

THE ROLE OF REIKI THERAPY IN
IMPROVING THE QUALITY OF
LIFE IN PEOPLE LIVING
WITH HIV

by

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DEDICATION

With Love, Gratitude and Respect to the world famous Reiki Masters.

We are deeply grateful to Dr. Mikao Usui for showing us the hidden path of the Universal Life-force Energy – REIKI.

We honour and respect this unconditional Divine Healing Energy
-REIKI-

It is made available for all without discrimination of the state of health or sickness, religion, belief, colour or birth.

We pay our affectionate homage from the core of our hearts to this great re-originator of the Divine power – REIKI.

Thank you for making this great gift available to all mankind.

SUMMARY

This qualitative study explored the use of Reiki in improving the quality of life of people living with HIV (PLWH). A purposive sample of seven participants consented to the study. Reiki attunement, self healing and data collection were done over a six-month period. An idiographic approach was used. The participants were interviewed, then underwent Reiki attunement, performed self healing for 21-30 days and were interviewed again.

Responses suggest that Reiki therapy had positive outcomes. Illness-specific symptom relief, increased levels of energy, improved sleeping patterns, decreased anxiety and depression, spiritual awakening and a better ability to handle stressful situations were reported.

Reiki therapy enabled the participants to reappraise living with HIV, deal with anger, depression and self-blame. These positive changes led to some of them seeking employment, leaving destructive personal relationships and reconnecting with family members. The researcher strongly recommends further research in this area.

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List of Abbreviations

AIDS:	Acquired immunodeficiency syndrome
ARV:	Antiretroviral
CAM:	Complementary and Alternative Medicine
HIV:	Human immunodeficiency virus
NCCAM:	The National Centre for Complementary and Alternative Medicine
PLWH:	People living with HIV
TB:	Tuberculosis
VCT:	Voluntary Counselling and testing

Chapter 1

Contextualising the research problem

1. 1 Introduction

Dr. Peter Piot, UNAIDS Executive Director, stated that “*HIV/AIDS is unequivocally the most devastating disease we have faced, and it will get worse before it gets better*” (The International Bank for Reconstruction and Development/The World Bank 2002: xxiii). South Africa is currently experiencing one of the most severe HIV-epidemics in the world. By the end of 2005, there were five and a half million people living with HIV in South Africa and almost 1 000 AIDS deaths occurring everyday, according to UNAIDS (2006) estimates. Between 2006 and 2025, there is a profound uncertainty about how the AIDS-related deaths will develop and the extent of its impact (UNAIDS 2000).

Since first identified, HIV has captured the concerns of a variety of scientists studying different aspects of the lives of persons living with HIV (PLWH). At a psychosocial level, researchers have found that testing for HIV-infection may lead to psychological distress and suicidal behaviour (Beever & Catalan 1993). Psychological distress affects the survival of PLWH (Palombi *et al* 1997). It is important to alleviate negative experiences and emotions and empower PLWH (Miller 1988).

Evidence on Reiki therapy gathered from pilot studies, case reports and randomized trials suggests that it may offer a non-invasive, non-pharmacological treatment for several physical and psychological conditions (Barberis 1996; Bruce 2001). The researcher is a qualified Reiki master and has treated many people with different ailments and has realised the impact Reiki therapy can have on the physical,

psychological and spiritual areas of one's life. The researcher found that patients, who were facing chronic illness, especially during long-term and invasive courses of treatment such as chemotherapy or radiation, have reported significant improvements in quality of life. Other patients have reported a boost in their immune system, relief from pain, reduction of stress and depressive episodes and balances in their energy levels so that they feel more energized. Reiki therapy was also reported to be very empowering and spiritually uplifting.

Reiki therapy treats the patient, not the condition or illness. It offers rapid stress reduction and a sense of profound well-being, and can benefit anyone who is suffering (Ray 2001). Reiki appears to combine safely with any medical intervention needed and is used to soothe dental and surgical anxiety and improve recovery; reduce side-effects of pharmaceuticals, radiation and chemotherapy; improve sleep; strengthen sobriety; relieve anxiety; lessen pain; and support recovery from trauma (Miles 2003).

1.2 Purpose of the study

Holistic therapies are becoming more popular as patients are increasingly becoming dissatisfied with conventional treatments. Conventional biomedical treatments are regarded by some as ineffective, producing adverse side-effects, impersonal, too technologically-oriented, and too costly (National Centre for Complementary and Alternative Medicine [Sa]). Some patients regard holistic therapies as less authoritarian and empowering by offering them personal autonomy and control over their health-care decisions. Some patients see holistic therapies as being compatible with their

values, worldviews, spiritual or religious philosophies or beliefs regarding the nature and meaning of illness (Pugh 2005).

The purpose of this study is to explore and critically analyse the use of Reiki therapy as a complementary treatment for PLWH from the point of view of PLWH. On the basis of the analyses of data, the study explored perceptions of complementary and alternative medicine (CAM), in particular Reiki therapy, within the framework of the sociological analysis of medicine.

1.3 Research Questions

The research questions were designed to explore and critically analyse the use of Reiki therapy as a complementary treatment for PLWH from the point of view of PLWH.

Based on the purpose, the following questions were considered throughout the study:

- (a) What are the perceptions and experiences of PLWH of Reiki therapy as a complementary and alternative treatment?
- (b) What are the perceived benefits of Reiki therapy for PLWH who received Reiki therapy as a complementary and alternative treatment?
- (c) What are the perceived obstacles to the general use of Reiki therapy for PLWH?

To help explore these questions, a brief background to complementary and alternative medicine is given in the section below.

1.4 Complementary and Alternative Medicine (CAM)

In this section a short description of CAM is given in order to place Reiki therapy in perspective within the field of alternative medicine. First it should be noted that there are many terms used to describe those approaches to health care that are regarded by some as falling outside the realm of conventional biomedical medicine. Second, it should be noted that CAM is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine (National Centre for Complementary and Alternative Medicine [Sa]). CAM is often negatively defined as *"a system of health care which lies for the most part outside the mainstream of conventional medicine."* A more balanced and inclusive definition states that *"complementary medicine is diagnosis, treatment and/or prevention which complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by orthodoxy or by diversifying the conceptual frameworks of medicine"* (Ernst et al 1998: 1026). This definition thus sees complementary treatment involving practices and beliefs that are not generally upheld by the dominant health system in Western countries.

According to the National Centre for Complementary and Alternative Medicine (NCCAM), CAM approaches are diverse and can be classified under five major domains (National Centre for Complementary and Alternative Medicine [Sa]). The five main domains are discussed below.

1.4.1 Whole Medical Systems

Whole medical systems are built upon complete systems of theory and practice. Examples of whole medical systems that have developed in Western cultures include Homeopathic naturopathic medicine, Traditional Chinese medicine and Ayurveda (National Centre for Complementary and Alternative Medicine [Sa]).

1.4.2 Mind-Body Medicine

Mind-body medicine uses a variety of techniques designed to enhance the mind's capacity to have an effect on bodily function and symptoms. Mind-body techniques include meditation, which is a conscious mental process using certain techniques such as focusing attention or maintaining a specific posture, to suspend the stream of thoughts and relax the body and mind. It also includes prayer and mental healing and therapies that use creative outlets such as art, music or dance (National Centre for Complementary and Alternative Medicine [Sa]).

1.4.3 Biologically-Based Practices

These therapies commonly involve the use of substances found in nature such as herbs, food supplements and vitamin (National Centre for Complementary and Alternative Medicine [Sa]).

1.4.4 Manipulative and Body-Based Practices

These therapies involve the manipulation of soft tissues and musculoskeletal structures. Examples include chiropractic or osteopathic manipulation (National Centre for Complementary and Alternative Medicine [Sa]).

1.4.5 Energy Therapies

Energy therapies involve the use of energy fields. There are two types, namely biofield therapies and bio electromagnetic-based therapies (National Centre for Complementary and Alternative Medicine [Sa]).

Biofield therapies are intended to affect the energy field that purportedly surround and penetrate the human body. The existence of such fields has not yet been scientifically proven. Some forms of energy therapy manipulate biofields by applying pressure and/or manipulating the body by placing the hands in, or through these fields. Examples include Gi Gong, Touch therapy and Reiki therapy, a therapy in which practitioners seek to transmit a universal energy to a person from a distance or by placing their hands on or near that person. The intent is to heal the spirit and then the body (National Centre for Complementary and Alternative Medicine [Sa]).

Bio electromagnetic-based therapies involve the unconventional use of electromagnetic fields, such as pulsed fields, magnetic fields, or alternating current or direct current fields (National Centre for Complementary and Alternative Medicine [Sa]).

1.5 Rationale for the study

Reiki treatment brings balance and harmony to the body, mind and spirit, restoring a sense of wholeness and well-being. Reiki usually relieves pain and acute problems quite rapidly. Chronic illnesses may take a number of treatments depending on the extent and depth of the problem (Rand 1998).

The rationale for this study is based on an understanding of HIV and AIDS as an illness that manifests physically as a symptom of a disorder on physical, emotional, mental, and spiritual levels. Reiki works on all these levels, and goes beyond the symptoms to treat the whole person (Ray 2001).

1.6 Research approach

The approach followed in this study was a qualitative, action research orientation in which volunteers living with HIV were recruited and trained in the use of Reiki therapy. Their experiences prior to their introduction to Reiki therapy and their involvement with Reiki therapy and the perceived changes in their psychophysical wellbeing were recorded using semi-structured interviews. All interviews were audio taped with the research participants' written informed consent. Further details on the research approach and the methodology are discussed in Chapter 3.

1.7 Significance of the study

This study demonstrates how the holistic practice of Reiki therapy can improve the quality of life of PLWH. It offers supportive treatments to available conventional treatments as more individuals are searching for holistic therapies to alleviate stress and treat physical and mental ailments (Pugh 2005).

1.8 Structure of the dissertation

Chapter 1 contextualises the research problem. This chapter introduces the reader to the purpose of the study, the research questions, the research approach, the significance of the study and introduces the reader to the structure of the dissertation.

Chapter 2 concentrates on review of Literature, Chapter 3 discusses the methodology of the research, Chapter 4 analysis in-depth the findings of the research and Chapter 5 presents the concluding remarks and recommendations. The list of resources and documents used in the research are included at the end as appendices.

1.9 Concluding remarks

This chapter has provided a framework for the study. It presented overviews of alternative therapies; the research questions that guided the collection, analyses and interpretation of the data.

The next chapter presents a review of literature in an attempt to answer the research questions and to situate the study in its relevant context.

Chapter 2

Review of Literature

2.1 Introduction

In 2005, South Africa had around 5 million people living with HIV or 11% out of the total population of 46 million (Mail and Guardian 2006). The disease has begun to impact on the life expectancy of the South African citizenry, which is now about 50 years, but decreasing rapidly (Noble 2005). There is considerable discussion on the role of anti-retroviral (ARV) therapy to improve life expectancy in South Africa (Mail and Guardian 2006).

Currently, it is estimated that 500 000 people who are infected with the HI-virus would benefit from ARV therapy. Unfortunately, only around 40 000 are presently receiving them on a regular, controlled basis (AIDS Foundation South Africa Sa). Moreover the relatively slow roll-out of ARV drugs in the public sector, coupled with problems of compliance to treatment by patients, tolerance of side-effects and the cost of ARV drugs have encouraged the search for alternative and additional ways of dealing with PLWH. In the absence of a vaccine against the HI-virus, such alternative treatments should be able to strengthen the immune system of the infected individual, thereby delaying the onset of the final stages of HIV-infection, and for people with high viral loads and severely suppressed immune systems, help minimise the impact of HIV-disease and AIDS. It is well-accepted that a holistic approach to HIV-infection and AIDS-management does work, and can offer a valuable supportive or an alternative therapy to ARV therapy (Lau & Muula 2004).

At a psychosocial level, researchers have found that testing for HIV-infection may lead to psychological distress and suicidal behaviour (Beever & Catalan 1993). Extensive research has shown that receiving a positive HIV-antibody test result and living with HIV may be associated with a wide range of experiences and responses, including emotional distress (McCann 1992; Sherr *et al* 1993), anxiety (Hays *et al* 1990), fear (Metcalf *et al* 1998), helplessness (Viney *et al* 1989), loss of control (Crowther 1992), a diminished sense of coherence, lowered self-esteem and internalised stigma resulting in self-blame and guilt (Lawless *et al* 1996).

Uncertainty is one of the main characteristics of living with HIV (Crossley 1998; Weitz 1989). Several studies have also shown that depression is common amongst PLWH (Judd *et al* 1997), and depression has been found to predict hopelessness (Morris 1996; Rabkin *et al* 1990). Psychological distress affects the survival of PLWH (Palombi *et al* 1997). In offering psychological support to a PLWH, it is thus important to alleviate negative experiences, such as despair or hopelessness. Encouraging hopefulness along with other empowering attitudes and emotions plays a pivotal role in caring (Miller 1988; Raveis *et al* 1998).

Emerging evidence suggests that psychological factors can directly affect the mind-body process (Wolf 1988). The mind-body process could be regarded as an overall process that is not easily dissected into separate and distinct components or parts. Mind-body relations are always mutual and bi-directional. The body has an effect on the mind and is affected by it (Wolf 1988).

Further evidence suggests that psychosocial states such as depression, hostility and psychological stress can directly influence both physiologic functions and health outcomes, loss of control (Crowther 1992), a diminished sense of coherence, lowered self-esteem and internalized (Astin *et al* 2003). Research in the fields of psychology, oncology, immunology, and cardiology has shown that the reduction of stress has immediate positive effects on the immune system and cell changes as well as the avoidance of pathology and mental dysfunction (Astin *et al* 2003; Stein 1995).

