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Evaluating well-being changes from a Reiki energy medicine session and how people "see" energy during those sessions

Submission date
05/01/2022

Recruitment status
No longer recruiting

Registration date
10/01/2022

Overall study status
Completed

Last Edited
19/07/2022

Condition category
Other

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
In energy medicine, the word “energy” does not refer to energy as physicists commonly use it, but rather to a felt sense that therapists describe as energetic-like, magnetic-like, or tingling-like sensations in or around the body. Reiki is one such energy medicine technique that originated in Japan and is based on the principle that the therapist can channel energy into the patient, activating the natural healing processes of the patient’s body and restoring physical and emotional well-being. Multiple studies have demonstrated positive outcomes from Reiki in various conditions and populations although more research is needed. Experimental and anecdotal reports demonstrate that physical measures correlate with therapists' observations of energy, e.g., electromagnetic and magnetic fields, mechanical vibrations, and other less conventional approaches. There is currently no reliable objective detection method to assess when the presumed energy is present. However, people report that they can observe this energy, perceiving information that is not detected by our traditional five senses and what we are calling extended perception. Building on a previous pilot study that evaluated energy medicine practitioners and included extended perception measures, this exploratory study's goal was to further this line of research by collecting more data on Reiki efficacy and extended perception.

Who can participate?
Adults over 18 years, with a physical injury, or mild cognitive or memory complaint

What does the study involve?
Six expert Reiki Masters were the energy medicine practitioners and gave 30-minute sessions to 40 participants. Six people vetted for extended visual perception made observations before, during, and after each session using quantitative and qualitative measurement tools. Participants and Reiki Masters also recorded their session observations.

What are the possible benefits and risks of participating?
This is a minimal risk study in that it does not include any invasive interventions. There are no known risks associated with Reiki interventions. Participants may or may not benefit from the Reiki sessions. Participants will be compensated $100 for completing all study activities.

Where is the study run from?
DoubleTree Hotel in Rohnert Park, California (USA)

When is the study starting and how long is it expected to run for?
January 2021 to August 2021

Who is funding the study?
The Emerald Gate Charitable Trust and Jeffrey C. Walker (USA)

Who is the main contact?
Helane Wahbeh, hwahbeh@noetic.org

Contact information

Type(s)
Principal investigator

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Study information

Scientific Title
Extended perception corroboration: a pilot study with energy medicine practitioners

Acronym
MultiSeer

Study objectives
Question #1: Do different types of Seers empirically see the same way?
- Hypothesis 1: The seers will have an average correspondence score of 3 or above over all the sessions for observation text, meaning text, and overall score. There will be no significant

difference by RMs in the ANCOVA.
- Hypothesis 2: The seers will have an average Krippendorff's alpha coefficient ≥ 0.80 by session and overall.
- Hypothesis 3: The seers will have an average correspondence score of 3 or above over all the sessions for all drawings. There will be no significant difference by RMs in the ANCOVA.
- Hypothesis 4: There will be similar elements drawn or noted within 2 minutes of each other for at least two or more seers in a majority of sessions.

Question #2: What is the corroboration between each experiencer's perceptions (RM vs. seer; RM vs. participant; seer vs. participant)?
- Hypothesis 1: We will test the hypothesis that the Krippendorff's alpha coefficient is above 0.80 for each code and by category and in a pair-wise fashion using a one sample t-test assuming a normal distribution.
- Hypothesis 2: Average correspondence scores will be 3 or above across the pairs for observation text, meaning text, and overall score.

Question #3: Can Seers accurately pick up the health state of a Participant before the healing (gauging accuracy of intuitive diagnosis with a very objective survey)?
- Hypothesis: The seers will have an average Krippendorff's alpha coefficient ≥ 0.80 by session and overall.

Question #4: Do the participants receive any benefit from the session, and what, if any, variables predict those benefits?
- Hypothesis 1: That the above measures will be significantly improved from before the session to one week later.
- Hypothesis 2: That the above potential predictors will not be significant predictors except for the personality trait of Openness and Health Category.
- Hypothesis 3: That only Health Category will be a significant predictor in the combined model.

