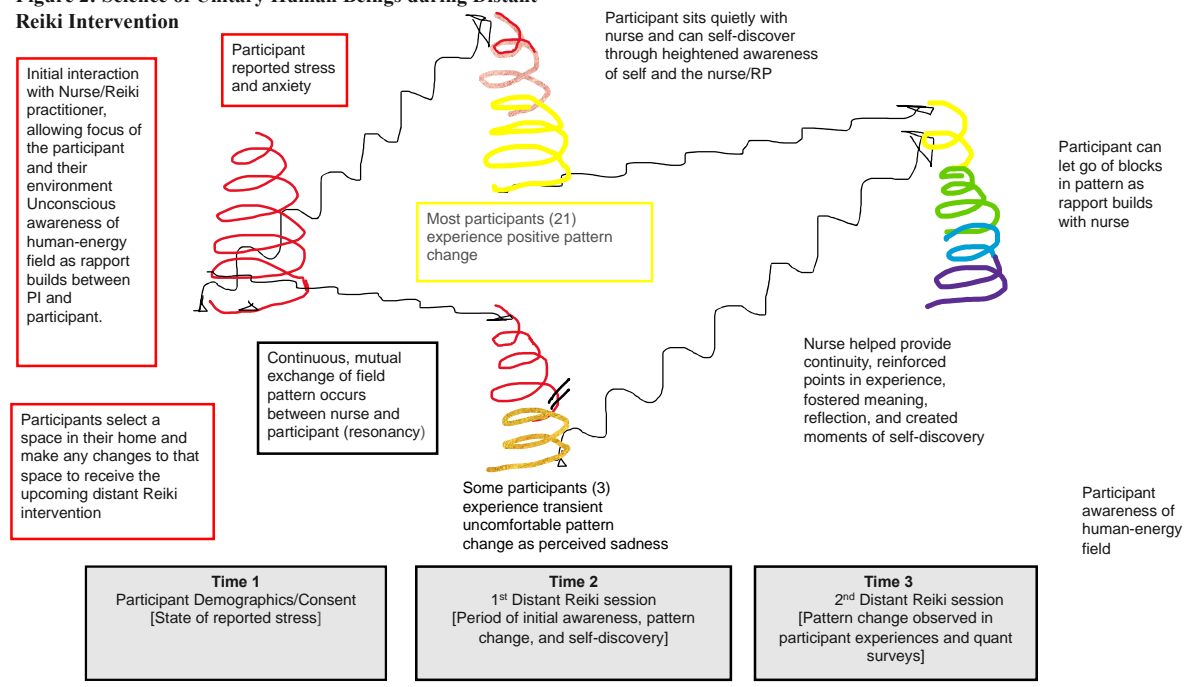


Figure 2: Science of Unitary Human Beings during Distant Reiki Intervention



Results (cont.)

Aim 3

- Paired samples t-test- N = 24
- No missing data
- Perceived Stress
 - IES-R tool ($p < 0.001$)
 - Medium effect ($d = 0.41$; 90% CI)
 - 35% of pre-intervention scores were "concerning" on health, wellbeing, and PTSD
 - 4% of post intervention scores remained "concerning"
 - Cronbach alpha = 0.911 post-intervention administration
- Perceived Anxiety
 - STAI tool ($p < 0.001$)
 - Large effect size ($d = 6.6$; 90% CI)
 - 30% clinically significant pre-intervention
 - 0% clinically significant post-intervention
 - Cronbach alpha = 0.815 post-intervention administration
- Uncomfortable Reaction vs. demographics (N= 3) Fisher's exact test
 - Age ($p = 0.653$)
 - Race ($p = 0.33$)
 - Gender ($p = 0.250$)
 - First time Reiki ($p = 1.0$)

Measure	Pre-intervention	Post-intervention	t; p-value
N= 24	Mean (SD)	Mean (SD)	t; p-value
Stress (IES-R)	0.9 (0.59)	0.38(0.46)	t = 6.2; p < 0.001*
Anxiety (STAI)	34.41(8.23)	24.29(4.1)	t = 7.5; p < 0.001*