People living with HIV may experience abnormal physiologic responses to stressors, which may contribute to immunologic deficits. Stress management teaches people more efficient methods for coping with stressors and may affect components of the immune system (Michael *et al* 2002). Living with HIV can result in psychological stress as the person diagnosed with HIV has to face:

- The fear of getting sick, disabled and dying
- The unpredictability and accumulating nature of symptoms in the HIV-AIDS illness trajectory
- Anxiety about infecting someone else or about being re-infected with new strains of HIV
- Financial worries about paying for medications or possibly becoming unemployed
- The stress of trying to eat right, exercise, and “do the right things”
- The stress of overcoming or resisting addictions
- Psychosocial issues related to discrimination and stigma

- The trauma associated with being abandoned by friends and sometimes even by family (In this respect it should be noted that Bova (2001) regards social support and social integration as important mitigating factors influencing the PLWHA's adjustment and well-being).
- Anxiety about having access to quality health care and treatments and dealing with doctors and insurance companies
- The stress of having a clean, safe place to live, and clean water to drink
- The stress of sticking to treatment regimes and taking medications on time (Thompson, Nanni & Levine 1996).

Moreover, stressful events (such as being diagnosed as HIV-positive and coming to grips with living with the disease) can prompt individuals to engage in unhealthy habits or behaviours such as smoking, alcohol abuse or unsafe sex (Antoni 1991; Kemeny 1994). Living long and well with HIV takes a lot of hard work, and a person living with HIV has to maintain a balance between dealing with the illness as a chronic disease with an unpredictable illness trajectory and living life (Alex 2004). This can lead to role strain and stress per se can have a physiological effect leading to more rapid disease progression (Kiecolt-Glaser & Glaser 1991; Thompson *et al* 1996).

Stress reduction appears to be related to the ability of the immune system to reconstitute naïve T cells over time, possibly affecting cell-mediated immune responses to novel antigens and protecting against opportunistic infections (Michael 2002).

Reiki therapy can therefore be used with conventional treatments as a complementary medicine to assist with boosting the immune system. Reiki treatment is given not to attack disease but rather to support the

person experiencing the disease. Reiki will not interfere with medical treatments, but will encourage the rebalancing of the patients' entire system, which may lighten side-effects and increase tolerance to invasive procedures (Miles 2003).

Lazarus and Folkman (1984) suggest a cognitive model for stress and coping which points out that personal appraisal of illness and social support mediate the effect of personal and illness characteristics such as age, sex or illness stage on sufferers' abilities to cope with chronic illness. This model (depicted in Figure 1 below) focuses on the way a person interprets a stressor and regards the way in which a person appraises an event as very important in coping. It proposes that the interpretation of stressful events is more important than the events themselves. According to the model, social support mediates the effect of personal and illness characteristics on symptom experiences and adjustment to chronic illness. It is neither the event nor the person's response that defines stress – rather it is the individual's perception of the situation that defines stress so that stress becomes a function of the person's feelings of threat, vulnerability and ability to cope.

Lazarus and Folkman (1984) propose three types of appraisals. The first primary appraisal is the initial evaluation of the situation. When the person evaluates the illness as having no implications for his or her well-being, he or she will appraise it as irrelevant. If the person evaluates the illness as an opportunity to increase his or her well-being (for example an acute, yet curable illness), he or she will appraise it as benign-positive. However, should the person evaluate the illness as harmful, threatening or challenging, and then he or she will appraise it as stressful.

The second primary appraisal is where the person considers to what extent the illness will result in harm or loss, represents a threat or a challenge. Should the person perceive that the challenge or threat posed by the illness as exceeding his or her abilities and resources to overcome it and the difficulties it might pose, he or she is likely to appraise it as highly stressful. This leads to the third type of appraisal which Lazarus and Folkman (1984) refers to as the secondary appraisal. Here the individual evaluates his or her situation by asking what coping options are available, what the likelihood of adopting a particular strategy will be and finally how successful that strategy is likely to be. Importantly, Lazarus and Folkman (1984) emphasise that when a person has to continually reappraise their situation, it can lead to more and compounded stress. In this regard, HIV and AIDS as a chronic illness represents such a case as the progression of the disease from infection (or detection of an HIV-positive status) to the development of symptoms or opportunistic infections and to the final stages of HIV-infection is unpredictable.

Social support for people living with HIV is emphasised in treatment regimes in South Africa as people are encouraged to join support groups and to cultivate "treatment buddies" to support them when they start using ARV medication. In addition to social support, however, the cognitive model of stress and coping also focuses on the symptom experiences of people with chronic illness. This means that the way that a person appraises the effect of a symptom on his or her well-being and ability to function is of great importance in developing coping strategies in living with chronic illness.

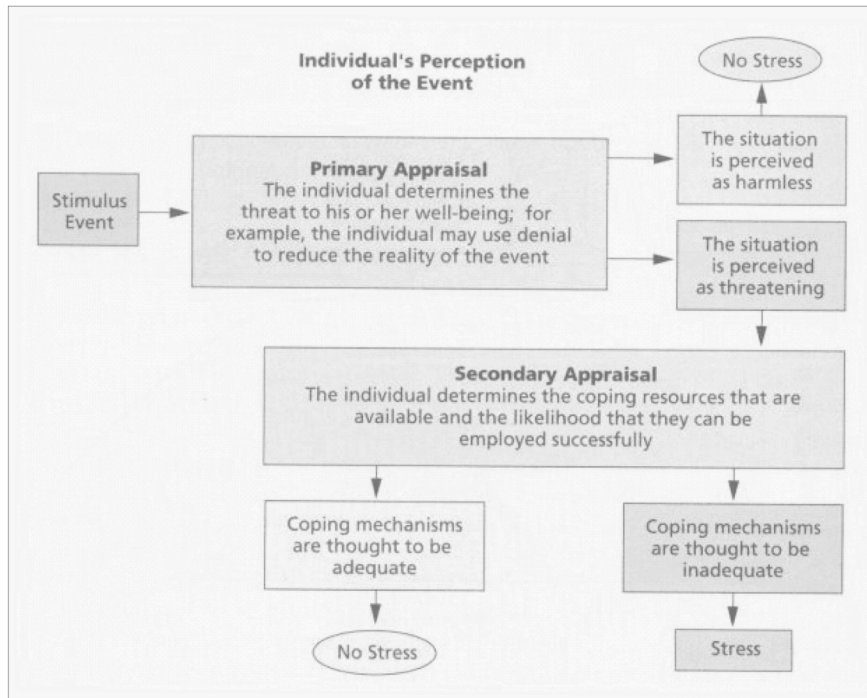


Figure 1: A depiction of Lazarus and Folkman's (1984) cognitive appraisal model of stress and coping

The cognitive appraisal model has been used to guide studies in HIV and AIDS by Fleishman & Fogel (1994) and Folkman *et al* (1992). As Reiki therapy can assist people living with HIV in their appraisal of their illness and with their symptom experience, it is assumed that, following the cognitive appraisal model of stress and coping, it can play an important supportive role in the treatment therapies of people living with HIV.

The rest of the chapter concentrates on Reiki therapy and scientific studies completed on the effects of Reiki therapy on different ailments, including the impact it has on PLWH.

2.2 Reiki Therapy

Reiki therapy as part of a group of CAM practices offers an alternative to mainstream biomedical approaches. Biomedicine as developed in the 16-18th century, defined nature and human life in terms of causes-and-effects. The tools of investigation were observation and experimentation. The goals of research or investigation were to control nature and to intervene to correct mistakes that lead to illness, disease and mortality. Being a physician or doctor meant having a profession, legitimised by the state (especially in Western countries) and being the carriers of this modern, rational wisdom about the body. The postmodernist critique is that, although Enlightenment (and the modernists) threw off the yoke of medieval superstitions (e.g. illness caused by evil spirits); they in turn developed their own myths and did not always question them critically.

This development of scientific understandings of the body was informed by other doctrines, reinforced by strict empiricist methods of biomedical investigation and the normalisation of these practices to assist in the mind (or soul)-body-split. The early Christian doctrine, for example, regarded the soul as the real essence of humanity and as sacred, whereas the body was regarded as profane and corruptible. Rene Descartes, the 17th century French philosopher, helped shape the rationalism that infused the mind-body dualism of physical medicine. He posited that the soul resided in the body, but was far too mysterious to be studied, whereas the body was a physical machine, Minds, however, were private and inner and the true centres of human identity.

Because of the mind-body dualism, bodies:

1. Can be freely inspected and can be subjected to physical examination and (after death) to anatomical dissection
2. Occupy space
3. Are public
4. Are machines that can objectively be "known" and are subject to physical mechanics
5. Can be subjected to hospital treatment where it is the doctors' task to repair the machine
6. Became subjected to higher order dualisms such as the dichotomy between the female (nature/emotional/reproductive) body and the male (culture/rational/productive) body.

The anatomy lessons in 16th century Europe represented a key stage in the development of biomedicine and signified the triumph of the rationalism of scientific investigation. Here, one can see the link between dissection and capital punishment: Most of the bodies dissected were those of convicted criminals. To Foucault, this implied an extension of punishment and linked power and an objectification of a body in the extreme.

Ivan Illich (1976) is responsible for the introduction of the concept iatrogenesis. Illich believed that medical intervention produced more harm than good. He distinguished between clinical iatrogenesis and social, cultural and structural iatrogenesis. With clinical iatrogenesis Illich meant doctor-induced disease. He argued that when a person is subjected to medical investigation or treatment for a minor health problem, that person runs the risk of gaining a worse problem than the original. With social, cultural and structural iatrogenesis, Illich was making an argument about the social consequences of increasing

medicalisation of everyday life. He saw the consequences of biomedical hegemony as weakening the ability of individuals to heal themselves when ill, to change their environment, and to challenge the status quo. He believed that modern medicine encouraged people to strive for and attain unrealistic standards of health ("a state of complete physical, mental and social well-being" according to the World Health Organisation). He attempted to highlight the passivity with which individuals have relinquished control over their own bodies, became consumers of modern health care, use preventive or enhancing drugs and medication when these are not necessarily indicated (sedatives, mood-altering drugs, appetite suppressants and Viagra are some examples we might think of here to understand Illich's point). Could this passivity on the part of health consumers perhaps be the reasons why biomedicine cannot claim success with chronic diseases or infections such as HIV and AIDS?

In addition, Illich claimed that medicine reinforced political environments in which sickness and deviance can be defined only by those with medical authority. This authority enabled the medical expert to declare which patient is ill, which person is normal, or to, for example say whether a woman has been raped or a child has been abused. Illich regarded such decisions to be essentially political or social, not medical. Reiki therapy provides a challenge to the expert-led, disempowering biomedical view of therapy for a chronic illness.

Reiki is a system of subtle, vibrational healing that has no medical contraindications. It is holistic in that it does not attack the disease in any form, but rather, it encourages the individual towards balance. Reiki operates on the premises that the subtle vibrational blueprint is

the foundation for everything that happens on the mental, emotional, physical, and spiritual levels (Miles 2003).

2.2.1 Introduction to Reiki Therapy

Reiki is a therapy in which practitioners seek to transmit universal energy to a person, either from a distance or by placing their hands on or near the person. The intent is to heal the spirit and thus the body. Reiki therapy is an energy medicine therapy that uses energy fields with the intent to positively influence health (Ray 2001).

Reiki is part of CAM, a group of diverse medical and health care systems, practices and products that are not presently considered to be part of conventional medicine (National Centre for Complementary and Alternative Medicine [Sa]).

It is not fully known whether Reiki influences health and how it might do so. The existence of 'ki' (energy) has not been proven scientifically. The National Centre for Complementary and Alternative Medicine (NCCAM) is sponsoring studies to find out more about Reiki's effects; how it works; and diseases and conditions for which it may be most helpful.

The above may sound as a set of groundless claims. However, there have been attempts to explain why Reiki therapy works, in a more scientific manner. Einstein (2001) developed a definition which says that everything in the universe is entirely made up of energy. This includes emotions, thoughts, the physical environment and our physical body which may be seen as a dense form of energy. People are beings of energy surrounded by invisible energy fields. These energy fields supply human beings with energy similar to the way

eating, drinking and breathing supply our bodies with energy (Walker 1976).

2.2.2 Reiki as an Energy Medicine Therapy

The word Reiki is made up of two Japanese words: 'Rei' or universal spirit (sometimes thought of as a supreme being), and 'ki' meaning life force energy. 'Ki' is regarded as a healing energy which is abundantly present in the universe. Reiki practitioners believe that it can be utilised so that health can be maintained and disease can be alleviated or cured (Steward 1979; Sumeet 1999).

In CAM, Reiki belongs to a domain (area of knowledge) called energy medicine. In this domain, therapies are based on the belief that disturbances in energy cause illness. Energy medicine practitioners seek to improve the flow and balance of energy in a beneficial way. Energy medicine seeks to use for potential health purposes, forces of two types:

1. Forces that scientific instruments can measure (e.g. forces associated with electromagnetic fields) and
2. Forces (called biofields) that some believe surround and penetrate the human body, but whose existence is not yet scientifically proven. Ki, the life force energy described in Reiki Therapy, is in this second category (National Centre for Complementary and Alternative Medicine [Sa]).

2.2.3 Description of Reiki therapy

Reiki therapy is a simple, yet powerful system of laying-on-of-hands that is claimed to work on the body and mind and on an emotional and spiritual level. Energy work, spiritual healing and laying-on-of-hands

are ancient practices of which Reiki therapy is only one form. The use of Reiki therapy as a relaxation and stress reducing technique is becoming accepted and widespread because it can enhance other healing practices (Horan 1979). It is furthermore claimed that Reiki energy has an innate intelligence which directs it to go wherever it is needed in the body (Stein 1995). Reiki practitioners also report that over time Reiki therapy can enhance intuition, meditation and personal spiritual evolution. Reiki therapy is believed to restore harmony by removing the disturbances in the personal energy field which manifest as emotional problems and disease (Jentoft 2003).

Reiki therapy has several advantages over many other types of therapy. First, anyone, regardless of age or circumstance, can train as a therapist or receive treatment. Second, Reiki therapy does not require long years of study. Third, Reiki therapy is not intrusive and it does not demand any technology and can be practiced anywhere at any time. Reiki therapy can be received and given either sitting, standing or lying down. However, the preferred position is lying down. Fourth, Reiki therapy does not require the practitioner or recipient to engage in any verbal exchanges. Fifth, as Reiki therapy is not intended for diagnosing disease conditions; it does not require a practitioner to collect information. There are also no body manipulations or medications for Reiki treatment. Therefore Reiki therapy could be seen as being beneficial for individuals who are stressed, anxious, who have been involved in many difficult, intrusive, and often painful medical or surgical procedures, and who are fatigued, sedated or unconscious. Reiki therapy is a simple, gentle healing method that only requires a trained practitioner to lay his or her hands to heal (Bruce 2001; Motz 1998; Stein 1995).

Reiki therapy has no medical contradictions. It does not involve the use of any substance and the touch is non-manipulative. Reiki therapy can be used to support conventional medical interventions (Miles 2003; Sharma & Sharma 2004). Reiki therapy can enhance the effects of medical treatment when used in conjunction with it. This is because Reiki energy allegedly has an innate intelligence and goes wherever needed in the body and aura (energy field around the body). Reiki therapy has no side-effects to treatment. Reiki therapy benefits each individual in a very personal way, the result being determined by the needs of the person being treated (Harrison 2000).

2.2.4 About Ki

People who believe in the existence of 'ki' hold that 'ki' is spiritual in origin; makes up and moves through all living things; is available in infinite qualities; is positive in nature; is important to all aspects of health; is present both inside the body and on its surface; has its flow disturbed by negative thoughts or feelings and flows through the body in specific channels (Barberis 1996; Bruce 2001).

It is also believed that if 'ki' flow is disrupted, the body's functioning becomes disrupted, and health problems can occur. The concept that sickness and disease arise from imbalances in vital energy field is the foundation not only of Reiki therapy but of some other CAM therapies, such as Traditional Chinese medicine (National Centre for Complementary and Alternative Medicine [Sa]).

2.2.5 Benefits of Reiki therapy

The benefits of Reiki-therapy on a psychosocial level are many and include some of the following:

- It balances energy; increases creativity; helps release emotions; releases stress; increases awareness; amplifies energy and heals holistically (Baginsky 1989; Horan 1979; Ray 2001; Stein 1995);
- Is also known to work on the causal level of the disease and delays the process of aging (Bruce 2001; Lakshmi 2005).

Many HIV and AIDS patients use CAM like Reiki therapy due to the following:

- To promote a healthier functioning of the immune system
- To treat associated signs or conditions and
- To lesson the side-effects of conventional antiretroviral medication (National Centre for Complementary and Alternative Medicine [Sa]).

According to the NCCAM, people have sought Reiki treatment for a wide variety of health-related purposes. Some examples include: effects of stress; chronic pain; recovery from surgery and anaesthesia; side-effects of chemotherapy and radiation therapy for cancer; lowering heart rate; improving immunity and mental clarity. The NCCAM reported that a recent national survey on Americans' use of CAM found that 1,1 percent of the 31 000 participants had used Reiki therapy in the year before the survey.

2.2.6 Effects of Reiki Therapy

Reiki energy allegedly works to harmonise or balance a person holistically on a physical, emotional, mental and spiritual level (Bruce 2001; Stein 1995). Reiki therapy is an effective technique of total relaxation and stress release (Lakshmi & Sastry 2005). Relaxation in and of itself may have beneficial health-related effects for PLWH, such

as reducing pain, nausea and fatigue (National Centre for Complementary and Alternative Medicine [Sa]).

Living with HIV and AIDS often requires more than just antiviral medication. Biomedical convention holds that the best way to manage HIV is to keep the body's natural immune system as healthy as possible, and prolong the need for medications for as long as possible. Once on antiretroviral medications, this strategy still continues to be an integral part of HIV management, as well as managing the side-effects that sometimes happen with ARV treatments (Alex 2004).

2.2.7 Reiki Training

Usui Reiki Practitioners are trained in three degrees. During the Reiki 1 workshop the student receives the first level attunement and the basic instructions for the laying-on-of-hands, the history of Reiki, the lineage and the principles of Reiki. The first level also teaches a student how to physically protect himself or herself and others. Students are guided through a series of four sacred attunements or initiations. Some Reiki masters initiate once only. Attunement is the process of awakening in others the ability to channel specific healing energy. It is possible for anyone to obtain these attunements and to channel Reiki energy. This skill requires no special abilities and is a reliable way of doing healing treatments for self and others (Jentoft 2003).

In Reiki 2, the student receives higher level attunement and three of the many symbols. These symbols were originally obtained by Dr. Mikao Usui during his meditation and fast. These symbols are given and taught to the student in order to increase the power of Reiki energy. The student learns to heal on an emotional and mental level

as well as be able to change unwanted habits. The student also learns to send Reiki energy to others over physical distances and learns how to send Reiki energy back in time as well as into the future to achieve goals (Ray 2001; Stein 1995; Steward 1979).

In advanced Reiki training the student receives the Usui Master attunement which increases the strength of the student's energy, and also increases the effectiveness of the Reiki 2 symbols. Included in this training are processes and techniques for the student to get in touch with deeply rooted fears, to release old patterns which prevent them from developing any further and to experience the art of self love. Students are also taught psychic surgery, to work with a crystal grid and goal setting. Through these various processes and techniques the students will learn how to deal with their intentionality and the essence of who they are (Ray 2001; Stein 1995; Steward 1979).

In Reiki 3, the Master/Teachers degree the full teaching information is included and the attunement of another two symbols is received, amplifying the energy in all areas of life. Spiritual energy levels increase dramatically, this energy being connection with the Source/God (Jentoft 2003). The student learns to perform Healing attunements and Reiki attunements.

2.2.8 Reiki Attunement

Reiki therapy is not learned in the way many other techniques are learned, through many years of study, practice and guidance. It is transferred from the Reiki Master to the student during what is called an attunement. The attunement is a process of empowerment that opens the crown, throat, heart and palm chakras and connects one to the unlimited source of Reiki energy (Gupta 2004).

The Reiki Master spends a brief time with each student and performs a sacred ceremony for each attunement based on the precise formula Dr. Usui (founder of the present form of Reiki Healing) discovered. This ritual fine-tunes, balances and aligns the student's energy body, empowering him/her to become a conduit of channelling universal life energy just like a radio being tuned to a specific frequency (Gupta 2004).

2.2.9 How does Reiki energy work?

Reiki therapy is administered by laying-on-of-hands lightly on different parts of the body on a fully clothed patient or a few inches away from the body for about 3-5 minutes at a time. Reiki sessions can last up to 45 minutes per session or be as long or short as needed. Treatment can be given to self or to others. Reiki therapy treats the whole person including the body, emotion, mind and spirit and creates many beneficial effects including relaxation and feeling of peace, security and well-being (Bruce 2001).

2.2.10 History of Reiki Therapy

There are many different beliefs about the origin of Reiki – one is that it is based on Tibetan sutras (texts of Buddhism) written by the monks. However, many sources agree that in the mid-19th century, Dr. Mikao Usui, a Japanese physician and monk, developed this healing approach and spiritual path, named it Reiki, trained others in it and developed an organisation (National Centre for Complementary and Alternative Medicine [Sa]).

2.3 Scientific studies on the effectiveness of Reiki Therapy

Although there seems to be a limited amount of clinical studies or research undertaken to test specifically Reiki therapy to improve quality of life of PLWH, many studies have however been undertaken to test the effectiveness of Reiki therapy on other illnesses.

Research done at the School of Nursing at the University of Texas with 23 subjects, receiving 30 minutes of Reiki therapy, found that overall anxiety levels were significantly reduced; there was a drop in blood pressure and skin temperature increased. These findings suggest both biochemical and physiological changes in the direction of relaxation (National Centre for Complementary and Alternative Medicine [Sa]).

Reiki therapy was used in the operating room of the Columbia Presbyterian Medical Centre in New York City. Reiki was used during open-heart surgeries and heart transplantations. None of the 11 patients treated with Reiki therapy experienced the usual postoperative depression; the bypass patients had no postoperative pain or leg weakness; and the transplant patients experienced no organ rejection (Motz 1998).

In a study by Olson (1997) at the Cross Cancer Institute, 20 volunteers who had experienced pain for a variety of reasons received Reiki treatment. Pain was measured using both a visual analogue scale (VAS) and a Likert-scale questionnaire immediately before and after Reiki treatment. Both instruments showed a highly significant ($p < 0.0001$) reduction in pain following Reiki treatment. In addition, a study conducted by the Institute of Neurological Sciences at the South Glasgow University Hospital on 45 subjects, also confirmed the

benefits of Reiki therapy. The subjects in this study were divided into 3 groups:

1. a group receiving Reiki-therapy
2. a group receiving no treatment and
3. a group receiving placebo treatment from someone with no knowledge of Reiki therapy and who mimicked Reiki therapy.

Quantitative measures of autonomic nervous system function such as heart rate, cardiac vagal tone, blood pressure, cardiac sensitivity to baroreflex, and breathing activity were recorded continuously for each heartbeat. Values during and after the treatment period were compared with baseline data. Heart rate and diastolic blood pressure decreased significantly in the Reiki group as compared to both placebo and control groups. This was a pilot study with relatively few subjects. The results justify further, larger studies to look at the biological effects of Reiki treatment (Jari *et al* 2000).

Miles (2003) found in a study of breast cancer sufferers that Reiki therapy was effective for reducing pain, depression and anxiety. Miles (2003) also found that newly trained Reiki practitioners perceived reductions in pain and anxiety when they performed Reiki on themselves. She states that Level I Reiki training for breast cancer patients is imperative for both pain management and personal empowerment. Cancer patients undergoing chemotherapy also reported reduced intensity and frequency of nausea and vomiting after Reiki treatment. The researchers however concluded that more clinical research is needed to determine the benefits of Reiki therapy.

Reiki therapy has been associated with improved quality of life in palliative situations (Ernst *et al* 1998). Some aspects of improved quality of life seen with Reiki treatment included: periods of stabilisation in which patients were able to find acceptance in their last days; feelings of being peaceful and calm, loss of control (Crowther 1992), a diminished sense of coherence, lowered self-esteem and internal; and relief from pain, anxiety, dyspnoea and oedema. A study by Dressen & Singg (1997) found Reiki to be effective in reducing pain, depression and anxiety. Dressen & Singg (1997) concluded that patients who received Reiki therapy experienced a highly significant reduction in pain. It was found that Reiki therapy not only reduced perceived levels of pain, but improved some of the correlated effects of chronic pain, especially the psychological impacts of severe pain such as depression and anxiety.

A medical doctor, Otelia Bengssten, conducted an experiment with a group of 79 patients (Rand 1998). These patients had a wide range of diagnosed illness including pancreatitis, brain tumour, emphysema, multiple endocrine disorders, rheumatoid arthritis, and congestive heart failure. Reiki treatment was given to 46 patients with 33 controls. The treated patients showed significant increases in haemoglobin values. The effect was so pronounced that even cancer patients who were being treated with bone marrow-suppressive agents (which predictably induce decreases in haemoglobin values) showed an increase. The majority of patients also reported improvement or complete disappearance of symptoms (Rand 1998).

Harrison (2000) reports that a man who had been living with HIV for over 15 years, received Reiki treatment prior to surgery on his leg.

The treatment helped him to experience a deep sense of relaxation and peacefulness and resulted in a speedy recovery. The man's surgery required an overnight stay, but due to his relaxed state of mind, he was able to walk home only hours after the surgery.

2.4 Conclusion

Living with HIV as a chronic illness takes work, and attention must be paid to the body, mind, and spirit as well as focusing on HIV, and preventing its spread. Being empowered, having hope, enjoying life and something to live for are vital ingredients (Alex 2004).

Individuals diagnosed with HIV infection may be overwhelmed and socially isolated and therefore apt to use maladaptive coping strategies which could result in depression or negative health behaviours that amplify disease progression (Antoni 1991).

Lazarus and Folkman's (1984) Transactional Model of Stress and Coping is built on the assumption that stress is a person-situation interaction, one that is dependent on the subjective cognitive judgement that arises from the interplay between the person and the environment. No event or situation in itself is inherently stressful; instead, the stressor is defined by the subjective judgement of the situation that is appraised as threatening, harmful or taxing of available resources.

Chapter 3

Methodology

3.1 Qualitative Research Methodology

This study was explorative in nature as insufficient research had been undertaken in the area of Reiki therapy and the impact it has on the quality of life of PLWH. Due to the nature of the study objectives qualitative research methods were used. Specific research objectives are (1) The perceptions and experiences of PLWH of Reiki therapy as a complementary and alternative treatment. (2) The perceived benefits of Reiki therapy for PLWH who received Reiki therapy as a complementary and alternative treatment. (3) The perceived obstacles to the general use of Reiki therapy for PLWH who received Reiki therapy as complementary and alternative treatment.

Whereas there have been a number of studies exploring the reasons why people opt to use CAM (Ernst & White 2000; Vincent & Furnham 1996; Zollman & Vickers 1999) few studies were done in which people were actively recruited into the use of CAM and asked to describe their first-hand experiences (Cartwright & Torr 2005). Due to the fact that the field of people's first-hand experiences with CAM is relatively unknown, and due to the personal nature of the involvement of the researcher with the research participants, a qualitative approach was chosen for this study.

According to Creswell (1994:94-96) *"Qualitative research is an inquiry with the goal of understanding a social or human problem from multiple perspectives; conducted in a natural setting with a goal of*

building a complex and holistic picture of the phenomena of interest.”

Qualitative methods can be used to obtain the details about phenomena such as feelings, thought processes, and emotions that are difficult to extract or learn about through more conventional methods.

In this chapter, the study design and the chosen idiographic approach are discussed. Further, the role of the researcher and the volunteer participants, the recruiting of participants, the interviews and the problems experienced recruiting volunteer participants for the research are discussed. The method of data collections, data analysis and ethics follows thereafter.

3.2 Study Design

Using a qualitative approach, seven persons living with HIV were recruited as volunteer participants in the study. Because the aim was not to measure the research participants' responses to Reiki by means of objective behavioural indicators, but rather to give an account of their first-hand experiences with Reiki as naturally occurring data, an idiographic qualitative approach was chosen. With the notion "naturally occurring data" it is implied that respondents were recruited among people living with HIV and choosing voluntarily to be exposed to Reiki as a CAM-intervention for the first time in their lives. The aim was to capture these research participants' initial expectations of Reiki as CAM, their first-hand experiences of Reiki and of the training and their self-reported experiences of the benefits or disadvantages of Reiki a few days after practicing self-healing. Following the cognitive appraisal model of stress and coping, the intention was to see to what extent (if

any) Reiki therapy was able to help the research participants cope with the appraisal of their illness and with their symptom experiences to help them adjust to living with HIV. Since very little research was undertaken on the experiences of PLWH with Reiki treatments, the researcher felt the need to research and document a complementary medical support system for people living with HIV.