Question #5: What is the corroboration between the symbols noted by the seers and the meaning, if any, the participants ascribe to them?
-Hypothesis 1: Three or more out of the six seers will observe similar symbols.
-Hypothesis 2: Participants will report at least 25% of the symbols seers observe are meaningful to them.
-Hypothesis 3: 25% of participants will note a similar meaning of symbols observed by both seer and participant.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 08/06/2021, The Institute of Noetic Sciences Institutional Review Board (101 San Antonio Road, Petaluma, California, United States; +1 707-775-3500; gyount@noetic.org), ref: IORG#0003743

Primary study design
Interventional

Study design
Single-centre prospective uncontrolled interventional trial

Study type(s)
Quality of life

Health condition(s) or problem(s) studied
Observation of patients with one or more of the following conditions: current physical injury, current memory issues, current anxiety, current depressive symptoms

Interventions
Six expert Reiki Masters were the energy medicine practitioners and gave 30-minute sessions to 40 participants. Participants had one or more of the following conditions: acute physical injury (such as broken bone), mental impairment (memory issues), and psychological symptoms (anxiety and/or depression). Six people vetted for extended visual perception made observations before, during, and after each session using quantitative and qualitative measurement tools. Participants and Reiki Masters also recorded their session observations. Data were analyzed for similarities: 1) within-perceivers for the same sessions, 2) between the Reiki Master and perceivers, 3) between the participant and Reiki Master, and 4) between the participant and perceivers. Participants' well-being outcomes and potential predictors were also evaluated.

Intervention Type
Other

Primary outcome(s)
1. Well-being was measured using the Arizona Integrative Outcomes Scale (AIOS) within 48 hours of the session, immediately before the session, immediately after, and one week later (Bell et al., 2004).

Key secondary outcome(s)
1. Positive and negative affect was measured with the Positive and Negative Affective Scale within 48 hours of the session and one week later (Thompson, 2007; Watson et al., 1988).
2. Sleep quality was measured using the Sleep Quality Scale within 48 hours of the session and one week later (Cappelleri et al., 2009).
3. Pain was measured using the Numeric Pain Rating Scale (Farrar et al., 2001) within 48 hours of the session and one week later.
4. Self-transcendence was measured using the Cloninger Self-Transcendence Scale within 48 hours of the session and one week later (Cloninger et al., 1994).
5. Interconnectedness with nature was measured using the Inclusion of Nature in Self (INS) (Schultz, 2002; Schultz et al., 2004) within 48 hours of the session and one week later.
6. Interconnectedness with others was measured using the Inclusion of the Other in Self (IOS) (Aron et al., 1991, 1992) within 48 hours of the session and one week later.
7. Symptoms were measured using a Review of Systems Symptom Checklist immediately before the session.
8. Energetic observations were measured using a Code Checklist immediately after the session.
9. Qualitative subjective experiences were measured using an Observation Table immediately after the session.

Completion date
07/08/2021

Eligibility

Key inclusion criteria
1. Adult aged 18 years or older
2. Comfortable receiving an energy medicine session at the study site
3. Willing to complete all study activities
4. Have one or more of the following conditions: current physical injury (e.g., recent sprain, strain, or broken bone) as assessed by self-report; current memory issues as assessed with a score of less than 15 on the Inoue Computerized Test Battery (Inoue, et al., 2009); current anxiety as assessed with a score between 5 and 15 on the Generalized Anxiety Disorder-7 (Spitzer, et al, 2006); current depressive symptoms as assessed with a score between 16 and 25 on the CESD-5 (Weissman, et al, 1977)

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
All

Total final enrolment
40

Key exclusion criteria
1. No signs of COVID-19

Date of first enrolment
22/06/2021

Date of final enrolment
27/07/2021

Locations

Countries of recruitment
United States of America

Study participating centre
Institute of Noetic Sciences
101 San Antonio Road
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94952

Sponsor information

Organisation
Institute of Noetic Sciences

ROR
https://ror.org/03xq12h43

Funder(s)

Funder type
Charity

Funder Name
Emerald Gate Charitable Trust

Funder Name
Jeffrey C. Walker

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study will be stored in a publically available repository, Open Science Forum. It is publicly available in perpetuity at this website https://osf.io/cs3ht

IPD sharing plan summary
Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet		03/06/2021	07/01/2022	No	Yes
Preprint results		14/02/2022	19/07/2022	No	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes