

USING REIKI FOR SELF-HEALING: THE EXPERIENCES OF PERSONS LIVING WITH HIV/AIDS

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Abstract

Several complementary therapies have been used by many people living with HIV/AIDS (PLWHA) to improve their quality of life. One of those newly used modalities in Thailand is Reiki, a hands-on healing modality. The purpose of this study was to describe the experience of HIV-positive persons in using Reiki for self-healing to enhance harmonious living with HIV/AIDS. Reiki training was provided to 10 volunteers, HIV-positive persons from two hospitals in southern Thailand. Participants were interviewed about their experiences using Reiki for self-healing. Symptom self-reports, observation of their practices, and field notes were collected. Content analysis was used to reveal the experience of using Reiki and its outcome. Six steps of transformational experiences which PLWHA learned from Reiki training were presented. These included: 1) an understanding of body-mind disharmony; 2) a change in feeling from unconfident to confident; 3) being active as an adult learner; 4) realizing positive outcomes; 5) integrating Reiki practice into daily life; and 6) becoming a harmonious person. Recommendations and implications for nursing were highlighted in order to enhance self-care management options among people living with HIV/AIDS.

Key words: Living in harmony, Self-healing, Reiki, HIV/AIDS

Background and Significance of the Study

Alternative or complementary treatments have been chosen by many people living with HIV/AIDS (PLWHA) in an attempt to improve their quality of life (de Visser, 2004). In Thailand, complementary and alternative medicines (CAM) commonly have been used by the general public, including persons living with HIV/AIDS (Wiwanitkit, 2003). In Thailand, Reiki is another new method being used: a hands-on, life energy technique for healing (Keawpimon, Meunpetch, & Choonual, 2008). It is a Japanese form of healing that was rediscovered and developed by Dr. Mikao Usui in the early 1900s (Petter, 1999). Research on the use of Reiki has been undertaken in the areas of neurology (Kumar & Kurup, 2003) and cancer pain (Olson, Hanson, & Michaud, 2003). Benefits of Reiki include: stress relief (Shore, 2004); improving quality of life, including sleeping and eating habits; and reducing anxiety (MacDermott & Epstein, 2001) and depression (Dressen & Singh, 1998). Evidence exists that Reiki helps relaxation (Kelner, et al., 2002) and also minimizes symptoms found among those with HIV/AIDS (Entwistle, 2002; Schmehr, 2003).

According to Watson (1998), harmony is described as occurring when a person experiences one's real self, which increases the harmony within the mind, body and soul, and improves the degree of health. Energetic therapy can be used to achieve such a harmony state (Cumbie, 2001). The consequences of harmony have been shown to be a sense of feeling of satisfaction or achievement, a positive self-concept, and a more pleasant environment (Easley, 2007). Although previous studies provide evidence that Reiki is useful for PLWHA, these investigations

have not involved the actual process of how PLWHA experienced their transformations from disharmonious living to becoming harmonious persons through self-healing. Due to the limitations of previous studies, this study was designed to identify and describe key elements of effective Reiki practice among PLWHA participants for self-healing. Harmony – related to the balance within oneself as well as with the world – was used as a goal of practicing Reiki for self-healing.

Methods

This study aimed to describe experiences of PLWHA in using Reiki for self-healing. Reiki training was provided to 10 volunteer HIV-positive participants from two hospitals located in southern Thailand.

Key Informants

The first participant was recruited from the self-help groups arranged by two local hospitals (district and provincial) of Songkhla province, Thailand. The particular hospitals were selected because group activities were actively and regularly held there. The other 9 participants were obtained through "snowball" sampling. Inclusion criteria were: ability to learn and practice Reiki by themselves; 18 years of age or older; and diagnosis of HIV without active TB.

Data Collection and Analysis

After explanation of the study, verbal consent was obtained from each participant who met the criteria. Data were gathered using in-depth interviews and a checklist of symptom self-reports. Two sessions (four hours each) of Reiki training

were provided. The elements of Reiki teaching were: Reiki history; attunements; the physical practice on the self/others for the purpose of healing; the Five Precepts; Reiki power symbols; and specific hand positions for HIV-infected persons. After learning self-healing, participants were asked: "Please describe your experience with Reiki; share all the thoughts, perceptions, feelings, and meanings of it in your life." The ease or difficulties in doing Reiki practice, as well as the outcomes (helped or did not help), were also ascertained from the interviews (45-60 minutes each). In accordance with participants' preferences, the interviews were conducted either in the participant's home, at the Reiki Center (the temporary Reiki center which was set up for the purposes of this study, to provide a private place for participants to meet for interviews and where Reiki training was conducted), or in a public place such as a Buddhist temple where participants would feel comfortable. All interviews were audiotaped and transcribed verbatim.