Initially PLWH were recruited via the voluntary counselling and testing (VCT) Clinic at the RK Khans Hospital. This proved to be difficult for various reasons. The reasons for non-participation are discussed further on in this chapter. Recruiting, training and self-healing were undertaken over a 6 month-period. Interviews were conducted before and after Reiki attunement and Reiki self-healing. Semi-structured interviews were employed.

Reiki attunements and training were undertaken by the researcher who is a qualified Reiki Master/Teacher. Participants were then requested to perform self-healing in the privacy of their own homes. Their self-healing was in no way manipulated by the researcher. They were asked to monitor and record changes independently. Reiki sessions were not controlled by the researcher. The researcher however had telephonic contact with the research participants to provide supportive services and to ensure healing was being undertaken regularly.

3.3 An idiographic approach

In this study an idiographic approach was used because of the exploratory nature of the study. In this respect Mason (1996),

mentions that in such an approach human experiences are examined through the detailed description of the people being studied – the goal is to understand the “lived experience” of the individuals being studied. This approach involves researching a small group of people intensively over a long period of time. According to Creswell (1994), investigating a particular phenomenon occurs over three major phases. This is intuiting, analysing and describing. The first process is to understand and know the phenomenon, which is Reiki therapy. In this study the idiographic approach led to data collected from the PLWH who described their experiences with Reiki therapy. In the analysis, the different elements of the Reiki experience were examined.

3.4 The Role of the Researcher

It is important for the reader to understand the background of the researcher in order to better comprehend the analysis and conclusions made by the researcher. The researcher was an Asian female with an Honours degree in Social Sciences, a counsellor for 20 years and a Reiki Master/Teacher for 10 years who has gained extensive experience in counselling and using the different methods of Natural Healing techniques. The researcher’s belief systems acknowledge the existence of energy, spirits and a higher power. By working with clients who have been healed for many ailments through Reiki therapy and other forms of CAM therapies, the researcher felt the need to research and document the benefits of Reiki therapy as a complementary medical support system for people living with HIV.

The researchers' role was to recruit participants for the study, to attune and train research participants to the level of First Degree Reiki. Participants were then requested to continue with self-healing and record their experiences. Researcher conducted two in-depth interviews, one before Reiki attunement and one after Reiki attunement and self-healing. The researcher was also available to participants for counselling and supportive services.

3.5 The Research Participants

The researcher's initial plan was to recruit research participants at the VCT Clinic at the RK Khans hospital. Pragmatic decisions had to be made in the field to accommodate fears, reservations and obstacles in finding people willing to participate in all aspects of the study. The relative unfamiliarity of medical and supportive staff and of PLWH as service recipients in the public health sector with CAM proved to be one of these obstacles in the field. For this purpose, the researcher spent three months at the hospital, informing the staff and attending support groups for PLWH. The researcher subsequently had individual discussions with interested participants after the support group sessions and made arrangements for the first interview and signing of informed consent forms. During the initial recruitment phase, it was found that many participants would promise to attend a scheduled appointment, but then failed to turn up on the day. Numerous calls were made to follow up, but all proved unsuccessful.

The researcher addressed the staff at the VCT clinic on Reiki therapy and answered their queries about the research. The staff promised to assist with recruiting participants for the study. The researcher

thereafter attended support group sessions for PLWH at the hospital. In the course of these sessions, the researcher explained the concept of Reiki therapy and the goals of the research in an attempt to recruit volunteers for the study. Flyers, explaining Reiki therapy, the research and including the contact details of the researcher were distributed to people living with HIV who attended the clinic and the researcher was available on the premises should there be any queries. Many people living with HIV came to the researcher for basic counselling and queries about their social grant applications. As a social worker, the researcher was able to assist with their queries and to act as a resource person in the support group sessions.

Many PLWH attending these group sessions showed interest and arranged to meet the researcher for an initial interview. However, out of the 20 people living with HIV attending the support group sessions, only 3 people living with HIV were prepared to become participants in the study. Reasons given by the people living with HIV for not participating in the study were:

1. That it was too far and too costly to travel to the hospital 3 times (that is for the initial interview, the training and the final interview)
2. That they had no bus fare
3. That they did not understand the concept of Reiki healing because it was foreign and new to them
4. That their partners prevented them from coming back to the hospital.

Language turned out to be another problem. Although an interpreter was available, it soon became apparent to the researcher that many concepts in Reiki could not be translated with ease and explained adequately via a translator. The participants who eventually participated in the research spoke and understood English. There was no need for an interpreter. The researcher does not speak or understand isiZulu. The majority of the people living with HIV at the clinic were from the lower socioeconomic group, were unemployed and spoke very little or no English. The staff at the VCT Clinic at RK Khans Hospital however, were very helpful and assisted wherever possible. They allowed participation in the support groups, helped interpret in isiZulu when necessary and also referred PLWH for the research. The staff also allowed the researcher to use their premises for interviews and Reiki training.

Because of these difficulties in recruiting, potential research participants were invited to approach the researcher via articles placed in the community newspapers and the Sunday Tribune. Again few people responded. Finally four people living with HIV were recruited via the newspaper articles. All four of these participants reported that they were comfortable about their HIV-positive status and that they did not mind being in a group with other people who were HIV-positive. Although the researcher offered to perform individual training to protect their identities, all of the participants were willing to become part of a group. Interestingly, many people claiming to be HIV-negative responded to the newspaper articles. In this respect, forty-five people were interested in obtaining Reiki training or Reiki treatment for other (non-HIV) ailments.

The initial arrangement to conduct two half-day workshops to train and attune participants also had to be changed in the field to accommodate the needs of the research participants. Instead, a full day training session was conducted with the participants. This helped overcome problems with travelling and time constraints for those in employment. The researcher conducted the training alone, as the number of attendees (seven in total) was small and manageable. The seven research participants were trained in three separate groups: one group of three participants at RK Khans Hospital and two groups with two participants per session at the researcher's clinic.

The participants were issued with a comprehensive training manual and an audio tape on Reiki therapy. The course covered the history of Reiki therapy; the principles of Reiki therapy; the benefits of Reiki therapy and how to heal oneself and others. Participants were also awarded with a certificate acknowledging completion of First Degree Reiki.

Prior to the Reiki attunement and training, all the research participants were asked to sign an informed consent form (see copy in Appendix A) and the first interview was conducted. Final interviews were conducted after 21 – 30 days of self treatment, depending on the availability of the participants.

3.6 Data Collection

Data were collected through interviews using semi-structured interviews. Additional information was collected during discussions during training sessions and during telephonic conversations with the

research participants to monitor their progress. Each participant was exposed to two in-depth, face-to-face interviews with the researcher, one after the initial agreement to participate and one interview after 21-30 days of self-healing.

At the first interview, each research participant was familiarised with the goals of the study and initial data were gathered on each participant's views, attitudes and expectations of Reiki therapy. Moreover, research participants were prompted to talk about their quality of life at that time. In the final interview each participant's overall experiences of Reiki therapy was assessed in terms of symptom experiences, feelings of well-being, appraisal of illness and adjustment to living with HIV.

The questions in the semi-structured interviews were open-ended to help capture what participants felt before and after treatment, in their own words. All interviews were audio taped with the participants' consent. Notes were also made of all interviews to supplement the transcripts. All information regarding the participants and notes were stored securely by the researcher.

3.7 Data Analysis

All interviews were transcribed and augmented with notes taken as back-up. Prior to data analysis the transcribed interviews were read several times. Participant's responses were written up as detailed narratives. Each session was carefully described using the verbatim transcripts from the interviews and supported from the researcher's notes. The descriptions of the participants' experiences were grouped

according to the original study objectives. The study objectives were then transformed into categories based on how the participants described their experiences with Reiki.

3.8 Ethical considerations

Ethical approval was obtained from the University of South Africa, through the Department of Sociology's Ethics Committee. Ethical approval was also obtained from the Kwa-Zulu-Natal Department of Health through its Health Research and Knowledge Management Sub-Component. These different layers of ethical approval were required for approval to work with people living with HIV at the RK Khans Hospital.

Consent letters were given to and signed by all participants. All identifying information of each participant was treated as highly confidential. Pseudonyms were used for the research and for presenting data. Attunement and training were undertaken in groups with the consent of the participants.

3.9 Concluding remarks

This study was a qualitative exploratory study. The volunteer participants were recruited in and around the Durban area. Recruiting volunteer participants seemed difficult due to various reasons, however those that participated in the research enjoyed and benefited greatly from the experiences (refer to findings in Chapter 4). The researcher strongly recommends further research in this area.

Chapter 4

Analysis and findings

4.1 Introduction

Seven people living with HIV who have never before used CAM took part in the study. In this chapter, the results of the interviews and conversations are discussed according to the following sub-themes: the profiles of the seven research participants who were HIV-positive; a table with the demographic characteristics of the research participants followed by detailed description of the research participants and their responses before and after Reiki attunements and self-healing. Verbatim transcripts from the interview are added to support the researcher's comments.

4.2 Profiles of the seven research participants who were HIV-positive

Seven participants residing in the Durban and surrounding areas who were HIV-positive were recruited for the study. Three of the research participants were attending the VCT clinic at the RK Khans hospital, the other four research participants were recruited via newspaper articles. The ages of the research participants ranged from 25 to 52 years. The majority of the participants were female and only one male was willing to participate. Three of the participants described themselves as black African, three as Asian and one as Coloured. Only one of the research participants, Peter, was employed at the time of recruitment. Three participants, Jane, Alice and Carol secured employment near the end of the fieldwork period.

All research participants except for Peter presented with some or all of the following symptoms which are symptoms experienced by PLWH as discussed in Chapter 2, namely depression and suicidal behaviour, emotional distress, anxiety, fear, feelings of helplessness, feelings of loss of control, a diminished sense of coherence, lowered self-esteem and internalised stigma resulting in self-blame and guilt. The research participants also reported depleted energy levels, sleeplessness and self-imposed isolation. Further, all research participants except Peter reported to be experiencing severe pain in different parts of their bodies and to be self-medicating themselves with over-the-counter pain killers to ease the pain.

Figure 2 : Demographic characteristics of the research participants

Pseudonym	Age	Sex	No. of living children	Marital Status	Occupation	Residence
Jane	48	Female	3	Unmarried – living with boyfriend	Unemployed	Unit 1 Chatsworth
Alice	25	Female	2	Unmarried – single parent	Unemployed	Umlazi
Sally	37	Female	2	Unmarried – living with boyfriend	Unemployed	Chatsworth
Carol	31	Female	2	Unmarried – single parent	Unemployed	Newlands
Ivy	52	Female	1	Unmarried – single parent	Unemployed	Newlands
Peter	48	Male	2	Married – 2 nd marriage	Electrical Supervisor	Isipingo
Rose	45	Female	2	Divorced – living with boyfriend	Unemployed	Durban Central

In the section below, a brief profile of each research participant is given as background. Some identifying details were left out of these

descriptions in order to protect the research participants' identities. Note that pseudonyms were used in all cases. The research participants are discussed in the order in which they were recruited. The first three participants for the research were patients who were HIV-positive and attended the RK Khans Hospital. The last four participants, who were also HIV-positive, were recruited via newspaper articles. All research participants joined voluntarily and were enthusiastic to try something new.

Jane, Sally and Rose were living with their boyfriends and Alice, Carol and Ivy were single parents whilst Peter was the only research participant who was married and in a stable relationship. Peter was also the only research participant who was comfortable with his HIV status and had the support of his family and friends. In the section below, each participant is discussed in detail.

4.2.1 Jane

Jane was an attractive black African woman who looked much younger than her chronological age. At the time of the first interview she was unemployed and living with her boyfriend. She had three children from a previous relationship, and none with her present boyfriend. Jane was diagnosed as HIV-positive in February 2007, and started attending the clinic in June 2007, when she developed painful lesions on her body.

At the initial interview, Jane also complained of severe pains in her legs and arms and of recurrent headaches. Moreover, Jane described symptoms of fatigue, which she portrayed as "*not having enough*

energy during the day." She felt that she needed to rest at least twice a day. In general, Jane reported that she felt *"happy and content with her life."* However, she also reported that she experienced no inner peace and harmony as she feared death and the unpredictable impact of her illness on the future of her children. Jane also reported that she often felt negative feelings like anxiety and depression. She reported that the stress and anxiety she felt led to poor concentration and insomnia. Her sleep was often interrupted due to physical pain. She stated: *"I wake up two or three times a night as the pain is sometimes unbearable....I take pain killers to help relieve the pain."*

Jane had no leisure activities which she described as a consequence of self-imposed social isolation. She also intimated that, prior to her diagnosis, she often went to clubs with her friends. *"Before I got my death sentence, I partied all night with my friends and really enjoyed my life."*

Jane learnt about Reiki therapy and the study at the support group at the RK Khans hospital. She was excited and eager to participate from the very beginning. Because of the protracted nature of the recruitment process (described in Chapter 3), Jane had to wait a while before being attuned to Reiki therapy.

Jane had little prior knowledge of CAM or natural healing. She was familiar with the services rendered in the community by a local Sangoma and reportedly had attended a healing session. She had not heard of Reiki therapy but was familiar with hands-on healing and that this was a non-intrusive and non-pharmacological supportive treatment. Jane described her enthusiasm to participate in the study

as stemming from a need to *"try something new"* and to help others who are HIV-positive. Moreover, she expressed the wish that Reiki therapy could assist her to develop spiritually and to lead as normal and healthy a life as possible.

Jane was attuned to Reiki I at the RK Khans Hospital along with two other participants. During the attunement, Jane reported that her hands *"were getting very hot."* She expressed a wish to stand up and walk outside to cool herself. She also reported that she felt her *"entire body heating up."* After the session, Jane said that she had previously felt *"a calling to become a Sangoma,"* but that she had avoided the subject. She reported that she felt ready to enter a more spiritual path in her life. Jane continued with self-treatment and she also used Reiki therapy to assist her aunt who had suffered a stroke. She stated Reiki energy is so powerful that:

"When my aunt experienced pain I would lay my hands on her and she would immediately feel better. My aunt was very impressed with my healing and wants me to become a Sangoma, as she feels I have great healing abilities and can help many people."