*p-values are determined statistically significant with a $p < 0.10$

Discussion

- Reiki can result in increased human-environmental field relationship
- Importance for two distant Reiki sessions
 - 3/25 participants experienced transient sadness
 - Nearly 25% reported pre-session anxiety related to distant Reiki
 - Many reported its resolution prior to the second session
- Self-awareness
 - Progresses towards pattern transformation by participant self-discovery
 - What is unconscious is now expressed (i.e., sadness/uncomfortable feelings)
- Nursing influence (rapport building, continuity)
 - Nursing allows for connection, continuity and engagement between nurse and participant

Strengths/Limitations

Strengths

- Recruitment of participants who have and have not had Reiki before
- Nurse and Reiki Practitioner combination
- Access to intervention in one's own home
- Limit exposure to COVID-19

Limitations

- Limited statistical power
- Not generalizable
- Sham-Reiki and control groups were intentionally omitted
- Potential operational bias
 - Interventionist and PI
- Potential participant response bias
 - Reported to the PI their scores
- More large-scale research is needed

Recommendations for Nursing Research

- Informs nursing knowledge development in practice
 - Nurses have frequent contact with patients
 - Improve nurse-patient relationship in same way
 - Transform the way nurses interact with patients
- At least 2 distant Reiki sessions
 - Reduce anxiety
 - Transient sadness
- Consent forms need to have both positive and uncomfortable reactions to Reiki

Conclusion

- Feasible recruitment and retention
 - Need during COVID-19
 - Socially distant intervention
- Both qualitative and quantitative findings showed a reduction in perceived stress and anxiety symptoms
- Pattern changes occurred during a home-based distant Reiki intervention
- Noted transformational changes
 - Large scale research is needed
- Captured new dimensions
 - Fostered meaning, reflection, and self-discovery

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Chair: Donna J. Perry, PhD, RN

Committee Member: Sybil Crawford, PhD

Committee Member: Dorothy A. Jones, Ed.D., APRN, FAAN, FNI

Others:

The GSN faculty
My PhD Cohort
My family/friends

Dissemination Plan

The primary description of this dissertation work was submitted as a manuscript on December 29, 2021 to Advances in Nursing Science journal for review and consideration for publication.

Appendices

Appendix A: Eligibility Guide

Thank you for your interest in this study. I have a few questions to ask you in order to determine your eligibility. Please respond yes or no to the following questions:

- 1) Are you 18 years of age or older?
- 2) Are you able to speak, write, and read in English?
- 3) Do you live in the United States
- 4) Are you willing to spend time working on surveys and describing your experience in an interview?
- 5) Are you willing to receive the distant Reiki intervention?
- 6) Do you have access to a reliable internet source?
- 7) Do you have access to the Zoom application?

If no to any of these questions, the potential participant is not eligible.

- 8) No reliable internet source or is not willing to participate in the intervention through Zoom

If yes to any of these questions, the potential participant is not eligible.

Appendix B: Fact Sheet

Title: Experiences with Exposure to a Distant Reiki Intervention during the COVID-19 Pandemic

Investigator: Jennifer DiBenedetto, MSN, RN-BC

Sponsor: UMass Medical School Graduate School of Nursing

We are inviting you to participate in a research study because you may be experiencing stress and anxiety during the COVID-19 pandemic.

- A. The purpose of this study is to investigate if distant Reiki can assist in your wellbeing.
- B. Taking part in this research is voluntary and completely up to you. You are free to say no or to leave the research at any time.
- C. If you agree to participate, you will be asked to select a comfortable space in your own home to receive the distant Reiki intervention. You will be asked to respond to a baseline

demographic survey. You will answer questions about your experiences about the COVID-19 pandemic and if you're familiar with complementary therapies. You will also verbally respond to two 5-minute surveys. You will then receive a 30-minute distant Reiki intervention over Zoom. You will then schedule a time that works for you to receive the distant Reiki intervention in 24-36 hours. Then you will receive the second 30-minute distant Reiki session. After the session, you will verbally respond to the 5-minute surveys, and conduct a final interview about your experience.