To assess the progress of participants' symptoms, a symptom checklist self-report form was developed by the researchers. The form included 39 symptoms (i.e. profound fatigue, recurring fever, etc.) which normally are experienced by PLWHA. The participants were asked to indicate all of their initial symptoms, and follow-up questions were asked monthly during the three months of self-Reiki practice, in order to compare symptom outcomes.

Content analysis was used for data analysis. The transcripts were read and reread to identify significant phrases or sentences. The responses were then formulated and arranged into themes.

To obtain maximum credibility for the study, researchers ensured consistent observation and prolonged exposure with all participants. The technique of triangulation – interviews, symptom checklists, and member checking – was also utilized. To increase dependability, researchers ensured that all documents would be ready for an inquiry audit, to facilitate study participants' meetings with the auditor to examine the process and results of the study.

RESULTS

Demographic Data

The ten participants were between 27 and 39 years of age. Nine were female and one was male. Nine were Buddhist and one was Muslim. Six were widowed, two were married, one was single and one was divorced. Seven were living with their extended families; two lived with their husbands and children; and one participant lived with her child, since her husband had died from AIDS. Five participants had completed a bachelor's degree; one had finished high school; and four had attended only elementary school. Two of them did not work, four worked in food factories, and four worked in small private businesses. Their incomes ranged from "no income" to a maximum income of 3,000-4,000 baht per month (at the time of the study, 40 baht was equal to US\$1). Regarding the CD4 cell-count level, four were under 200, three were between 200 and 400, and three were greater than 500. Antiviral therapy was received by seven of the participants. One participant had not taken highly active antiretroviral treatment (HAART) due to her personal beliefs regarding self-care,

and two did not qualify under the medical criteria for HAART. Additionally, all participants had used complementary therapies, i.e. yoga, meditation, prayer or regional herbal remedies. The most frequently used complementary and alternative medicine (CAM) was regional herbal remedies. However, none of the participants had prior experience in Reiki.

Experiences of Using Reiki for Self-Healing

There are six main themes which describe the experience of using Reiki for self-healing: 1) an understanding of body-mind disharmony; 2) a change in feeling from unconfident to confident; 3) being active as an adult learner; 4) realizing positive outcomes; 5) integrating Reiki practice into daily life; and 6) becoming a harmonious person. All themes reflect both the process and the changes in the steps of learning Reiki.

Step 1 -- Understanding of Body-Mind Disharmony

The major experience at the beginning of practice was the disharmonious living among PLWHA caused by HIV infection and HIV-related treatment.

The common experiences of disharmony were: stress from being HIV-infected persons; feelings of uncertainty, hopelessness, and death ideation; guilt and unforgiveness; and helplessness. Among the symptoms related to the disease progression were opportunistic infections, as well as side effects of antiviral drugs. The participants reported localized pain and general muscle pain, and general

muscle pain, dizziness, skin wounds, shortness of breath, fever, cough, sore throat, and loss of appetite. Without antiretroviral therapy, participants suffered from the symptoms of disease progression and opportunistic infections such as frequent colds and fever, cough, diarrhea, headaches, and deteriorated physical appearance. One participant stated that: "I had common colds and fever about 2-3 times each month. When exposed to the rain, I would get sick.... I also suffered from pain in my body which disturbed my daily activities."

Additionally, seven participants who had taken antiretroviral drugs experienced physical symptoms which were side effects of the treatment. Several symptoms appeared, including myopathy, which caused muscle pain; neuropathy, which caused fatigue and numbness; sleep disturbance and nightmares; headache; backache; frequent urination; rash; and breast engorgement. One participant reported:

"Although I received antiretroviral treatment for six months, I felt my disease had not improved as I expected. I had very severe headaches and body pain. I was admitted to the hospital at least once a month...."

Some participants revealed that HIV infection brought them stress. Firstly, they were afraid of their HIV status being disclosed. Secondly, they were afraid to take part in social activities. Thirdly, they feared having their disease develop into full-blown AIDS. Lastly, stress occurred since the disease progression resulted in deterioration of their normal bodily functions. The long-term stress impacted on their mental and emotional health, producing moodiness and hot temper. One participant shared her story:

"...I was afraid that I would soon develop full-blown AIDS...every time I thought about it, I got into an irritable mood."