She also treated her brother's child who is disabled, with Reiki healing. *"The Reiki energy helped to calm him and make him sleep."*

Jane was very ill for a week after the Reiki attunement. After the first week however, she reported that her life had changed. Jane felt that Reiki therapy had a positive effect on her well-being and on other areas of her life. She stopped taking painkillers and was able to control her pain with Reiki energy. She also reported to have had more

energy and felt able to accomplish more during the day. Jane started working as a waitress. This required her to stay on her feet for long hours every day but she felt able to cope with it. In the days which followed the first interview and the attunement, Jane's self-esteem improved greatly. She found the courage to break off her relationship with her boyfriend who was not willing to commit to their relationship. She reported that she felt more in control of her life, peaceful, happy and content, despite the fact that her fears about the future and her illness still bothered her.

Jane reported that Reiki therapy had a positive effect on her life:

"Reiki therapy is gift from God. It helped me to start living again; I started work and can take care of myself and family; I am stronger now and can cope without a man in my life; I can help many people and I look forward to each and every day, Thank you for teaching me Reiki therapy.... I want to build my own shack away from the house so that I can have some privacy to meditate and heal others."

Jane told the researcher that she wanted to continue training in Reiki Therapy, but lacked the financial resources and transport to attend classes. She recommended Reiki therapy to other people living with HIV as she felt that Reiki therapy could assist with pain control and improve their quality of life as it helped her.

4.2.2 Alice

Alice, a black African woman was a single, unemployed parent of two children. She lived with her mother who financially supported her and

her children. She tested HIV-positive in April 2005 when she fell pregnant with her second child. Her child had also tested HIV-positive.

Alice said that she understood Reiki therapy to be similar to "*laying of hands on others to heal*," however she had no experience of natural healing. As with Jane, Alice also decided to take part in the study to try something new. In addition, she hoped to gain skills to be able to assist herself and her child. She understood there was no cure for HIV and wanted to start a supportive therapy to alleviate psychological and physiological problems associated with her and her child's illness.

Alice's main complaints were headaches, painful rashes and a heavy vaginal discharge. She took Paracetamol painkillers on a daily basis. Like Jane, Alice also reported debilitating fatigue, but unlike Jane she felt deeply unhappy and discontented with her life and reported constant fears about the progression of her or her child's HIV-infection to full-blown AIDS and death. As a result she felt no inner peace. These psychological problems manifested as self-reported mood swings and feelings of being easily frustrated. Like Jane, she found it increasingly difficult to concentrate on any other task except her health and the care of her child and experienced sleeplessness.

"Most nights I stay awake and cry thinking about my hopeless situation and my future, I am also afraid of what would happen if I get sick or my child gets sick. I have no one to support me."

Alice was attuned to Reiki 1 at the RK Khans hospital with two other participants. After the attunement Alice became very emotional and wept. She stated she had felt very depressed for some time and felt

angry at herself for what has happened. She blamed herself for ruining her life and that of her child. She was also upset with her sister, who according to Alice tended to mistreat Alice's HIV-positive daughter. For example, the sister did not allow her own children to play with Alice's daughter for fear of infection. The researcher allowed Alice to cry and talk about her problem. Alice later described this session as cathartic.

Alice continued with self-healing and also performed Reiki on her child and her grandmother. At the final interview Alice reported that her pain had diminished and that her rashes and the discharge had cleared up as well. She explained it as follows:

"When I get pain I place my hand on my head and the pain goes away. My child as well has benefited, she does not cry as much as she used to. I often go off to sleep whilst doing Reiki. My rash and discharge has cleared as well."

At the final interview Alice reported that she had found employment as a full time domestic worker. She was able to cope with her duties and did not find it necessary to rest during the day as she used to. Of particular comfort to her was the fact that her employer allowed her to keep her youngest child with her during the day. To better cope with her insomnia, Alice performed self-healing and she found this greatly beneficial. Although she reported less mood swings, Alice still reported bouts of depression. To deal with this, she became increasingly spiritual, for example:

"I go to church now, I pray a lot and I know that everything will be fine."

Her final words about Reiki therapy was:

"Reiki therapy has helped me too much. It has helped me and my child. I feel more happy and peaceful now, I have an income and can provide for my child, I know God will provide for me and my child. I recommend Reiki to all who are ill."

Alice's CD4 count had increased from 243 to 573, an increase of 330. Alice CD4 count was 243 a month before the initial interview. She tested at the RK Khans hospital. She went for her second test after Reiki attunement and her self-healing Reiki treatment. *"I was really thrilled when I received my results and am convinced that Reiki therapy had helped increase my CD4 count.... I will continue to use Reiki therapy on myself and my family....this is a gift from God."* Like Jane, Alice also expressed her desire to continue learning about Reiki therapy, but was unable due to financial constraints, poor access to transport and the lack of knowledge of Reiki in her community.

4.2.3 Sally

Sally was a 37-year old Asian woman with two children. She was unmarried but living with her boyfriend who was the father of her two children. She reported that she was in an abusive relationship and that she suffered mental and physical abuse from her boyfriend. She was very fearful of this man, as he would assault her and their children when under the influence of alcohol. Sally believed that her boyfriend was in his advanced stages of HIV but he failed to seek treatment or attend the clinic. *" His body is full of rash, he scratches all the time*

and the bed is full of dry skin....he also has boils under his arms....I do not sleep in the same room with him." Although Sally and her boyfriend live at Sally's mother's house she reported that she was afraid to ask her boyfriend to move out. *"He is a dangerous man....he threatens to kill me and my children....my mum is also afraid of him....we don't know what to do."*

The researcher counselled her at length as she seemed suicidal, and also referred her to help available for abused women. *"I am so fed up with my life, I feel like killing myself and my children."*

Sally tested HIV-positive when she fell pregnant with her second child in 2006. This child also tested HIV-positive. Sally believed she contacted the virus from her boyfriend who had multiple sexual partners. Sally reported that her boyfriend *"abuses alcohol and drugs and spends most of his time with prostitutes at the night clubs."* Sally depended on her state grant and the generosity of her mother who was a pensioner to support herself and her family, as her boyfriend failed to provide for her financially.

Sally reported that she was on medication supplied from the hospital, which included multi-vitamins and tablets for pain (not ARVs). This medication she reported produced side-effects in the form of a rash and itchiness.

Like Jane and Alice, Sally reported to have little prior knowledge of CAM or natural healing. She believed natural healing was *"praying and placing hands on people to heal them."* She reported that she had never heard of Reiki therapy and she was very curious to try

something new. She added that " *I was praying to God for some assistance....I am sure that this is an answer to my prayers....I want to try something new for myself and my child....I hope that this will help me to sleep better and make my child better and we would be able to live longer.*"

At the initial interview Sally was very emotional, as she only found out about the status of her baby's HIV-positive status the previous day. She needed supportive counselling services which the researcher provided.

Sally's main complaints at the initial interview were severe cramps in her thighs and severe headaches. She also suffered from insomnia and decreased levels of energy. She stated: "*most of the days I take my medication and sleep. My older child takes care of my baby.... Baths, feeds and makes her sleep....I do not have the energy to take care of my own child and this saddens me.*"

Sally seemed very despondent about her future and presented with suicidal behaviour. She reported that: " *My life is a mess, I live in constant fear of my boyfriend, added to that I have no money and I have to live with knowing that me and my baby are going to die soon....I should rather end it all now.*"

Sally displayed a lot of anger towards her boyfriend. She stated: "*He destroyed my life....I wish I could kill him.*" Sally also expressed great concern for her older daughter who had just finished Grade 12 and was presently seeking employment. She stated that "*this was a huge burden for a young child, my child deserved better.*" She however

added that her older daughter was a very bright and strong child and helped her cope emotionally and with caring for her younger child. Sally reported to have no social life due to her mental state and the conditions at home. She stated: *"I cannot afford to go out and if there is no peace in my life I cannot enjoy myself....people also look at me differently....they will not help, but they like to talk and gossip."* Sally chose to isolate herself from the outside world due to her present circumstances, and she seemed very apathetic.

Sally was attuned to Reiki 1 at the RK Khans hospital along with two other participants. During the attunement she reported that, *"she felt very peaceful and calm."* The researcher noticed that Sally prayed silently throughout the Reiki attunement.

Sally continued with self-healing, but was unable to record her experiences in writing because she was illiterate. The first week after the attunement, Sally reported that she experienced severe headaches and urinated often. This, the researcher explained was part of the detoxification process. After about a week she reported that her headaches subsided and the cramps also disappeared: *"I do not suffer with headaches anymore and the cramps in my legs also seemed to have healed....I stopped taking disprins as this caused a burning sensation in my stomach....If I feel any pain I place my hands on the spot and the pain seems to get lesser and lesser."*

She also reported that her energy levels fluctuated, as sometimes she felt very energetic and at other times she tired easily. *"I am able to do more these days....I still have my bad days when I feel very*

miserable and just want to lie down....but not as often as before the Reiki attunement."

Sally also reported that the rash and itchiness she experienced before Reiki attunement had healed. Sally seemed to be more at peace with herself and less stressed and a little more empowered. She did not talk about suicide and seemed more positive about her future. She further reported that her home circumstances have improved and that she was finally alone and at peace. She reported the following:

"After the Reiki attunement, I feel more powerful, I went to court, got a restraining order and got rid of my boyfriend.... The home is so peaceful now, I do not have to live in fear anymore, my children are also very happy....Reiki definitely gave me more power, I feel very brave now."

Sally, like Jane and Alice, reported that she felt more in control of her life, peaceful, happy and content, despite the fact that her fears about the future and that of her children still bother her. She however added: *"I know I cannot change anything, this is the will of God, he knows what is best for me and my children.... I do not worry so much about my problem....I do worry about my child....I live each day as it comes....I go to church and I find inner peace."*

Sally expressed that she would like her older child to learn Reiki therapy, but due to financial constraints she was unable to send her child for classes. *"My daughter is a kind and compassionate person, and she loves to help people....I would really like her to learn Reiki therapy in the future."*

Sally concluded the following about her Reiki attunement and treatment:

"It was a gift from God; I know God has answered my prayers; I know I cannot do anything about the past; I have to be strong for my child; Reiki therapy has helped me a lot....I will continue using Reiki therapy on myself and my baby."

4.2.4 Carol

Carol, a black African woman, was a single female who had two children. She was unemployed and was financially dependent on her mother who worked overseas. Her mother was employed in Canada as a nursing sister. The father of her two children had deserted her many years ago. She was living with a boyfriend whom she believed had infected her with the HI-virus. Carol responded to the newspaper article. Carol was very enthusiastic to participate in the research as she felt she was a healer and wanted to help those who were HIV-positive. Carol came across as an intelligent woman, who gave up her job and her will to live when she discovered she was HIV-positive. She tested HIV-positive in 2000, and started attending a clinic from 2006. She reported that she was infected by her boyfriend whom she believed have had multiple sex partners. She has since left him and was living alone with her two sons. The children were from a previous relationship, and were thus not infected. Carol seemed extremely worried and afraid of the future. *"I have sleepless nights worrying about my children....who will take care of me or my children when I get sick?....I wish I never met my boyfriend."*

Carol's understanding of Reiki therapy was *"working with the inner spirit, there is no medication involved and making someone sweat."* She had very little prior knowledge of CAM but was familiar with the services rendered in the community by a local Sangoma and reportedly had attended a healing session and had experienced some relief. Carol also reported to be using herbal medication for pain, but had not heard of Reiki therapy.

Carol, like Jane, reported to have had a calling to be a Sangoma and was enthusiastic to participate in the study *"to try something new and to be able to help others who are HIV-positive."* Carol was eager to counsel others and queried whether she could assist with the research.

Carol's main complaints were daily headaches, backache and pain in her feet when she walked long distances. She self-medicated with a commonly available analgesic powder or herbal remedies to ease the pain. Carol also described symptoms of fatigue, which she portrayed as *"I get tired easily and most of the days I just lie around and feel sorry for myself."*

She described herself as *"mentally exhausted, helpless and feel hopeless....I wish I could end it all."* Carol, like Sally, also presented with suicidal behaviour and needed supportive counselling services.

"Nothing [is] going my way; I feel useless and helpless and I often think about committing suicide."

Carol reported that she felt no inner peace and was agitated all the time. She stated: *"I blame myself for what happened and feel guilty*

about what I have done to my children....they do not deserve this."

Carol, like Jane, reported to have no leisure activities which she described as a consequence of self-imposed social isolation. She also intimated that, prior to her diagnosis, she went to clubs with her friends.

Carol had to be counselled at length because of her state of mind. She was hoping to have a miracle cure available, and was prepared to do anything to change the situation. The researcher made it clear to her that participation in the study and Reiki therapy should not be seen as a panacea for her situation, but as supportive therapy to help her come to terms with her HIV-positive status and to reassess her appraisal of her condition. Carol received two counselling sessions before the Reiki attunement. She felt more positive after the attunement.

Reiki attunement was undertaken at the researchers' clinic with one other participant, Rose. Carol stated the following about her experience of Reiki attunement: *"I saw flashes of light, felt very calm. I saw my deceased grandfather before me....he made me feel very strong. I felt a wave of energy surround me."*

Carol was very emotional after the attunement, and she reported to have seen her grandfather in a vision. The researcher allowed her time to talk about her grandfather and to assess what this experience meant for her. *"My grandfather and I were always close, when he passed on I was very lost and hurt....he came to me now to say that he is still with me and I need to be strong."* After the session Carol appeared to be more calm and relaxed and felt that her grandfather

would be guiding her in the future. Carol expressed that this was the beginning of her healing journey. *"This is the start of my healing, together with my grandfather we will make it....I feel stronger and am looking forward to the future."*

Carol expressed her passion to be enabled to help others and her desire to study further in the field of CAM. Carol subsequently enrolled to complete the full course on healing, and reportedly enjoyed the course. At the final interview she said that she was offering Reiki healing to people in her neighbourhood and would eventually open her own clinic. She sounded very positive. *"My life has changed, I am now focusing on helping other people who are less fortunate than myself....it really feels great to assist others, it adds more meaning to my life."*

Carol continued with self-healing but failed to record it because *"the Reiki energy was so relaxing, I often fell asleep, and only awoke the next morning. Then, my daily routine starts, I have to see to the kids and go to work."* Carol, like Jane and Alice, secured employment. She also studied Reiki therapy part time.