- D. You can expect to spend about 2.5 hours total over the course of two days in your own home environment.
- E. There are no physical risks associated with participating in this study. There is no risk of contracting COVID-19 since the entire study is taken place over a virtual platform. There is the rare risk that someone could get access to the information about you and misuse it. To help protect your personal information, we will store your name separately from your research data and code your research data with a separate ID number. We will keep electronic information on secure computer networks. These computer networks have many levels of protection.
- F. We will keep your data for approximately 3 years. We will destroy the list that links your identity to your data at the completion of the study.
- G. It is possible that we might use the research data in other future research. We may also share data with researchers and companies that are not part of UMMS. In these cases, we will not share your name or other information that identifies you directly, and we will not come back to you to ask you for your consent.
- H. You may ask us to destroy your research data at any time. However, we will not be able to destroy any research data that has already been created.
- I. At this time, we do not think that the research data (whether linked to you or with identifiers removed) will lead to commercial profit. In the event it does, there are no plans to share any financial gain with you.
- J. There may be no direct benefit to you, or you may find that the distant Reiki intervention does or does not provide any wellbeing. In addition, results of this study may help us use distant Reiki as an intervention to help the general public in the future.
- K. All gift cards will be mailed to you by Bank of America. We will need to provide the University of Massachusetts Medical School business office with your name, address, and phone number in order for you to receive the gift cards directly from the vendor. The business office and vendor will keep the information as part of their financial records. Your mailing address will be removed from the research records after all gift cards have been mailed.
- L. We will try to limit access to your personal information to people who have a need to review this information. We cannot promise complete privacy. The University of Massachusetts Medical School, including the Institutional Review Board (IRB) at the University of Massachusetts Medical School and University of Massachusetts Medical Center, and research, and compliance offices, may see your information.
- M. The University of Massachusetts Medical School does not provide funds for the treatment

of research-related injury. If you are injured as a result of your participation in this study, treatment will be provided. You or your insurance carrier will be expected to pay the costs of this treatment. No additional financial compensation for injury or lost wages is available. You do not give up any of your legal rights by participating in this research.

- N. You will participate in the intervention on Zoom, which will be recorded during interviews both through the zoom application and through an external recording device.
- O. If you have any questions, concerns, or complaints, or think that the research has hurt you, you can talk to the Principal Investigator, Jennifer DiBenedetto, at 508-736-3310. This research has been reviewed and approved by an Institutional Review Board at the University of Massachusetts Medical School. You can reach them at (508) 856-4261 or irb@umassmed.edu if you would prefer to speak with someone not associated with the study or have questions about your rights as a research subject.

Appendix C: Facebook Flier

Hello! My name is Jennifer DiBenedetto, I am a PhD candidate at the University of Massachusetts Medical School. I am currently recruiting for my research study on the experiences of receiving a distant Reiki intervention during the COVID-19 pandemic. Feel free to review the flier with the Q+A below to see if you would be interested. Thank you for your time!

What is the study about? We are recruiting volunteers for a study to investigate the experience of distant Reiki therapy.

What is Reiki? Reiki therapy is a hands-off energy-based therapy that could restore balance in the body (through universal life force) by moving stagnant energy where physical, emotional, mental, or spiritual injury has been sustained.

Who is eligible? To participate in this study, you must be age 18 years or older, have access to the internet, have access to Zoom, live in the United States, and be able to speak and write in English. Women who are pregnant are not eligible to participate.

What is involved?