HIV infection also brought participants a feeling of uncertainty in life because it was incurable, and they were continually experiencing relapse symptoms due to low immune levels. Even though they looked as healthy as normal people, they always felt they were unhealthy. One participant compared her present life to the life of a mango tree with a parasite, saying: "I was like a mango tree with a parasite (ai-mong) that can easily fall down anytime...no solid ground in life...like dying wood...ready to fall down anytime in a strong passing wind."

Some PLWHA who previously had used complementary therapies complained about their limitations in using them, and that their disharmony remained. PLWHA could not cope with their symptoms, so they experienced feelings of hopeless and death ideation. For example, the Muslim participant always prayed to calm her stress; but praying was unable to improve her insomnia and nightmares. The ten participants revealed that they had all attended a yoga workshop, but they found that it was hard to practice since they had difficulties in remembering the postures. Furthermore, the study found that using regional herb remedies had practical benefits for specific symptoms such as diarrhea, but did not work well for chronic insomnia. Also, participants could not meditate without guidance from a leader; and their meditation practice was often distracted by physical discomfort. Experiencing chronic symptoms caused them to feel

hopeless and to experience death ideation. One participant mentioned that she felt hopeless when she could not manage her bodily pain. Suffering from pain affected her spirituality, and she lost her trust and belief in the Holy Buddha and his teachings, as she stated: "I dwelled on my poor health and my suffering. I had pain throughout my body. Every day I wanted to die. I thought about death all the time. Because the suffering was so great, I felt like I was losing everything. I lost my hope for life. I did not want to continue living ...I accused the Holy Spirit and I accused my mom because nobody could help me. I did not feel that the karmic laws had been fair to me, where doing good should yield good results."

PLWHA experienced disharmony in their lives, as they were unable to let go of past experiences. HIV-positive tests caused female participants to get angry with their husbands or partners. During their years of living with the infection, widowed participants had mixed feelings: both guilt and resentment. For example, one participant had to deal with her guilt and inability to forgive her husband, since she had treated him badly before he died from AIDS. She related: "I felt guilty about my past actions. When he was alive, I used to curse him every day, and treated him with low respect. That came from my anger.... Back then I feared the infection. At that time, death was always in my thoughts, and people were disgusted by those who had HIV infections."

In addition, people's poor health conditions caused unemployment, and feelings of helplessness and fatigue. One participant who was unemployed, and also could not complete her housework because of her weakness,

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stated that: "I wanted to do housework but I could not because I was very tired and exhausted. I mainly lay down in bed and didn't want to get up. I tried to get some exercise by slowly walking around the house, but I could not walk back again so my sister had to carry me back to bed."

Step 2 – Change in Feeling from Unconfident to Confident

This step described the PLWHAs' experiences when they first learned about Reiki. They generally expressed the feeling that they were not sure if Reiki could help them. However, they opened their minds to try, since they were desperate. Because many complementary therapies had not worked well, they sought a new method that might bring them positive outcomes. After they were informed about how hands could be used for healing, they felt that the use of Reiki was simply miraculous. They initially believed it would be difficult for normal people with HIV infections to learn Reiki. Then they underwent a trial Reiki treatment provided by a nurse. One session for each PLWHA took 30 minutes. Receiving Reiki treatment increased the participants' confidence in practicing self-healing, since they experienced energy phenomena such as a warm feeling from the nurse's palms, a feeling of electric current flowing into and through the body, and a positive attitude after a Reiki session, as the following statement indicates: "During my receiving Reiki treatment, I could feel an electric current move into my body...sometimes I felt like it moved out of my body as well as my head, where I had a dull headache. The electric current moved in rhythms;

I also had a warm feeling in the areas the electric current went through. After I tried it out, my headache was relieved, so I decided to learn Reiki."

Step 3 -- Being Active as an Adult Learner

This step revealed the benefits of receiving Reiki training in supporting PLWHA to improve their ability for self-healing. PLWHA were concerned about how the nurses provided Reiki training. Three participants who wanted to keep their HIV status confidential received individual training. Group training was provided for seven of the participants who had disclosed their HIV status to friends. However, all participants felt that group training helped their learning process. It enhanced the learning atmosphere by supporting learners to practice in pairs. They then in turn experienced different energy phenomena based on the different health conditions of their partners. Also, PLWHA suggested that the Reiki content should focus mainly on self-healing, to ensure that PLWHA would be able to apply Reiki for that purpose. They also felt that their Reiki training should include the meaning of Reiki, the history of the Reiki healing system, how Reiki energy works, the levels of training, Reiki initiation, the duration of the cleansing period, self-Reiki, and Reiki principles. These should be presented shortly after beginning Reiki practice. A self-healing demonstration was conducted step by step, in order to give them time to observe, practice and discuss their experiences freely in class. As one participant stated: "I prefer small group training. Practicing in pairs with a friend helped me experience the energy phenomena. It increased my confidence in using Reiki by myself. When the group was small we had enough time to

to ask questions and discuss things freely.”