Carol reported that her headaches grew worse during the first two weeks after the attunement and then subsided and disappeared completely. The first two weeks of pain was part of the detoxification process: *"It feels so strange.... I feel no pain now. Reiki is a miracle cure. I will definitely promote Reiki in the Black community. People do not know about this kind of healing."*

Carol, like Jane reported to have stopped self-medicating with pain tablets. She said that she enjoyed increased levels of energy and that

she was in full time employment. She worked in a restaurant which required long hours on her feet everyday and Carol stated she managed this with ease. *"I feel full of energy sometimes....whilst working I meet so many new people, I seem to forget about my problem....I am tired by the evening and seem to sleep very well."*

Carol's response to her state of mind was: *"I feel very happy and content now, life is worth living for my children. Reiki has changed my life. I want to be a healer and help other people. People who are HIV positive should definitely learn Reiki. It changed my life and it will definitely change others as well. I will definitely promote Reiki therapy to whomever I meet."*

Carol also reported that due to her fulltime employment she is unable to rest during the day. *" I am busy most of the day....I have no time to rest....its strange, I actually do not feel the need to rest....I enjoy my work."*

Carol referred other HIV positive people to the researcher for Reiki attunement. These referrals were not included in the study as they came in after the conclusion of this research. The researcher is presently offering free Reiki training for people who are HIV-positive because of the need and the positive effects it had on the research participants.

4.2.5 Ivy

Ivy was a 52 year old single, female from the coloured community. She was the oldest volunteer to participate in the research. Like all

the other females in the research she was unemployed, but had a small income in the form of a disability grant. She had one child who was married and living independently. Ivy looked very frail and ill when researcher met her the first time. Ivy reported that her CD4 count was 30, and she was not yet on ARVs as she was refused ARVs due to her heavy smoking. Ivy's reason for participating in the research was *"I want to try something different....I cannot go on ARVs because of my smoking, the doctor asked me to stop smoking....I cannotI hope you can help me to stop smoking."*

She tested HIV-positive in 2005, when she was diagnosed with TB. She is presently on medication for TB only. Ivy reported that the side-effects of the TB medication was nausea and *"feeling miserable the whole day....I have no energy and lie around the entire day."*

Ivy reported to have very little knowledge of CAM, and had no knowledge of Reiki therapy. Ivy like the other participants was eager to try something different as she had no other alternatives. Ivy reported to have tested her CD4 count at the clinic a month before the first interview with the researcher. Ivy expressed her hope that Reiki therapy will help by: *"I am hoping Reiki therapy will assist me to give up smoking, make me relax, so I can sleep better and extend my life."*

Ivy at the initial interview presented with the following problems: severe daily headaches, severe pain in her knees and arthritis which presented with severe pains in all her joints. Added to the pain were the side-effects she experienced due to her TB medication.

Ivy like Jane, Alice, Sally and Carol self-medicated with pain killers to ease the pain and to survive the day: *"I take painkillers, smoke and*

sleep most of the day, the pain is unbearable most of the time.... I am stressed and depressed and only find comfort in sleep, and life is just not worth living."

Ivy like the other female participants was despondent of the future and like the other participants reported to having depleted energy, to which she reported to be taking herbal medication to boost her energy levels: *"Sometimes I do not have the will to get up in the morning....there is nothing to look forward to....I guess I just have to wait around to die, when my time is up."* Ivy expressed hopelessness and despair and like Sally and Carol had given up the fight to survive: *"I have no inner peace, I have no support from my daughter....no-one in my family knows about my HIV status....They know I have TB. I sometimes go to church, but most of the times I am too tired to get out of bed."*

Ivy reported to having no inner peace and worried constantly about her HIV status and was afraid of death. She also expressed great anger which was mostly directed at herself. Ivy was reluctant to discuss how she contacted the HI-virus and the researcher reassured her that this was not the main aim of the study. Over time however, she revealed that she had had several sexual partners: *"When I was younger I enjoyed life....I went clubbing and had many boyfriends....I did not know about HIV and I did not care....having fun was more important for me."*

Ivy like the other participants needed supportive counselling sessions before the Reiki attunement. She also presented with suicidal tendencies and expressed anger, hopelessness and despair of the

future. " *Life is not worth livingI have no friends, my daughter is away, I hardly see her, my family and friends do not know what is wrong with me....everyday seems the same....I wake up every morning with pain....nothing exciting to look forward to, sometimes I have no will to wake up or to live.*"

Ivy's Reiki attunement and training was undertaken at researcher's clinic with one other participant, Peter. Ivy reported feeling a sense of peace after the attunement. "*I felt peaceful and calm during the attunement.*" Ivy seemed fascinated and interested and asked many questions. Most of the terminology in the training manual was new to her. She was eager to try and enthusiastically continued her self treatment. Her records attested to the fact that she did self-healing about 2 or 3 times a day. She stated Reiki therapy helped her to sleep and relax during the day: "*Whenever I am tired, I do self-healing and I fall of to sleep.... most of the time I am alone and I get depressed....I do self-healing and feel better. I have also cut down on my smoking, but cannot give it up completely.*"

The first week after Reiki attunement, Ivy reported that she experienced severe pain and needed stronger medication. The pain eased as she continued with her self-healing. She reported that the pain she experienced had eased considerably. She stated that it became manageable and that she therefore started relying less on pain killers. Most of the time she performed self-healing which she reported eased the pain: "*My pain tablets are of a milder form now....they are not the strong ones I used before....sometimes I go without pain killers, I just do Reiki healing and the pain goes away.... I can now walk up the stairs without resting.*"

Ivy also reported to have increased energy, and that she was able to accomplish more during the day: "*I started gardening as there is nothing else for me to do....once my housework is done and I do self-healing there is nothing more I can do. I like watching TV and spend most of my time watching TV and doing self-healing. I also listen to the tape you gave me and this relaxes me.*"

The researcher advised Ivy to join social clubs in the area and to go out and socialise with others. She agreed that this was a good idea and promised to enlarge her social interaction. Ivy seemed more positive and reported to be attending church on a regular basis. She also said that she felt as if she was becoming stronger and more peaceful by turning to spirituality: "*I have accepted Jesus into my life....I feel peaceful and happy when I am in church, there is great peace and comfort in the church, God will take care of me.*" Ivy stated that attending church helped her to accept her situation. Despite this, Ivy reported that news of death or any mention of HIV as a deadly condition greatly upset her.

She concluded the following about Reiki therapy:

"Reiki therapy has become a part of my life. When I get depressed I play the Reiki cassette, which makes me feel better, I do self-healing and go off to sleep. The Reiki cassette calms me and I use the protection symbol to protect myself."

4.2.6 Peter

Peter was a 48 year old Asiatic male. He was the only male who volunteered to participate in the study and the only research participant who was employed at the start of the fieldwork. Peter was different from the other participants in that he presented as being emotionally, physically and mentally healthy. He did not present with any physical problems, and was mentally and emotionally accepting of his HIV status. He stated: *"I see HIV as just another disease like cancer or TB. I do not feel different about myself....I sometimes forget I am HIV- positive....It does not bother me at all."*

Peter was married with two children. The two children were his present wife's children from her first marriage. Peter reported to have contacted the HI-virus from an earlier relationship with his first wife. Peter tested HIV-positive when he went for a medical examination for insurance purposes. His present wife tested HIV-negative. Peter reported to have the support of his family and friends. He also reported that he was in a very happy and stable marriage and that this helped him to cope with his HIV status. He however asserted that at times he felt no inner peace or harmony when he thought about his future and that of his family: *"Sometimes I get sad and depressed when I think about the stigma of suffering with HIV and this makes me very unhappy....I also worry about my present wife and her children."*

Peter contacted the researcher in response to the newspaper article. He said that he had responded to the newspaper article out of curiosity, as he was searching for alternative healing for PLWH. He

reported to have researched CAM and was enthusiastic to be part of a study to test something new: *"I want to try something different....I read on the Internet all the different forms of healing for PLWH and Reiki therapy was one of them....this research will give me an opportunity to learn something new which I could use to help others."*

Peter also expressed his hope that using Reiki therapy will delay his need to commence with ARVs: *"I hope Reiki therapy will increase my CD4 count, delay the use of ARVs and help me lead a normal life."*

Unlike the other research participants, Peter had some basic knowledge of CAM. He reported to have researched alternative forms of healing for HIV-positive patients, and was thus very enthusiastic to participate in the research. Peter understood the benefits of Reiki therapy but had not experienced this form of healing. He expressed his eagerness and willingness to start immediately: *"I was looking for a Reiki Master to go to for healing sessions....when I saw the article I was excited therefore called you immediately....my sister has also advised me to try other alternative healing methods."*

Peter was attuned to First degree Reiki at the researcher's clinic, with one other research participant, Ivy. During the Reiki attunement, Peter reported that: *"I felt very peaceful and calm."*

Peter reported to continue with Reiki self-healing daily before he went to sleep or whilst watching television. He reported that he did not experience any symptoms of elimination and that his physical, emotional and mental state remained the same. He however reported

that: *“when I did self-healing I became more relaxed and often went off to sleep.”*

Peter like the other participants expressed his desire to continue learning Reiki therapy, but was unable to do so immediately due to time constraints. Peter was a very positive person before and after Reiki attunement, who had accepted his HIV status. He however, reported to feeling sad when he thought about his HIV status, but maintained that this feeling often subsided when he focused on the positive aspects in his life. He treated HIV as just another disease and continued to live a complete and productive life. He reportedly continued to visit a private doctor for his routine treatment. He stated that he would continue with self-healing as this helped him to relax.

4.2.7 Rose

Rose was a 45 year old, Asiatic female with two children from an earlier relationship. She was living with her boyfriend of 8 years from whom she believed she contacted the HI-virus. Her boyfriend was also HIV-positive but was not prepared to go for further tests, counselling or supportive treatments. Rose mentioned that she had asked her boyfriend to participate in the study but that he had refused, stating that he was healthy.

Rose like Peter, Carol and Ivy responded to a newspaper article. Rose also researched CAM and was eager to try something new. She also expressed a desire to lead a normal and healthy life and to delay the use of ARVs.

Rose like Sally expressed intense anger towards her boyfriend. *" I hate him for what he did to me....he should have told me his status when we met, he lied to me, he knew he was HIV-positive when we started our relationship....he has ruined my life, I hate him."* Rose however continued with this relationship due to family commitments, financial support and an expressed fear of being alone. She was unemployed with two children: *"He provides a roof over my head and he sees to my children....but life is horrible....we constantly fight and my children can't stand him....I have major arguments with my children as well due to my boyfriend staying with us....I feel helpless, I do not know who to please....I am also afraid of being alone."*

Rose tested HIV-positive in 2000 when she went for her routine medical examination at King Edward Hospital. She had researched CAM and had some basic knowledge on CAM and Reiki therapy. She believed that: *"if you strongly believe in something it will happen, miracles do occur."* She also expressed her hope that Reiki therapy will assist her to develop spiritually, delay the use of ARVs and help her lead a healthy and productive life: *"From the time I was diagnosed, I have not been taking care of myself. I am a spiritual person and I want to become spiritually strong again. I seem to have given up on life. My greatest worry right now is the future of my children."*

Rose presented with the following symptoms during the first interview: pain in her lower back, arms and chest area and depleted energy levels which often left her feeling unable to cope with her daily activities. She reported that she was unable to rest due to the demands of her household chores and family commitments. She found

the task of taking her children to school and collecting them again in the afternoons especially tiring. She appeared to be stressed and agitated and during the interview the researcher noticed that she was very fidgety and could not sit still. Rose also reported that she often felt negative feelings like stress, anxiety and depression. She reported that these feelings led to poor concentration and insomnia. Rose self-medicated with pain killers and sleeping tablets: *"I cannot survive without painkillers and sleeping tablets....I can only sleep when I am knocked out....this worries me as I know I am destroying myself and I need to do something about the situation."*

Rose acknowledged that her situation had reached a stage where she needed help, and that this was one of the reasons why she was eager to participate in the study. She felt that she had become dependent on medication for pain control and to sleep. Rose, like Peter, was comfortable with her HIV status being known to others and was prepared to learn Reiki therapy in a group along with other HIV-positive research participants. She further reported that her HIV status was known to her family but that she received little support because of her relationship with her present boyfriend. Rose also expressed the need to meet with other PLWHs for support.

Rose, like the other female participants, reported to have no inner peace and felt deeply unhappy and discontented with her life. These psychological problems manifested as self-reported mood swings, anger, depression and feelings of being easily frustrated. Rose also reported that she regularly suffered panic attacks, and that she harboured suicidal thoughts: *"Sometimes I think of killing myself and*

my children....there is nothing to live for.... I fear for my children. Who will take care of them when I get sick or die?"

Rose reported to experience no inner peace and harmony as she feared death and the unpredictable impact of her illness on the future of her children. She had no leisure activities which she described as a consequence of her mental state and her depleted energy: *"I do not go anywhere or join anyone because I am not happy, I am always worried and I also have no time and energy. When I have free time I try to sleep....I also don't like meeting people, I feel depressed knowing that they are happy and well and I am not."*

Rose received her Reiki attunement and training at the researcher's clinic with one other research participant, Carol. Rose and Carol seemed to have gained a lot of support from each other. Both these research participants presented with suicidal tendencies and expressed helplessness and a desire to end their lives. After the Reiki attunement and training these two research participants maintained contact telephonically and supported each other through emotional crises.

Rose, like Carol, was very emotional after the Reiki attunement. She vented her feelings of anger towards her boyfriend and her present circumstances. The researcher allowed her the opportunity to release her anger by giving her the opportunity to express herself and cry. She also expressed sadness about her children: *"My children do not deserve this, they are innocent, they do not have to suffer the pain that I am going through and they do not have to live with someone that does not care for them."*

Both Rose's and Carol's children were HIV-negative, but they were greatly affected by HIV. These children were aware of the pain and anxieties experienced by their mothers. In this respect Rose reported that her children were very traumatised by her status and that they were forced to stay with her boyfriend whom they disliked: *"My children hate my boyfriend. They know that he infected me. They want me to leave him. My boyfriend constantly fights with my children and ill-treats them. My children often threaten to run away from home because of my boyfriend."*

Carol's children on the other hand do not have the boyfriend living with them, but still display great anger towards this man, whom they believe ruined their lives and that of their mother.