If you participate in this study:

- a. You will be provided (2) 30-minute distant Reiki sessions, on two separate days, through Zoom.
- b. You will be asked to verbally complete a 5-minute baseline demographic survey and interview about your past experience with complementary therapies and your experience during the pandemic
- c. You will be asked about your stress and anxiety levels before the first distant Reiki session and after the second Reiki session over Zoom, which will take approximately 5 minutes each to complete. Your responses will be recorded by the researcher
- d. You will be asked to complete a final interview after the 2nd Reiki session; this interview will be recorded on Zoom and by the digital voice recorder.
- e. You will be given a \$25 Bank of America gift card when you complete the entire study by participating in both of the distant Reiki interventions.

If you are interested in hearing more about this study or you would like to participate, please contact the researcher by email or phone at:
Jennifer.DiBenedetto@umassmed.edu. 508-736-3310

Appendix D: Key concepts from Rogerian Science explored in current study

Salient concepts from Rogers	Definition of concepts	Study application of Rogers' concepts to the study's specific aims
Unitary Human Field	A field surrounding an individual that a person experiences specific to their own self, their environment, and anything that may affect or enter in their environment (Rogers, 1991), which "cannot be predicted from the knowledge of the parts" (Rogers, 1970)	(Specific Aim 1, 2, 3): Reiki may directly affect an individual's unitary human field, and whether it poses any benefit in altering the human field will be measured through the ability to recruit, surveys and individualized interviewing.
Resonance	Resonance is a change in frequency patterns (ranging from high to low) in one's human-environmental field because energy is dynamic and constantly fluctuating (Rogers, 1991)	(Specific Aim 2 and 3): Reiki, as an intervention, may alter one's resonance by raising one's frequency pattern that is higher in vibration as represented emotionally (through surveys on their stress and anxiety) and by individualized interviews before and after the Reiki intervention.
Pandimensionality	The "non-linear domain without spatial or temporal attributes" and later form unidirectionality, (Daily et al., 1994; Rogers, 1991) which describes the limitless transference of energy from a person to their environment (Rogers, 1986).	(Specific Aim 3): Participants are always in exchange with and affected by their environment (home environment, nurse researcher/reiki master) and will be represented by interview questions and survey data of their current state of stress and anxiety. This will also be encompassed through exploring perceptions of the home space.

Pattern and Organization	A phenomenon where individuals ponder their wholeness by how their own feelings and emotions are at a particular time which are directly affected by the person and their environment through human-environmental wave patterns (Rogers, 1991)	(Specific Aim 1 and 2): Meaningful experience and overall sense of feelings and perceptions through emotional changes upon recruiting participants will be assessed after each Reiki intervention, and at the study's conclusion
Sentience and thought	Individuals are open to express imagery, thought, idioms, abstraction, feelings, and sensation (Rogers, 1991)	(Specific Aim 1): Perceptions, feasibility, and assessment of human choice in accepting Reiki in their field will be assessed through qualitative interviews and willingness to partake in the study.

Appendix E: Reiki Practitioner Script

Script:

Hello! My name is Jennifer DiBenedetto and I will be offering you the distant Reiki intervention. The distant Reiki intervention will require you to be in a comfortable position, whether you choose to remain seated or lay down anywhere in your space where you can still hear me. I will leave my zoom application on throughout the entire session. If any emotions come up during or after the session, for example, if you feel like crying or coughing, please allow your body to do so. Feel free to take this time to feel comfortable, drink some water, and take a moment to relax. I will tell you when we are ready to begin and gently tell you when the session is over. You can opt to have your eyes opened or closed during the session or have music turned on or off. If at any point you would like to end the session, please let me know and I will stop offering Reiki at any time. Thank you for your willingness to participate.