PLWHA were satisfied with the support for self-healing after training. Generally, it was common for Reiki students to experience cleansing during the three weeks of Reiki initiation. The cleansing symptoms which were experienced by PLWHA included diarrhea, dark red blood clotting during certain periods, low fever, and rash. These symptoms represented replaying of negative past experiences in their memories, irritable moods, etc. These bodily changes assured the participants that something was working within their bodies. Support for the continuing practice of self-healing by meeting for discussions was important for increasing their motivation for self-healing. As one participant stated: “During the first two weeks my symptoms seemed to be getting worse. I felt my body was heavy while I changed positions. I remembered your instruction to keep practicing during this period. I just hoped things would get better after one month.”

Step 4 -- Realizing Positive Outcomes

This step showed that symptoms improved after the PLWHA had practiced self-healing. After one month of regular self-healing, participants reported evidence of improving symptoms, particularly physical symptoms including generalized muscle pain, localized pain, headache, difficulty sleeping, dizziness, fatigue, skin wounds, numbness, nausea, vomiting, fever, dry mouth, loss of appetite, diarrhea, and frequent voiding. They felt their bodies had been strengthened. Not only their physical symptoms

improved, but also their emotional discomfort was relieved, such as feelings of nervousness, worry and irritability. Thus, these positive outcomes increased PLWHAs’ commitment to use Reiki for self-healing. As one participant stated: “I have not had a cold or fever in the past month. My friend said my complexion was brighter. My headache was gone, too. My head that once felt heavy feels light now. I feel like my head has cleared. I am able to relax and eat more, and I have gained weight. My tiny arms are fatter and I can feel the meat....”

Another participant observed her positive change, stating: “As of one month ago, I felt things were getting better. My appetite had increased and I could eat more.... I found that the numbness in my legs at the knee was lighter. I did not drag my foot when I went out for a walk. My knees were more flexible, and I could complete housework without becoming easily tired.”

Data showed that improved health conditions strengthened their hope of living a normal life. Of special note was that some PLWHA who were unemployed or were working from home developed the desire to return to work at an “outside” job. At the same time, the PLWHA who were already employed became more confident in taking part in social activities with family and friends.

Even though most participants reported improved symptoms, three participants experienced a reversal of symptoms. These included cough, fever, diarrhea, and sore throat, which appeared when their behavior of using Reiki for self-healing changed from a regular to an irregular pattern.

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The factors that influenced participants to change to an irregular practice were primarily that they felt healthier and wanted to go out to work because they had a low economic status and a lack of social support. The increase of work, however, decreased their motivation and time for self-healing. The irregular usage of Reiki occurred simultaneously with the relapse of symptoms and the onset of poorer health conditions. As one participant stated: "This month I was very tired from my work. I often arrived home very late from long meetings at the office as well. I felt I neither had the time nor the desire to continue with my self-healing. My physical body had deteriorated and my skin became dark. I was tired and weak."

Upon reflection, participants re-adjusted their self-healing to a consistent practice. They found that the resulting physical comfort, plus a relaxed and calm mind, enhanced their personal insight and helped them gain a better understanding of their situation and accept their HIV infection status. Their negative attitudes were changed to positive thinking, and they developed more positive behaviors: for instance, they started a program of physical exercise, and began eating healthy food. One participant stated: "Gassho (in Japanese, literally "to place the two palms together") is a Japanese gesture of respect, gratitude, veneration and humility. This simple act balances both the mind and the body. Meditation and self-Reiki practice made me more tranquil and changed my thinking toward life. I am very cool (calm) now...I thought that I should no longer act carelessly. It (living with HIV) was similar to climbing a ladder: I needed to

consciously try not to skip a step (going out and working too hard, with less time for self-care), or I might fall down and get hurt (my symptoms might relapse)."