Rose reported that she often had to choose between her boyfriend and her children which caused stress in her life. Rose continued with self-healing, but did not complete a daily schedule. She reported that she would often perform self-healing whilst watching TV or when she went to bed. Self-healing she reported helped her to relax and sleep.

A week after the Reiki Attunement, Rose reported that she was very emotional and also very angry at her boyfriend. This led to many heated arguments which eventually led to her leaving her boyfriend. When she left her boyfriend, she reported to feeling: *"very light and peaceful, It felt like a huge burden had been lifted....I feel more peaceful.... I still feel some anger towards my boyfriend but I am working on it. My children are at peace and that's what matters."*

Rose told the researcher that she received emotional and financial support from her siblings after her break-up with her boyfriend. She realised that it was her problematic relationship with her boyfriend that caused the rift with her siblings and not her HIV status. Rose revealed that she had experienced flu-like symptoms after the Reiki attunement coupled with severe back pain for the first week. This the researcher attributed to the detoxification process. Rose eventually reported that the pain had eased considerably during the course of her self-healing and had eventually stopped: *"I have stopped taking painkillers, doing self-healing on a regular basis seemed to have lessened the pain on my body.... and I noticed the pain soon disappeared. It feels strange no pain, no medication. I even stopped taking sleeping tablets for the past week."*

Rose, like Sally, was able to leave a destructive situation. Both stayed in an abusive and unhappy relationship for fear of their partners and for individual personal reasons. Rose stated: *"I feel free now, I and my boys are at peace, there is no more tension, fighting or anger in the home....the boys are happy and I can now concentrate on making my children happy and healing myself."* Rose further reported that she accepts what has happened and wanted to concentrate on leading a more productive life with her family: *"I fully accept what has happened....I take full responsibility, I should have been more careful. I however, cannot change the past, I need to now concentrate on my two children, make the best of the days we have left."*

Rose like all the other research participants seemed more positive in her orientation to the future. *" I now look forward to the future....my physical conditions seemed to have improved. I feel more positive*

towards my future....my priority is to make my children's life happy and comfortable."

Rose reported that her quality of life seemed to have improved. She attributed this to the fact that she weaned herself of medication and had moved away from an unhealthy and destructive situation: *"There are no more fights at home, my children are happy, we are at peace. I have enough strength and energy to be brave for my children....I don't drug myself to sleep or numb my pain. The pain killers often made me drowsy and felt uncomfortable during the day."*

Rose like Alice reported an increase in her CD4 count. Her CD4 count before the Reiki attunement and self-healing was 236. She had tested at Addington Hospital. After her Reiki attunement and self-healing she tested again and reported that her CD4 count had increased to 455 - an increase of 219. She attributed this increase to Reiki therapy and her changed lifestyle: *"I know my CD4 count has increased due to Reiki therapy, I am more peaceful and happy now....I have accepted my situation....I believe my CD4 count will continue to increase with regular treatment. It has already increased by 219. I have faith that I will lead a long and productive life."*

Rose like the other participants turned to spirituality for comfort: *"I have started praying now, my children join me when I go to the temple....although the virus is still there, I do not let it bother me anymore. Going to the temple has made me stronger. I am not blaming anyone for my illness. I finally got the courage to stand up to my boyfriend. I have accepted what has happened to me and I know I*

need to take responsibility for my actions. Right now I want to make the best of each and every day."

Rose concluded the following about Reiki: *"Reiki therapy is a gift from God....It has helped me a lot. I hope other people will get to know about Reiki therapy and its benefits....this therapy should be available to all mankind."*

Rose also expressed her desire to continue learning Reiki therapy, once she became financially secure.

4.3 Discussion of the research participants' adjustment to living with HIV prior to and after their introduction to Reiki

Five out of the seven research participants had no knowledge of Reiki therapy prior to the study but were willing and eager to learn about alternative and supportive therapies. A conclusion from this study is that PLWHs seek alternatives to biomedical treatment to help them adjust to their diagnosis, to live with the disease as a chronic illness, to help them deal with stress and psychological problems related to their status and to delay the need for ARV therapy for as long as possible. From the problems encountered with the recruitment of volunteer participants, it became clear to the researcher that the unfamiliarity of CAM in general and Reiki in particular as well as financial constraints to attend training or therapy sessions in addition to scheduled clinic or private practice visits were important barriers to all PLWHs accessing CAM or Reiki as a supportive therapy.

Although all of the research participants were diagnosed with HIV and attended a clinic or a private practitioner, none were accessing ARVs at the time of the first interviews. The majority of the research participants were self-medicating with pain killers, sleeping tablets and energy boosters. Peter presented a different case, as he reported no physical symptoms and did not use medication to deal with pain or insomnia. He had the most positive health perception of all the research participants at the initial interview and this remained unchanged over the course of the study. Peter's need for Reiki attunement was to continue living as normal a life as possible and to cope with the stresses of his daily job. In sharp contrast with the women respondents, Peter enjoyed a calm, stable and happy domestic life and his wife supported him emotionally. In addition, he was the only research participant who obtained treatment from a private health practitioner and did not rely on public health services to help him live positively with HIV.

The six female research participants all relied on public health services and all had poor social support systems at the start of the fieldwork. This was evident in abusive relationships, abandonment and discriminatory treatment by family members. The RK Khans Hospital offered group work sessions for people living with HIV but six of the research participants required additional counselling to help them come to terms with feelings of despondency, fear, anger and suicidal thoughts. Two of the women were in abusive relationships at the start of the fieldwork and initially regarded themselves as trapped in these deleterious domestic arrangements. It seems that their own appraisals of their "guilt" in their infection and the shame they felt for exposing their loved ones to HIV spilled over into inabilities to try and improve

their personal lives. According to the cognitive appraisal model of stress and coping, social support affects symptom experience and adjustment. Of interest in this study is the finding that some of the participants' appraisals of their HIV-statuses (guilt, shame, anger and fear of abandonment) influenced their social support in that they became accepting of domestic arrangements that they knew were unhealthy. It therefore seemed that for some people living with HIV, social support can be secondary to illness appraisal. This is further supported by the finding that following Reiki attunement and self-healing, these women reappraised their illness statuses, dealt with their guilt, shame, anger and fear and found the strength to address their domestic problems. A possible explanation for this is that women like Jane and Carol were content with abusive or destructive relationships because of their own self-stigmatisation. In this respect it should be noted that Norbeck and Anderson (1989) found that for some women, social support tends to reinforce negative health practices. Stigma surrounding HIV and AIDS forced some of the research participants to practice self-imposed social isolation. They felt guilty about their statuses and their inability to cope with ordinary day-to-day tasks due to fatigue and a host of other symptoms. Their poor social support reinforced their negative appraisals of themselves and this, in turn, led to psychosocial problems and feelings of powerlessness.

Reiki attunement, training and self-healing enabled all of the research participants to come to terms with negative feelings and to own up to feelings of powerlessness and fears of disease progression and death. Since Reiki emphasises a focus on the self via self-healing, it afforded the research participants the opportunity to confront their feelings of

frustration (at themselves or at whomever they believed were the infective partners in their lives) and pain and to bring it out in the open. This set them on the path of coping with their illness statuses. According to Lazarus and Folkman (1984) coping is a learned response and does not require mastery, but effort. In this regard, the study demonstrated how relaxation techniques, focus on inner abilities to reassess a situation and actively dealing with stress had some success for people living with HIV. Moreover, as the participants incorporated a newly learnt skill into their own illness coping strategies, they felt able to extend this skill to other people in their social circles. This further supported feelings of self-efficacy in their own coping.

The study itself, through bringing people living with HIV together to learn about Reiki, helped some of the research participants like Carol and Rose to cultivate a new support system. They found courage from each other and were able to change situations which they previously appraised as difficult but impossible to alter.

4.4 Conclusion

In this Chapter, detailed descriptions of the research participants, details of the interviews before Reiki attunement and their individual experiences of Reiki therapy before and after Reiki attunement were given. The next chapter, Chapter 5, focuses on a summary of the research project and concluding comments.

Chapter 5

Conclusion

5.1 Introduction

This qualitative study explored the use of Reiki therapy as a form of CAM in improving the quality of life of PLWH. The specific research objectives included: (1) the perceptions and experiences of PLWH of Reiki therapy as a complementary and alternative treatment, (2) the perceived benefits of Reiki therapy for PLWH and (3) the perceived obstacles to the general use of Reiki therapy for PLWH who received Reiki therapy as a complementary and alternative treatment. This study attempted to explore the experiences of participants with regard to Reiki therapy and how Reiki therapy affected their quality of life.

According to the Encyclopaedia of Public Health, (2008) *"Quality of life is a degree of well-being felt by an individual....quality of life is not a tangible concept and therefore cannot be measured directly....Quality of life consists of two components, the first is a physical aspect which includes such things as health, diet, as well as protection against pain and disease, the second component is psychological in nature....which includes stress, worry, pleasure and other positive or emotional states."*

From a biological perspective, Ullrich (2003) stated that bodily pains are common for PLWH, particularly with peripheral neuropathy in the hands and feet that makes it difficult to walk or pick up things. Sally, Carol, Ivy and Rose presented with these conditions at the first interview.

Opportunistic infections occur when the immune system is weakened. PLWH have weakened immune systems and are thus unable to fight certain infections. People with lower immune systems can even get infections from organisms that do not usually cause diseases (www.pdrhealth.com). Symptoms of opportunistic infections associated with HIV include fever, fatigue, weight loss, cough, difficulty breathing, night sweats, and altered mental states, severe headaches, diarrhoea, abdominal cramping, nausea, vomiting, fatigue, constipation and enlarged glands. Six of the seven research participants presented with one or more of the above symptoms at the initial interview.

As has been established in Chapter 2, PLWH are prone to stress. Major stressors include fear of getting sick and dying, fear of infecting someone else or of being re-infected with new strains of HIV, the stress of paying for medications, anxiety about eating right, exercising and doing the right things, avoiding unhealthy habits and addictions, the psychological pain of being discriminated against because of HIV, abandonment and social isolation. All of the research participants with the exception of Peter expressed the above conditions which caused stress.

HIV/AIDS is a chronic and life-threatening illness. Adjusting to the illness is a life-long process. Discovery of the infection precipitates many emotional dilemmas such as shock, anger, denial, guilt and anxiety. All of the research participants except Peter displayed most or all the above symptoms. Therefore one can conclude that living with HIV has a profound effect on the person's psychological, physiological, biological and sociological well-being.

5.2 Reiki as CAM

The field of CAM has received increased attention in conventional medical environments over the last decade. Research has shown that by 1997, nearly half the American public was using some form of CAM, and usage continues to rise (National Centre for Complementary and Alternative Medicine [Sa]). These studies showed further that patients are supplementing their conventional medical care with CAM without involving the physicians. Another study found that people seek CAM not out of dissatisfaction with conventional medicine, but because CAM more deeply reflects their values and beliefs. Energy medicine (e.g. Reiki therapy) is particularly popular, and is largely regarded as non-invasive and low risk.

Reiki is an ancient miracle for modern living. The knowledge that an unseen energy flows through all living this and directly affects the quality of health has been a part of the wisdom of many cultures. Reiki is a simple, natural and safe method of spiritual healing and self-improvement that everyone can use (Harrison 2000).

5.3 Reiki Research

In this study the research participants were not healed by a Reiki practitioner. Following the ethical guidelines of the study, the research participants were attuned to the Reiki energy and taught how to do self-healing to help them cope with living with HIV. The healing was not in any way manipulated or controlled by the practitioner/researcher. Research participants were requested to

perform self-healing, record and report their experiences with the use of Reiki therapy. Two separate interviews using semi-structured interviews were used to interview research participants before and after Reiki attunement and self-healing. All interviews were audio taped and transcribed verbatim.

5.3.1 Reiki attunement

According to Gupta (2004): "*Reiki attunement is a process of empowerment that opens the crown, throat, heart and palm chakras and connects one to the unlimited source of Reiki energy.*"

Participants had varied experiences when attuned to Reiki energy. Ivy and Peter felt relaxed and calm after the attunement. Rose and Alice were emotional after the attunement. They cried and released their anger and frustrations towards their partners and those around them. This was a way of releasing their pent-up feelings. Jane reported that she felt intense heat on her hands whilst Carol saw flashes of light and saw an image of her grandfather.

According to Lipinski (2004): "*Many people can feel attunement as it is done, as heat or waves of energy flowing into their body or they may see light or even images or hear music. Many people do not have any experience at all, other than perhaps feeling both more relaxed and energised than usual.*"

Participants had varied experiences with regards to eliminations. Ivy and Rose went through major emotional releases like depression, anger and sadness. Rose also experienced flu-like symptoms. This

subsided with self-healing. Jane became very ill and had to go to hospital for treatment. Sally, Ivy and Carol reported intense headaches which lasted for a week and then subsided with Reiki treatment. The researcher explained to the participants the process of detoxification. This was part of their healing process and participants were aware and prepared for this process.

5.4 Effects of Reiki Therapy

Several effects of Reiki therapy were noted by participants. This can be divided into physical, mental/emotional, energetic and spiritual domains.

5.4.1. Physical

All participants except one experienced severe pain before Reiki attunement. Most were self-medicating with pain killers. All participants reported that their pain has lessened considerably after Reiki attunement and Reiki treatment. Most performed Reiki healing on themselves when they experienced pain. The research participants also reported to have either stopped taking pain killers or taking a milder dose. Jane, Carol and Rose also reported to have discontinued medication for pain control.

Rose and Carol reported that the pain they had experienced prior to Reiki treatment had stopped completely. Ivy reported that her pain had lessened considerably and that she had thus reduced the strength of pain tablets to a milder form. Sally reported that the rash and itchiness experienced before Reiki attunement had healed completely.

Jane also reported the healing of glands on her head and armpits after Reiki attunement. In this respect, Reiki therapy was able to assist some of the research participants with problem-focused coping in that they were able to deal with pain and pain experiences more effectively. Dealing with debilitating pain and the disappearance or alleviation of skin irritations and painful swellings helped these research respondents to respond better to living with HIV. This, in turn had positive emotion-focused coping responses and this is discussed in the next section.