Appendix F: Impact of Events-Revised Tool

IMPACT OF EVENTS SCALE-Revised (IES-R)

INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to _____ (event)

that occurred on _____ (date). How much have you been distressed or bothered by these difficulties?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Any reminder brought back feelings about it	0	1	2	3	4
2. I had trouble staying asleep	0	1	2	3	4
3. Other things kept making me think about it.	0	1	2	3	4
4. I felt irritable and angry	0	1	2	3	4
5. I avoided letting myself get upset when I thought about it or was reminded of it	0	1	2	3	4
6. I thought about it when I didn't mean to	0	1	2	3	4
7. I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
8. I stayed away from reminders of it.	0	1	2	3	4
9. Pictures about it popped into my mind.	0	1	2	3	4
10. I was jumpy and easily startled.	0	1	2	3	4
11. I tried not to think about it.	0	1	2	3	4
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
13. My feelings about it were kind of numb.	0	1	2	3	4
14. I found myself acting or feeling like I was back at that time.	0	1	2	3	4
15. I had trouble falling asleep.	0	1	2	3	4
16. I had waves of strong feelings about it.	0	1	2	3	4
17. I tried to remove it from my memory.	0	1	2	3	4
18. I had trouble concentrating.	0	1	2	3	4
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	0	1	2	3	4
20. I had dreams about it.	0	1	2	3	4
21. I felt watchful and on-guard.	0	1	2	3	4
22. I tried not to talk about it.	0	1	2	3	4

Total IES-R Score: _____

INT: 1, 2, 3, 6, 9, 14, 16, 20
 AVD: 5, 7, 8, 11, 12, 13, 17, 22
 HYP: 4, 10, 15, 18, 19, 21

Weiss, D.S. (2007). The Impact of Event Scale-Revised. In J.P. Wilson, & T.M. Keane (Eds.) *Assessing psychological trauma and PTSD: a practitioner's handbook* (2nd ed., pp. 168-189). New York: Guilford Press.

AETR2N

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1/13/2012

Appendix G: State Trait Anxiety Inventory Form Y-1

SELF-EVALUATION QUESTIONNAIRE STAI Form Y-1

Please provide the following information:

Name _____ Date _____ S _____

Age _____ Gender (Circle) M F T _____

DIRECTIONS:

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel *right* now, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

- | | | | | | |
|--|------------|---|---------------|---|--------------|
| | NOT AT ALL | | MODERATELY SO | | VERY MUCH SO |
| 1. I feel calm..... | 1 | 2 | 3 | 4 | |
| 2. I feel secure | 1 | 2 | 3 | 4 | |
| 3. I am tense | 1 | 2 | 3 | 4 | |
| 4. I feel strained | 1 | 2 | 3 | 4 | |
| 5. I feel at ease | 1 | 2 | 3 | 4 | |
| 6. I feel upset | 1 | 2 | 3 | 4 | |
| 7. I am presently worrying over possible misfortunes | 1 | 2 | 3 | 4 | |
| 8. I feel satisfied | 1 | 2 | 3 | 4 | |
| 9. I feel frightened | 1 | 2 | 3 | 4 | |
| 10. I feel comfortable | 1 | 2 | 3 | 4 | |
| 11. I feel self-confident..... | 1 | 2 | 3 | 4 | |
| 12. I feel nervous | 1 | 2 | 3 | 4 | |
| 13. I am jittery | 1 | 2 | 3 | 4 | |
| 14. I feel indecisive..... | 1 | 2 | 3 | 4 | |
| 15. I am relaxed | 1 | 2 | 3 | 4 | |
| 16. I feel content | 1 | 2 | 3 | 4 | |
| 17. I am worried | 1 | 2 | 3 | 4 | |
| 18. I feel confused..... | 1 | 2 | 3 | 4 | |
| 19. I feel steady..... | 1 | 2 | 3 | 4 | |
| 20. I feel pleasant..... | 1 | 2 | 3 | 4 | |

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Published by Mind Garden, Inc., 1690 Woodside Rd, Suite 202, Redwood City, CA 94061

STAI-AD Test Form Y
www.mindgarden.com

Appendix H: Contact points

Time	Consent	Demographics	IES-R STAI	Pre or Post Interview	Reiki Intervention

T1 Initial Meeting	X	X			
Time 2 pre- session			X	X	
Time 2 session					X
Time 3 session					X
Time 3 post- session			X	X	

