Energy Therapies in Oncology Nursing

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Objectives: *To review the published research related to the interventions of Reiki, Therapeutic Touch, and Healing Touch representing energy therapies in relation to oncology nursing.*

Data Sources: *Peer-reviewed literature.*

Conclusion: *There is growing evidence that energy therapies have a positive effect on symptoms associated with cancer. While there is need for further research, it is clear that an appreciation for the value of research methods beyond the randomized control trial is important.*

Implications for Nursing Practice: *Energy therapies offer additional strategies for oncology nurses providing integrated nursing care to alleviate suffering and symptom distress of patients with cancer.*

Key Words: *Energy therapies, Reiki, Healing Touch, Therapeutic Touch*

ENERGY therapies, or biofield therapies, are considered a subcategory of one of the five groups of complementary/alternative or integrative therapies described by the National Center for Complementary and Alternative Medicine (NCCAM). Included in this subcategory are Healing Touch, Qigong, Reiki, Therapeutic Touch and polarity therapy. There are those who believe that the integration of complementary alternative medicine (CAM) in the United States (US) is beginning to shift from the marginal fringes to the mainstream of care.[1,2] Americans spend between $36 and $47 billion dollars per year on CAM therapies and 36% of US adults currently use CAM.[3,4] In 2007, Fonnebo et al[5] and Eisenberg et al[6] suggested that the annual expenditure of 30 billion dollars on CAM-related interventions in the US was greater than the out-of-pocket expenses for conventional primary care. Thus, Americans are turning to CAM interventions as treatments for many illnesses and are willing to pay, collectively, significant sums of their own money to access these therapies. Yet, CAM therapies lack the scientific evidence needed to demonstrate efficacy required by most Western medical interventions. Many authors have called for more rigorous standard research to develop the evidence for these interventions.[4-9] While randomized control trials (RCTs) of the interventions, have a significant place in the development of the science related

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to CAM interventions, taking a broader view of demonstrating the effectiveness of CAM interventions is essential. The field is still young and it is essential to include all kinds of studies to provide a fair and balanced perspective of the research in this area. RCT may be the gold standard for pharmaceutical trials, but there is much controversy regarding it being such a standard for behavioral trials.[5] The Western medical-scientific ideal does not take into account the wider contexts, the philosophical bases, and multidimensional nature of CAM interventions. Rather than critiquing CAM methods and the research supporting them as lacking and non-scientific, what constitutes scientific evidence must be expanded.

The notion of efficacy research, that is, research that focuses on examining a specific intervention on a specific health outcome, when controlling for all other variables, is based on philosophy and ideals that are inherently too reductionistic to capture the full meaning and impact of CAM interventions.[4] Scientific positivism has contributed greatly to improving medical education and medical care in the US, but it has also led to the undervaluing of interventions that were not associated with standard surgical and pharmacologic therapies. Sagar[7] suggested the importance of considering, more broadly, the effectiveness of the intervention in the real lives of patients, in complex multidimensional ways that incorporate the interactions of many variables. Understanding the full impact of CAM interventions on the patients who use them requires research approaches that consider the context and potential synergies of many variables. It is critical to continue to utilize RCTs in developing the scientific base of CAM interventions, and it is also critical to consider methods more expansively that have the potential to clarify the meaning and value of CAM interventions. Such research could explain the gap between the traditional scientific critique of CAM methods and the reality that 36% of Americans are currently spending more than 30 billion dollars annually on such interventions.

Fonnebo et al[5] offered a five-phase model for assessing CAM interventions to address the lack of congruence between the results of RCTs showing questionable benefit for CAM interventions and their widespread use. The model consists of consideration of: 1) context, paradigms, philosophical understanding, and utilization; 2) safety status; 3) comparative effectiveness; 4) component efficacy; and 5) biological mechanisms.[5, p.2]

The purpose of this article is to review the interventions of Reiki, Therapeutic Touch (TT), and Healing Touch (HT) representing energy therapies in relation to oncology nursing. Studies that focused on the use of Reiki, TT, and HT with cancer patients will be presented. Whereas studies with cancer patients, specifically, and the use of Reiki, TT, and HT are limited, there is considerable research on the effectiveness of these modalities to relieve symptoms associated with the cancer experience. Research addressing interventions for symptoms that are commonly experienced by cancer patients will be presented.

Reiki

Reiki therapy has a long history outside of the nursing profession. The word "Reiki" is composed of two Japanese words – Rei, which means *God's Wisdom or the Higher Power*, and Ki, which is *life force energy*.[12] Thus, Reiki is "spiritually guided life force energy." Reiki is believed to be an ancient healing practice that originated thousands of years ago in the Tibetan Sutras. The practice was lost until the 1800s when Dr Mikao Usui, a Japanese monk, rediscovered it and began practicing and teaching Reiki.[8] Dr Usui recommended that individuals practice certain simple ethical ideals to promote peace and harmony, which are nearly universal across all cultures.[8] Reiki was brought to the West in 1938 by Hawayo Takata and is now practiced worldwide.[4] Reiki is a simple process of laying-on of hands to channel energy to a recipient.[4] Historically, individuals outside of mainstream health care practiced Reiki and there is limited research on this therapy (see Table 1). However, today there are many clinicians who offer Reiki to their patients.

The 2007 National Health Interview survey compiled by Barnes et al[9] reported that 1.2 million adults and 161,000 children in the US had received one or more sessions of energy healing such as Reiki during the previous year, and 15% of American hospitals offer Reiki as a service of care. However, there remains little research explaining how Reiki works and the use of Reiki therapy in patient care. Subsequently, Baldwin et al[10] developed a Touchstone Process to offer a clear and scholarly way to understand the current state of Reiki research and provide recommendations on future investigations on Reiki effectiveness. The Touchstone Process