5.4.2 Mental/Emotional

At initial interview six of the seven participants reported to be deeply unhappy and discontented with their lives, and also reported constant fears about the progression of their HIV-infection to full-blown AIDS and death. As a result they felt no inner peace. These psychological problems manifested as self-reported mood swings and feeling of being easily frustrated. Sally, Rose and Carol reported suicidal thoughts. All of the research participants except Peter experienced mood swings and negative feelings ranging from anxiety, fear, depression and panic attacks.

After Reiki treatment, most of the research participants reported that they felt relief and managed to work through their negative feelings.

Rose and Sally who were in abusive relationships, reported to have become empowered to remedy the situation. Both were able to stand up for what they believed in and decided to separate from their boyfriends. Both reported to feel more peaceful, happy and content

with their lives. They both also reported to be more in control of their lives and decided to focus on their happiness and that of their children. Jane also decided to leave her boyfriend, as she felt their relationship was not progressing to a deeper level of commitment. These participants felt that Reiki therapy had helped them to take different choices for themselves. Because Reiki therapy allowed them to bring their negative feelings to the fore and to relax and reassess their HIV-positive status, they were able to reappraise their social situations.

Moreover Jane, Alice and Carol decided in the course of the fieldwork to seek employment. Finding employment added to their quality of life and gave them a sense of security and independence. A remarkable change in their self-esteem was noticeable. The cognitive reframing of what it means to live with HIV, as enabled by Reiki attunement and self-healing, made it possible for some of the research participants to stop avoidance behaviour and move out from social isolation to find employment. These transformations in these research participants' relationships to their social environments (leaving abusive or unfulfilling relationships and finding work outside the home) lead to feelings of self-efficacy, deeper reappraisals, reassessment of life goals, positive emotions and more successful coping.

All of the research participants initially reported that they did not participate in any leisure activities due to financial reasons, time constraints or as a consequence of self-imposed social isolation. After Reiki treatment none of the research participants changed their leisure time activities, but the reasons they offered for this changed. Jane, Alice and Carol reported that they secured employment and therefore they had no time for recreational activities. Ivy was encouraged by

the researcher to join a women's group in her residential area, to which she agreed. Rose also reported that she had limited time, due to commuting her children to and from school. Peter reported to be spending most of his leisure time with his family.

Self-healing and relaxation techniques were, however, incorporated into the lifestyles of all the research participants. All research participants reported to be using self-healing techniques on a regular basis. Ivy reported to be self-healing at least two or three times a day. She reported that Reiki treatments helped her to relax and sleep. Their positive attitudes towards the principles of Reiki engendered a sense of purpose and meaning in the research participants as they all reported that they wished to continue using the techniques and also planned to apply it to others. As they learnt the techniques, they developed feelings of mastery and control. As Reiki is administered by the person her/himself and the person living with HIV is not a passive recipient, Reiki increased positive perceptions of personal control. It is important to recognise that for the HIV-positive people in this study, these new and valued goals were not directed at curing the disease, but at objectives such as increasing energy levels, coping with pain, relaxing in order to sleep, increasing their physical mobility and social interaction and repairing relationships with positive social others in their social environments. The important point is that Reiki therapy helped the research participants to feel better because they reassessed their life goals and set plans of action in place to incorporate Reiki principles into their lives with a perceived reasonable probability of success.

5.4.3 Energy levels

All of the research participants except Peter initially reported to having depleted levels of energy, which resulted in them resting at least once or twice during the day. Peter was in employment and stated he had enough energy to cope throughout the day.

After Reiki treatment, all of the research participants reported an increase in their energy levels. Three participants reported that they were employed full time and thus unable to rest during the day. They further reported that they coped well during the day and did not feel the need to rest.

5.4.4 Spiritual domain

Religiosity or spirituality can be important resources to effectively cope with stress. Rose initially stated she wanted to take part in the study because she was a spiritual person, but had lost touch with her spirituality and hoped that Reiki therapy would assist her to become more spiritual again.

Sally and Ivy have reported that after the Reiki attunement they attended church on a regular basis. This helped them to cope with their situation. In addition all of the research participants reported feelings of inner peace and harmony after the Reiki treatment.

Miles (2003):, found that *"not only is Reiki an effective modality for reducing pain, depression and anxiety, but that it is also effective in enhancing desirable changes in personality and strengthening the faith*

in God. Reiki has no religious affiliation, nor is an enhanced religiosity per se an intended outcome of Reiki. However, spiritual growth may enhance the people living with HIV's ability to cope with the life changes resulting from their illness."

5.5 CD4 Count

It is important to note that the CD4 counts of two of the research participants had increased during one month of self-treatment. Unfortunately, only these two cases can be reported on as the other research participants were unable to test their CD4 counts prior to the second interview. In this respect Reuters Health (2003) reports: "*Reiki has a salutary effect on the immune system, though the full extent of it has yet to be determined....An increase in a primary immune system component is significant – any enhancement of the function of the immune system must be carefully explored to determine how extensive it is and how it affects a disease that compromises that system.*" In a similar vein the National Centre for Complementary and Alternative Medicine states that: "*Both anxiety and depression have been independently associated with suppression of immune function (decrease in natural killer cell activity) and other measures of lymphocyte function, increase in Cortisol. As Reiki therapy has been shown to be an effective modality for reducing pain, depression and anxiety, its effects on negative emotional states may help improve the immune functions over time.*" (www.nccam.nih.gov).

This study found that the negative emotions of participants have been greatly reduced through Reiki therapy. Further research on Reiki therapy and the perceived benefits need to be explored.

5.6 Perceived barriers to using Reiki therapy as a form of CAM

All of the research participants had little or no prior knowledge of Reiki therapy as a form of CAM. Jane and Carol had reported using the services of a local Sangoma. According to the research participants, the use of CAM was not known in their communities. Jane, Alice and Sally learnt of Reiki therapy when it was introduced at the support groups for HIV patients at the RK Khans hospital. All of the research participants expressed their willingness to participate in the study because they *"wanted to try something new."*

All of the research participants expressed their desire to continue to learn more about Reiki therapy. However many were unable to do so due to financial constraints and transport. All of the research participants except Peter came from lower socioeconomic groups. All female participants reported to live in semi-rural areas and were either unemployed or financially dependent on others.

5.7 Limitations

This study had some limitations. The first limitation was the difficulty in recruiting participants. The researcher spent almost three months at the RK Khans hospital attending group sessions and explaining to the people living with HIV the aims of the research. Only three participants were successfully recruited via this method. The

methodology to recruit volunteers at The RK Khans Hospital only, had to be modified and adverts were placed in newspapers requesting for participants for the research. This also proved to be difficult for various reasons.

The second limitation was the language barrier. Although an interpreter was available, participants were not able to grasp the concept of Reiki therapy.

The third limitation was finance. There was no funding available for the research. Most of the people living with HIV attending the RK Khans Hospital were living in poverty and wanted some compensation for their participation in the research.

Another limitation was the lack of depth in some of the interviews. This is a risk in qualitative research because sometimes people have problems expressing their thoughts. Further, some of the participants were IsiZulu-speaking people living with HIV, and expressing themselves in English did pose a problem.

5.8 Further Research

This study was an exploratory study designed to gather information on the effect of Reiki on the quality of life of PLWH. Further research is needed to describe the full effect of Reiki therapy on the coping of PLWH. Reiki therapy can help people living with HIV reduce pain, anxiety, depression and improve their general quality of life. Reiki therapy's salutary effect on the immune system may have a long-term impact. In this respect Miles (2003) suggests that: "*New programs*

could contain protocols to monitor the immune system functions of treated people living with HIV (as compared to those not receiving Reiki treatments)."

The following tentative recommendations are on the basis of the findings of this small scale study to incorporate Reiki therapy or similar supportive therapeutic programmes into wellness programmes for PLWH:

1. Using Reiki therapy or similar supportive therapeutic programmes to help PLWH to reassess their situation and embrace change. By helping people come to terms with anger, fear, anxiety, self-blame and fatalism, Reiki can help them reappraise a life with HIV in terms of personal control and finding meaningful life goals.
2. Using Reiki therapy or similar supportive therapeutic programmes to help PLWH maintain coping skills. By teaching PLWH self-relaxation techniques, they are better able to cope with pain, connect with others socially and sleep better. Pugh (2005) in her dissertation concluded that: *"Reiki is a beneficial therapy regimen for sleep disturbances because it decreases episodes of insomnia and improves sleep patterns. Reiki also promotes physical/mental calmness due to a healthy, stable parasympathetic nervous system, and Reiki is an alternative technique to decrease episodes insomnia without use of pharmaceuticals."*

5.9 Conclusion

This qualitative study attempted to explore how Reiki therapy could improve the quality of lives of PLWH. Responses from the participants proved that Reiki therapy had positive results. Reiki therapy helped each participant in an individual way according to the needs of the participants. No negative consequences were reported from receiving Reiki therapy. Illness specific symptom relief, as well as mental and emotional effects such as decreased anxiety, decrease in depression and a better ability to handle stressful situations were experienced by participants. Spiritual awakening and connection were also experienced by some participants. A boost of energy was experienced by almost all participants.

Some participants experienced different sensory experiences during the Reiki attunement. The experiences range from feeling energy, temperature changes to seeing visions. Many of the experiences described by the participants support what has been written in literature.

Reiki therapy provides persons with HIV tools to deal with body, mind and spirit all of which are adversely affected by the illness, the medication, and the long-term prognosis. Anyone can learn Reiki therapy, and it is useful immediately upon learning.

Research has proved that Reiki can reduce pain, anxiety, depression, mood swings and panic attacks. Relief from other symptoms such as improved sleep, deeper relaxation, decrease in medication use and

increased energy were also noted during the research. Other participants reported to sleeping better and waking earlier and that their self-healing sessions were relaxing, decreased tension, and eased the mind.

Some of the research participants also became empowered and took action to remedy their unpleasant situations. Some participants also secured employment, making them financially independent and thus improving their quality of life.

Reiki therapy promotes total relaxation, enhancing the body's ability to recover from stress, and disease, improves the quality of life, making one's life more meaningful. This study provided a glimpse into the world of energy therapy, Reiki therapy and its benefits to PLWH all of which will help in the continued understanding of CAM therapies.

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Appendix A – Consent Form



Dear

I am a graduate student at the University of South Africa. As part of the requirements for my Master's Degree I have to complete a research dissertation. I wish to study how Reiki Therapy (which is a natural form of healing) assists with improving the quality of life of people living with HIV. I wish to teach and initiate volunteers on Reiki therapy, thereafter monitor self healing and subsequently have individual interviews and focus groups for the purposes of data collection. As a participant, you would be involved in the following:

- 1. An initial interview.**
- 2. Two half-day workshops, learning about Reiki therapy and how to do self healing.**
- 3. Thirty days of self healing at home.**
- 4. A second (follow-up) interview after you have completed step 3 (the Reiki self healing).**
- 5. An optional focus group discussion.**

You will not have to answer any question you do not wish to answer. Your interview will be conducted at the hospital or any place convenient to you, after I have received a copy of this signed consent letter from you. With your permission, I would like to audiotape this interview. Only I will have access to the tape recording which I will personally transcribe, removing any identifiers during transcription. The tape will then be erased. Your identity will be kept confidential to the extent provided by law and your identity will not be revealed in the final manuscript.

There are no anticipated risks, compensation or other direct benefits to you as a participant in this interview. You are free to withdraw your consent to participate and may discontinue your participation in the interview at any time without consequence.

If you have any questions about this research protocol, please contact me at [031-2623199] or Cell: 0836822286 or vsewduth@yahoo.com.

Yours sincerely

VIJAY SEWDUTH

Please sign and return this copy of the letter in the enclosed envelope. A second copy is provided for your records. By signing this letter, you give me permission to report your responses anonymously in the final manuscript to be submitted to my supervisors.

[Name]

I have read the procedure described above for the proposed research study. I voluntarily agree to participate in the research and I have received a copy of this description.

Signature of participant

Date

I would like to receive a summary copy of the final report submitted to for assessment.

YES	NO
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Name of Participant:.....

Telephone number:.....

Address:.....

Email:.....

Appendix B

First Interview – Reiki Research

NAME.....DATE:.....

Sex:Age:Marital Status:.....

No. of Children:.....Occupation:.....

How long have you been attending the clinic?.....

Are you HIV positive ?.....

When were you diagnosed?.....

What medication are you on presently?.....

Does the medication have any side-effects?.....

What is your understanding of Reiki or Natural healing?.....

Do you receive any form of Natural Healing?.....

Why do you want to participate in this research?.....

What are your expectations?.....

The following questions to access their quality of life at present:

Do you experience any physical pain?.....

Can you describe or explain where you experience pain?.....

What do you do or take to lessen the pain?.....

Do you have enough energy to cope with daily life?.....

Do you get tired easily and need to rest often?(How often).....

Do you feel happy and content with your life right now? Explain.....

Do you feel inner peace and harmony?.....

Do you experience any negative feelings such as mood swings, anxiety, depression, fear etc? (Researcher will explain these concepts).....

Do you have problems with concentration?.....

Do you have problems sleeping at night?.....

Do you have any leisure activities?.....

If yes, what are your leisure activities?.....

If No, why don't you have leisure activities?.....

CD4 count at present – if known.....

Researcher.....Date.....

Appendix C

Final Interview – Reiki Research

Interview after Reiki attunement and treatment

Name:.....Date.....

Did you continue with self treatment?:
(Check schedule and discuss any problems)

What effects did you feel after the Reiki attunement?.....:

Eliminations experienced:.....

To access your quality of life over the past two weeks

Do you experience any physical pain?

Can you describe or explain where you experience pain?

Do you have enough energy to cope with daily life?

Do you get tired quickly and need to rest?

How often per day do you need to rest?

Do you feel happy and content with your life right now? Explain.

Do you feel inner peace and harmony?

Do you experience any negative feelings such as mood swings, anxiety, depression, fear etc? (Researcher will explain these concepts)

Do you have problems concentrating?

Do you have problems sleeping at night?

Do you have any leisure activities?

CD4 count at present – if known.....

Other comments:

Researcher:.....Date:.....