

Reiki - Rising Star in Complementary Care

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By Kate Jackson

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What if there were a tool you could use virtually anywhere and anytime that—among many other benefits—would calm you when you are stressed, revive you when you are drained, and replenish you when you feel depleted? According to Libby Barnett, MSW, there is, and you already have it with you at all times—right in the palms of your hands.

Social workers, like other helping professionals, spend the bulk of their hours attending to the needs of others, often at the expense of their own needs for balance and serenity. The high price of caring for others is often stress, fatigue, burnout, or compassion fatigue. Yet, caregivers are all too quick to ignore the warning signs of these conditions, continue to spread themselves thin, and put their clients, colleagues, families, and friends first. According to Barnett, depleted caregivers not only threaten their own health and well-being by failing to take time to rejuvenate, but they also diminish their ability to do their jobs effectively.

For the past five years, Barnett has been teaching students at the University of Maryland School of Social Work through the Office of Continuing Professional Education how to use Reiki, an ancient healing method, not only to revitalize themselves but also to give them another methodology with which to help their clients.

Reiki master and author of *Reiki Energy Medicine: Bringing Healing Touch Into Home, Hospital, and Hospice*, Barnett is founder and co-director of the Reiki Healing Connection, a Wilton, NH-based national organization offering certification and teacher training in Reiki energy healing. Formerly a medical social worker at Massachusetts General Hospital and a counselor for 33 years, Barnett has taught Reiki to more than 6,000 people not only at the University of Maryland but also at an impressive roster of hospitals, hospice organizations and medical schools such as Harvard, Tufts and Brown. For “Body and Soul,” a nationally televised PBS series, Barnett created a segment on Reiki, and she’s presented on the subject to the National Institute for the Clinical Application of Behavioral Medicine. Reiki is a passion in her personal life as well. She shares it with her husband, Tom, and used it to help her son, David, achieve an extraordinarily rapid recovery after a serious accident. Her 93-year-old mother loves Reiki. Next year, Barnett will be working on a Reiki research study with her daughter, Debbie, who’s studying to be a clinical psychologist.

A Gentle Healing Force: Energy is at the heart of this gentle technique to which Barnett has given over her professional life and enhanced her home and family life. The word Reiki—from the Japanese word *rei*, meaning universal, and *ki*, meaning life force energy—describes a healing and stress-reduction technique believed to be rooted in ancient Tibet. It was rediscovered in the 1850s by Dr. Mikao Usui, who, legend has it, was a Buddhist monk in Kyoto, Japan. Based upon extensive research, he developed what has come to be known as the Usui system of Reiki. Hawayo Takata, a disciple of Dr. Chujiro Hayashi, Usui’s successor, introduced Usui Reiki to the West in the 1930s. Most of today’s Reiki masters trace their lineage to the 22 masters trained by Takata.

Many Eastern cultures embrace the concept of universal energy (*ki* in Japanese; *prana* in Sanskrit; *chi* or *qi* in Chinese) and believe that physical, spiritual, or emotional distress results from an energy blockage. With Reiki, the practitioner is believed to channel energy to the patient and restore balance.

To practice Reiki, an individual must be trained and “attuned,” or initiated, to channel energy. Only a master teacher who has reached the highest of three levels of training can train students. Level 1- and

level 2-trained students, however, are capable of giving Reiki to themselves and others. Level 1, which is typically accomplished in a one-day period, is effortless, engaging and extraordinarily relaxing. Level 2 training, which can also be accomplished in one day, enables the recipient to access more healing energy than level 1 through the use of mantras and symbols. Level 3 master training, the duration of which depends upon the individual Reiki master, provides even greater access to healing energy through the use of additional mantras and symbols.

During Reiki sessions, a clothed client reclines on a massage table or Reiki table with pillows beneath his or her head and knees. Often, relaxing music is played. During a treatment (lasting from 20 to 90 minutes), Reiki practitioners float their hands above or place their hands lightly on specific energy centers of the body. Using 12 to 15 hand positions, they transmit Reiki to the client. Reiki practitioners neither diagnose nor promise outcomes. Nevertheless, they believe Reiki to have innate wisdom, be spiritually guided, serve the highest good and flow naturally to wherever an individual needs it most.