Step 5 -- Integrating Reiki Practice into Daily Life

Experiencing a second month of self-Reiki resulted in positive changes for PLWHA. They also changed their patterns of performing self-healing (the length and frequency of practice, specific hand positions) to suit their individual health problems. Most participants performed regular self-Reiki practice. The length of practice for each participant differed from 15-30 minutes to 1½ hours. The frequency was 1-2 times a day. The practice mainly focused on the front position of the body. They did not follow the taught sequence of Reiki positions, but used positions based on personal convenience. Most participants spent a long time in the position with hands on heart and navel chakras. Their simple steps of practicing Reiki began with Gassho meditation. Then they invited the Reiki teacher, Buddha or Holy Spirit, or God, followed by drawing Reiki symbols to increase universal life force energy. Then they began when they felt their hands were warm. They finished the session by saying a word of thanks to their Reiki guide and blessing themselves. As one participant stated: "I thought it (Reiki) was a good technique. I practiced every day in the morning and evening. I kept on practicing until I found that my severe headaches were much better. I still had them, but they were not as strong or as frequent." During self-Reiki practice, some participants repeated the name of the first Reiki symbol (cho-ku-rei) in a mantra-like fashion. This practice had the aim of increasing the universal

energy flowing in and around their chakras. Also this practice helped them concentrate and quiet their minds, as one participant noted: "I mentally drew the symbols at the chakras and on my hands; then I started to work. I repeated the symbols' names the entire time, to make my mind quiet. Without doing this I was absent-minded or began thinking about my infection; repeating Reiki symbols helped me concentrate."

Step 6 -- Becoming a Harmonious Person

This step represents the experience of participants who reach a state of harmony after using Reiki for self-healing. They described it through two main sub themes: body-mind comfort, and a more meaningful life.

Body-Mind Comfort

The state of body-mind comfort included the experience of having their symptoms under control, self-acceptance, and understanding others. PLWHA shared the thought that they should be responsible for their own health by regularly practicing Reiki. Regular use of self-Reiki helped improve their symptoms. They applied Reiki to manage their symptoms by practicing self-healing, Gassho meditation, and repeating Reiki principles. As one participant stated: "A person needs to use Reiki on oneself regularly. When the time comes, she must practice by herself to improve her health. Then she can benefit from practice and avoid any recurrence of symptoms."

Gassho meditation was also occasionally used to calm the mind. Two participants sometimes used

Gassho meditation after a busy day; sitting in Gassho meditation quickly helped them to stay calm and peaceful. In addition, participants used Reiki principles as ethical guidelines to remind themselves how to behave in order to balance their lives as well guide them during unwanted life experiences. For instance, one participant reminded herself not to get angry by thinking about "just for today, do not get angry," since getting angry would have negative consequences for her health.

To become harmonious persons, PLWHA experienced a state of self-acceptance and understanding of others. After participants used Reiki for self-healing, they found that physical suffering from symptoms disappeared, and they felt more relaxed and more comfortable. A relaxed mind increased each person's patience in dealing with an undesired situation, and helped them better understand people and situations. They looked upon and accepted their HIV infection as part of a natural life process: birth, aging, getting ill, and dying. Participants realized that being HIV-positive made their body's immune status different from people who were not HIV-positive. One participant remarked upon the newfound way she viewed herself: "Before using Reiki, I was disheartened, stressed, and had anxiety every time I saw sick people. I always wondered when I was going to get better. Right now I find my mind is relaxed. I think, 'If it has to happen, let it happen.' I think getting sick and dying is a natural life process. My feelings and my thinking changed."

The participants developed feelings of appreciation for children, family and friends. For example, one participant, who always got angry at her mother

because she could not help relieve her physical symptoms, perceived how much her mother and sister loved her, and that they were never disgusted by her inappropriate behavior. She added: "When my sickness had improved, I appreciated their love and care for me. During my severe illness, they gave my body comfort and fed me.... I really appreciated it. Even though I had the infection, they never abandoned me."

A better understanding of others also occurred in relationships between participants and their friends and relatives. Participants expressed the thought that people in general preferred good things for their life. Being an infected person was unhealthy, and most people did not want it. One participant shared her story that: "My mind was quiet and I had a high level of concentration. I did not accuse anybody anymore. I came to realize I had no more anger toward the people around me...instead I had sympathy for them."