Appendix I: Data Collection

Contact Point	Data Collection	
Time-1 (initial meeting)	<p><u>Pattern manifestation</u></p> <p><u>Assessment Data:</u></p> <p>Age:</p> <p>Gender:</p> <p>Ethnicity:</p> <p>Previous Reiki Experience: If so, how many years?</p> <p>Ability to alter their home environment and select their space to receive the distant Reiki intervention</p>	<p><u>Potential Confounders/:</u></p> <p>Received Reiki before</p> <p>Current Reiki practitioner or participate regularly in complementary healing modalities</p> <p>Previous experience in a healthcare setting</p> <p><u>Physical Measures:</u></p> <p>Perceived Stress, anxiety, experiences from participants using the STAI and IES-R scales.</p>

<p>Time 2 (0-5 minutes post baseline initial meeting) First intervention</p>	<p><u>Variables:</u> Semi-structured individualized interview about experiences receiving Reiki intervention (See Appendix K) Pattern manifestation</p> <p>Pre-Reiki IES-R</p> <p>Pre-Reiki STAI tool</p>	<p><u>Study Plan</u></p> <p>(Before Reiki) Conduct interview → administer IES-R → administer STAI tool → 30-minute Reiki (N=18)</p>
<p>Time 3 (24-36 hours since 1st Reiki session) Second intervention</p>	<p>Emotional measures (other measures to evaluate experience/pattern manifestation</p> <p>Post-Reiki IES-R/STAI tool</p> <p>Post-Reiki interview of experiences of Reiki/Complementary therapies (see Appendix J)</p>	<p><u>Study Plan</u></p> <p>Offer second round of 30-minute Reiki (N=18) → (post-Reiki) Administer IES-R tool (post-Reiki) → Administer STAI tool (post-Reiki) → Conduct interview to ask about experience of receiving Reiki</p>

Appendix J: Post-Reiki Interview table with specific questions and PROBES

Interview Questions (Time 3)

1: Tell me about your experience receiving Reiki overall as whole?	6: How meaningful was this experience been for you?
2: What was the distant Reiki experience like for you in the last 24 hours? (PROBE) After 1st reiki session? (PROBE) After the 2 nd reiki session? (PROBE) Was there a difference between the first or second session?	7: Do you notice any changes that occurred? If so, what?
3: Why did you come back for the second distant Reiki treatment in the study?	8. How has the use of Reiki influenced the way that you view your home space? PROBE: If you made any changes in the space will you maintain those changes?
4: What kind of sensations did you experience when you received distant Reiki? (PROBE) After Reiki?	9: Has this experience influenced how you think about taking care of yourself and meeting your own needs? (PROBE) Has the distant Reiki intervention

	helped you cope? If so, how?
5. Would you have another distant Reiki session in the future? (PROBE) Did you notice any difference in your stress/ anxiety?	

Appendix K: Pre-interview guide

(Baseline pattern manifestation) (Time 1)

1. Have you ever heard of Reiki prior to this study?	4. How has the current COVID-19 pandemic been like for you? PROBE What have you been doing to relieve stress?
2. Have you ever experienced Reiki before or any other form of complementary therapy?	5. How have you been taken care of yourself during this experience?
3. Do you know anyone who has received Reiki before? PROBE Physical or distant Reiki or both?	6. Can you tell me how you chose the space in your home to receive Reiki and if you made any changes to the space before your Reiki session?

Appendix L: List of Psychological Resources

If you are experiencing significant emotional distress and would like to talk to somebody, please call one of these mental health services listed below:

1. National Suicide Prevention Hotline: 1-800-273-8255
2. UMass Memorial University Campus Emergency Crisis/Triage line: 1-866-549-2142
3. Massachusetts Behavioral Health Partnership- Mobile Crisis Intervention: 1-877-382-1609