Although many believe Reiki to be spiritual, it is not a religion, and it does not require those who give or receive it to adhere to any religious dogma. Recipients have different reactions. Some feel nothing while others may feel one or more of the following: a floating sensation, radiation of heat, visualization of colors, and a deep sense of contentment or relaxation.

Winning Hearts and Minds: Reiki can be a difficult concept for professional caregivers to fathom. The terms often used to describe it can be alienating to those who speak the language of hard science and statistics. Its mechanisms and efficacy have not yet been measured or validated in a conventional way; its practitioners are neither trained nor credentialed in the rigorous manner familiar to most clinicians; and its premise strikes many as implausible or insubstantial. Nevertheless, mental health and other healthcare providers have not only been intrigued by Reiki, but many have also recommended it to their patients and clients. A surprising number have learned Reiki and employ it alongside their conventional therapeutic practices. More surprising is that in advance of rigorous investigation and research, Reiki has been embraced and legitimized by leading hospitals that offer it as a complement to traditional treatments.

This reception is hardly surprising to those who've tried Reiki. Practitioners and recipients alike claim that the therapy can promote natural healing, stimulate endorphins, lessen or eliminate pain, lower blood pressure, reduce heart rate, alter hormone levels, promote deep relaxation, energize, and have a calming effect.

Reiki was introduced to the United States in 1973 and is still largely unknown to most of the population, including therapists and healthcare providers. Barnett, however, was an early enthusiast of this modality. She seemed drawn to it almost intuitively as early as 1979. Barnett had recently left her job as a pediatric social worker at Massachusetts General Hospital and moved to Wilton, NH. "A friend called and said, 'There's some guy coming up from California to teach a Reiki class. Do you want to go?'" she recalls. The impulse that bubbled up caused her to say yes even though she'd never heard the word. Her friend also had no idea what Reiki was, but they were going to be among a group of enthusiastic therapists who were going to find out.

"I tell people that when it's time to take Reiki, it's as if it taps you on the shoulder. And, whether or not you consciously understand it, whether or not it makes sense, it's an intuitive choice. The wiser part of you knows that it's a way to fuel your next step. Whether it's increased professional competence, a personal goal, working with the family, colleague, and client, it's a way to fuel ourselves so we'll be more effective for ourselves and others," explains Barnett.

Taking Care Of Yourself: According to Barnett, many social workers and other caregivers were raised and educated to take care of everyone else and address their own needs only if there was time. But, she

says, there never is time. Consequently, she teaches social workers to learn and use Reiki for themselves first and then, if they choose, to use it for the benefit of their clients. "If we're caretakers and we get our joy from taking care of others and facilitating their healing and personal growth, if we burn out, we won't be any good to ourselves or our clients, and we won't be able to do the thing that brings us joy in life. So, it's necessary to fill yourself with Reiki first—to keep yourself well, whole, powerful, and complete—and then offer it to the client after you've taken care of your own needs."

Self-Reiki is used for a variety of purposes, including relaxation, stress management, pain relief, rejuvenation, improving sleep, diminishing anxiety, and increasing energy. Once Reiki students have completed level 1 training, they can self-administer Reiki, either using a simple self-treatment protocol involving the placement of their hands for several minutes upon 12 to 15 locations on the front and back of their bodies, or simply using Reiki in any spot and at any time one feels the need. Reiki can be done anywhere—for example, in a traffic jam, at a stressful meeting, during a phone conversation, or between appointments. Explains Barnett, "Some of the caregiver's stress, of course, is the nature of the job itself; so, when you have a tool that makes you feel more empowered and resourceful, you do your job better."

Taking Care Of Others: Once they realize the benefits of self-care with Reiki, wanting to extend those benefits to their clients is a natural impulse, suggests Barnett. Because Reiki involves touch, however, incorporating it into their practice involves challenges. "Traditionally, social workers haven't touched, and so there's a huge barrier to embracing any of these touch modalities," says Barnett. "I was trained at Simmons School of Social Work, and you sat behind a desk and talked to your clients. You didn't touch." There's an emerging professional field of body-centered psychotherapists who embrace touch therapies, she notes, but many social workers are prohibited, either by professional regulations, insurance dictates, or agency policy, from touching their clients. If social workers can overcome these barriers, however, they will be able to more completely help their clients, she suggests.