Two participants also verbalized concerns regarding forgiveness. Since HIV/AIDS is incurable, and because associating with patients is considered unacceptable by a certain percentage of the general population, participants were fearful about HIV transmission within their families. When a person received an HIV-positive result, for example, she got angry with her husband and could not forgive him until he died. One participant expressed a feeling of forgiveness toward those people, telling the following story: "It started when we both lived together. I told him that he could drink, and enjoy his personal life with other women, but he had to protect himself from HIV

infection. I later got angry with him and treated him badly and in an unforgiving way.... But right now I have forgiveness. I learned that nobody is perfect in everything."

Meaningful Life

The experience of harmonious living was described through living a meaningful life. A meaningful life includes the experiences of having positive thinking, living with consciousness, having hope and faith, and helping others.

PLWHA balanced their minds through positive thinking. They all agreed that stress in daily living distorted healthy living. They reminded themselves to see the positive side of each situation. A positive attitude helped them relax their minds and empowered them to perform good behavior to promote harmony. Also they re-interpreted the events that used to cause them disappointment or unhappiness, in order to provide a supportive meaning. One participant shared her confidence during the public visit, as she stated: "In the past, I worried about seeing people at the hospital. I avoided confronting and greeting them. I thought they knew I had an HIV infection; and although they might have wanted to talk with me, they hesitated to do so because I avoided meeting them. Now I walk right up to them as soon as I see them from a distance. Since they used to be my good friends, I believe they want to know about me to give me support."

PLWHA also mentioned the importance of being able to live consciously. They realized that their health condition caused them to be sensitive to opportunistic diseases, and to be intolerant of too warm or too cold

a working environment; so they had to be careful in their choice of job, food, and activities in daily living. As one participant observed: "I quit self-healing, and a negative outcome occurred.

I realized that living with an HIV infection was similar to climbing a ladder. It is necessary to walk step by step, and avoid skipping a step. Without consciousness, it would be easy to fall down."

Participants provided data supporting their inner feelings of having hope and faith. Since the improvement of symptoms encouraged them to live as ordinary people, they could complete routine care, work for their family income, and take part in community events. Their good health condition influenced them to continue spiritual support, such as joining religious ceremonies and maintaining personal beliefs. Reiki was the holy power guiding them to a harmonious life, as one participant stated: "I used to accuse the Holy Spirit of not helping me. I felt it would be better to die than not get help. Right now, I do believe in the Holy Spirit. I go to the temple for ceremonies, pray, and make dedications for everything that is going better for me."

Another participant also shared a similar experience of having faith: "I have a very young daughter. I wanted to live longer with her, until she finished school and could work for herself. In the past, I felt hopeless. Now, after practicing Reiki, I have hope for life again. I followed my Buddhist belief: Buddha, Dhamma, and Sangha. When I thought about this energy, I felt like I had support. Reiki was like Dhamma for me, so I

felt good and comfortable."

Participants mentioned their willingness to help others with HIV/AIDS. They thought about sharing their experiences with other members of their HIV/AIDS group. And they also wanted to assist anyone in their group who wanted to use Reiki for self-healing. As one participant stated: "Since I experienced good results I thought a lot about my friends who had never experienced Reiki. I thought it would be good for them to use for self-care. I had good health and I wanted to help others...."

Discussion

All participants in the study had never been exposed to Reiki; however, many of them had used CAM. This background helped participants concentrate and follow the Reiki more easily. Following the 6 steps of Reiki training helps in the balancing of mind and body. The first experience of body-mind disharmony was described as exhibiting the following symptoms: stress from being an HIV-infected person; feelings of uncertainty, hopelessness, or death ideation; guilt and unforgiveness; and helplessness. These issues functioned simultaneously as both causes and effects. For example, stress decreases sleep quality as well as worsens physical suffering. This is similar to the findings of Vosvick et al. (2004), who showed that pain was significantly associated with sleep disturbance. This finding is supported by the literature: that PLWHA experience physical symptoms according to the particular stage of the HIV disease. During primary infection, some individuals have indistinct symptoms indicative of a viral infection (Nielsen, 1999). As the disease progresses, there is more

suffering from the common HIV comorbidities (Kilbourne et al., 2001; Snijders et al., 1998; Starace, et al., 1998). In addition, the side effects associated with the use of antiviral drugs can severely affect the physical health of PLWHA (Moore, 2000; Powderly, 2003). Furthermore, long-term physical suffering and stress caused PLWHA to live with feelings of uncertainty, helplessness, hopelessness, and thoughts of dying. This is supported by Brashers et al. (1999) who found that the suffering of individuals afflicted with HIV/AIDS significantly involved their spiritual dimension. Kylmä, Vehviläinen-Julkunen, & Lähdevirta (2001) also found that the dynamics of spirituality is a multifaceted and complex combination of hope, despair and hopelessness.

The findings described the PLWHAs' experience of feeling uncertainty from the time they began using Reiki. This usually occurred as a normal reaction to being exposed to a new experience. However, Reiki initiation was able to help them open their minds to try it, even if they had feelings of desperation because they had tried other ineffective techniques. Some PLWHA were further inspired in using the new technique by their faith in the Holy Spirit, or in the miracles of Buddha or the Muslim God. This finding was consistent with Tignait (1996) who observed that most people seek direct guidance from a teacher under one of four circumstances. The first is desperation, when one realizes the pain and misery in life. The second circumstance is curiosity, that compels people to search for a way of being that is more fulfilling than the one they already know. The third reason for seeking new knowledge is

the desire for material success, since people are motivated by longing and expectation. The fourth circumstance that impels people to seek new knowledge from a teacher is simply the search for knowledge itself. At this stage, introducing and providing Reiki experience as initiated by a nurse, to prepare the PLWHA for proper understanding and proper thought, is essential.

Patients' experiences were supported by Knowles's adult learning theory (Knowles, 1996), which improved patients' ability for self-healing. Most PLWHA experienced Reiki training with respect to their adulthood in terms of having individual willingness and readiness to learn a new thing based on their interests, the concise content of the new healing method, and the possibility of dealing with their own problems within a safe and supported environment. Training for Reiki includes a series of initiation steps, also called "attunement" by Reiki master teachers. The processes open the students' channels to facilitate the flow of energy for self-healing, while also enabling them to provide treatment for others (Petter, 1999). Viewing PLWHA as an adult learner is a suitable concept for introducing Reiki. The practice starts with approaches that PLWHA can use on themselves, and focuses on experiential activities more than on didactic theory. Then the Reiki course system is taught, which enables students to feel more confident in practicing the hand positions, while also allowing time for experiential work. In the case of receiving Reiki empowerment, PLWHA had the satisfaction of physical and psychological support during the three weeks after their Reiki empowerment. This practice is based on the following fundamental principle of human nature:

that it technically takes 21 days to break a habit, and therefore also takes 21 days for a new beneficial habit to become ingrained (Stiene & Stiene, 2003). However, supporting PLWHA in continuing their practice was very important, since it helped them reach beneficial energy levels. This finding is confirmed by the literature. Typically, cleansing takes place from the seventh to ninth days of treatment. Toxic matter may also be released through diarrhea, coughs and colds, among other methods (Nirula & Nirula, 2000). Because Reiki increases the vibration of the universal life force energy of the human body, once the human body is thoroughly detoxified, it has more scope for its vital processes and can therefore receive, store and use more life energy (Lübeck, 1994).

In addition, improving their symptoms helped PLWHA realize the positive outcomes of using Reiki for self-healing. A conceptual framework of relaxation was used to explain the effects of using Reiki for self-healing. The deep relaxation of Reiki treatment results in an increased level of immunity (Wetzel, 1989; Wardell & Engebretson, 2001; Walling, 2006). Not only the psychoneuroimmune concept could explain the mechanisms, but electromagnetic therapy also explained Reiki practice. The deep relaxation achieved from Reiki was supported by independent research by Becker and Zimmerman during the 1980s. Their study of what happens during the practice of Reiki revealed that the brain wave patterns of the practitioner become synchronized in the alpha state, which is characteristic of deep relaxation. These waves also pulse in unison with the earth's magnetic field, a phenomenon known

as Schumann resonance (Herron-Marx, et al., 2008) in which the electromagnetic energy can activate various cellular responses, and thus helps maintain essential cellular life processes (Ochman, 2002).

PLWHAs experienced positive outcomes as they integrated Reiki practice into their daily lives (see Table 1). Increased physical comfort, plus a relaxed and calm mind, enhanced personal understanding. Changing behaviors could be explained by mind training knowledge. Tignait (1996) identifies five states of mind during the course of mind training practice: disturbed, distracted, stupefied, one-pointed, and well-controlled. In the first three states, the mind is confused. A confused mind is not an effective tool for either worldly or spiritual endeavors; people with confused minds can help neither themselves nor others. This is similar to PLWHAs who experience mental/emotional disharmony; for this reason, it is crucial to calm the mind and render it one-pointed. Reiki practice helped PLWHA to calm their minds and achieve proper mindfulness. According to Payutto (1995), mindfulness refers to "non-carelessness," "non-distraction," or "non-fuzziness"; or it can be an expression meaning the positive quality of carefulness, circumspection, and clarity about one's duties and one's condition. This condition of mind helped PLWHAs become constantly prepared to deal with situations and respond appropriately, such as helping them continuously cultivate good health behavior, such as regular self-Reiki practice. Enhancing harmonious living through regular self-Reiki practice included practicing Gassho meditation and following Reiki principles in guiding one's daily life. PLWHA coincidentally spent a great