A being, Barnett insists, is body, mind, and spirit. "When you talk only to the mind, you're missing two-thirds of the being—the physical and spirit. If you want complete healing or wholeness, you must address body, mind, and spirit because that's what people are." Reiki, she says, allows you to do that. When you put your hands on the client, she explains, they pull in healing energy. "I call it the ultimate nutrient. If the body is fed what it needs, it heads toward wellness and balance. With Reiki, you get the power of touch, and you get touch imbued with this life force energy, so it works on all levels."

Before incorporating Reiki into their practice, Barnett advises social workers to carefully investigate and be mindful of your agency or facility's policy concerning touch. If touch is not prohibited, Reiki can then be blended with more recognized modalities such as visualization or hypnotherapy. She coaches therapists to use Reiki within a stress management program and use a very formal protocol. Explain to the client that the therapy will involve putting your hands on the client's shoulders for 10 minutes, after which time the client will focus on his or her breathing. Some therapists, she says, will use the word Reiki and some won't, preferring instead to merely label the therapy as stress management. Careful explanation, she says, will dispel any concern about inappropriate touching of the client.

It's not enough, she observes, to merely ascertain organizational policy with respect to touching clients. It's important to be mindful of the entire situation. Consider, she says, the diagnosis as well as the client's age and gender. Regardless of agency rules and regulations, if a man were working with an adolescent girl, for example, notes Barnett, there would more than likely be concern about the therapist touching the client.

Even in situations in which therapists are prohibited from touching clients, Reiki may still benefit the client. "If you can't put your hands on the client, your energy field may affect the energy field of the clients, even if it's inappropriate for you to put your hands on them." Furthermore, says Barnett, Reiki is

performed in the simplest of ordinary encounters—such as at a client’s bedside. “If you shake hands with someone and also touch their shoulder, they’re getting Reiki.” Always, she says, give people choices. This way of introducing Reiki is highly efficient because clients are then getting Reiki along with whatever psychotherapy or counseling is being offered.

One of the social work arenas in which Barnett believes Reiki is an especially welcome and helpful approach is in hospice. She’s trained many hospice workers and seen firsthand the profound difference the therapy can make for those who are facing the end of life, as well as their families. Barnett recalls a neighbor who had lung cancer and came to take Reiki classes. She was placed under hospice care by her family after taking a turn for the worse. Barnett told her family that she’d like to give the woman another Reiki session, which she’d asked for before her condition deteriorated. At hospice, the woman’s breathing was very labored. “I put my hands on her shoulder initially, and in three breaths, her breathing became peaceful and quiet. Immediately, the family felt better because their mother was not suffering or struggling to get air.” The benefit of Reiki in the hospice setting, she says, is for everyone. The patient receives some pain relief and is comforted, the family’s anxiety is reduced, and the caregivers are soothed. The most important gift Reiki imparts, of course, is peacefulness in what can be a frightening transition.

Good Vibrations: The clients of caregivers who use Reiki as a self-care tool benefit regardless of whether or not the caregiver uses Reiki on the patient. “When you do Reiki on yourself and fill yourself with this life force energy, people can feel that energy,” she concludes. “Because we do Reiki on ourselves with this uplifting, positive, loving energy, people can sense that energy when they’re with us. As caregivers, we become an enhanced healing presence. At the bedside, that can make an enormous difference in decreasing the clients’ agitation, having them feel more confident that they’re in good hands, that they’re being cared for,” says Barnett. Because Reiki essentially radiates from those who’ve been trained in it, she says, “people feel better, more at ease, safer, more relaxed, and more comforted just by our presence because they’re sensing the Reiki energy.”

When she worked at Massachusetts General, recalls Barnett, she loved her work. It was an exciting place to be, but when the week was over, she was exhausted because all she did was do for others. “When I do Reiki, because I get fueled as that energy flows through in response to the demands of the cells of the client, it’s a win-win situation—I get energized and they get energized. Most of the things we do require energy, and we get tired and depleted. When you offer Reiki, the bonus is its fuel. It reenergizes us in the process of supporting another person if we choose to share it with another, so it’s an extraordinary self-care tool,” she says.

“Social workers deserve Reiki because they’re so committed,” concludes Barnett. “They’re so heart-centered. They just give and give, and they ought to have a tool that fuels them and makes their work easier.”

— Kate Jackson is a staff writer for *Social Work Today*.

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