deal of time with hands positioned on sexual and heart chakras. This practice supports the belief that disease and illness are the manifestation of energy blockage or imbalance in the human energy system (Goldberg, 1997). Chakras and auras are subtle counterparts of the material organs associated with them, so they are used for treating physical, emotional and mental, and spiritual disorders (Lübeck, 1994). HIV infection causes major blockages at these two chakras; thus these chakras need life force energy in order to balance the body's energy system. This theory could explain the reason why PLWHA were comfortable with self-Reiki at the sexual and heart chakras. The sexual chakra in particular transmits the life force energy to nurture bodily fluids such as blood and lymph, as well as to restore the organs processing these fluids: the kidneys, bladder, and lymph glands (Lübeck, 1994; Myss, 1996). Similarly, the heart chakra transfers life energy to the thymus gland, which plays a key role in the body's immune system.

The use of Gassho meditation was reported to calm the mind and induce concentration: an "in the moment" state. Two participants applied the Reiki power symbol (cho-ku-rei) as a mantra. This technique was an initial step before hands were placed on the body. The participants applied it as a mind training technique to increase their consciousness. The silent practice of Gassho meditation minimized the distractions of thought, and produced physiological changes as well as a sense of well-being. Meditation is the antidote to scattered thinking, doubts and indecision, since it brings the mind to a state of one-pointedness. The less scattered the

mind, the clearer the perception; the clearer the perception, the fewer doubts and complexes entangled with the ego; and the less entangled the ego, the less it interferes with the decisive faculty of the intellect (Tigunait, 1996).

Reiki principles could guide participants in their daily lives by balancing body and mind when dealing with unwanted life experiences. To be aware each day of when one gets angry, what triggers the anger, and what enables one to stop being angry can help people be aware of what makes them angry and analyze what prevents the anger from arising in the first place (Kelly, 2001). Learning not to be worried in life was often mentioned by the participants, because worry often occurs due to their loss of faith in life from HIV infection. This could result in shortening their time spent with loved ones, as well as stress, weakness, and physical illness. According to Collins (1999), when one learns not to worry, a person can then live without stress and have an abundance of energy to use in a positive fashion. Hence, dealing with anger and worry appropriately could help participants to relieve their life tension, as well as develop positive thinking toward their life situation and their relationships with people around them. An understanding of others will enhance the feeling of appreciation, and ultimately the feeling of forgiveness.

The change from a personality of "needing support" to "helping others" was identified. This finding reflected the Reiki principle of: "Just for today, honor your teachers, your parents and your elders." This encourages a person to honor other people, all creatures, and all situations in life, as everything in

life becomes a learning experience (Collins, 1999). This principle is not just about healing personal relationships with others, but also about healing the attitude that one has developed because of experiences with others (Kelly, 2001). Self-responsibility was also demonstrated by the way Reiki principles influenced participants' lifestyles, especially in regard to symptom management. Taking responsibility for oneself is the most important Reiki philosophy. It is also represented in Reiki principles as: "Just for today, earn your living honestly." This can be interpreted as "working for your income honestly," "living honestly," or "putting your studies about life into practice" (Kelly, 2001). In addition, "having hope and faith in life" reflects the meaning, "Just for today show the attitude of gratitude." This reinforces one's feeling of being blessed with abundance, and teaches one to act without prejudice (Kelly, 2001). Reiki principles also present the concept of Buddhist principles (sila). The objective of Buddhist discipline is to adjust one's way of living so that one may be able to adapt oneself to meet the conditions of Buddhist practice (Biu, 2007). If one restricts oneself to strictly carrying out these rules and disciplines, the afflictions of the body and mind would be considerably reduced. Discipline leads to concentration, and concentration to wisdom of seeing the reality (Biu, 2007).

Using Reiki for self-healing enhanced PLWHAs' transformations from imbalanced persons into harmonious persons. The key element of Reiki practice included using hands-on positions and applying Reiki principles as a guideline to

adjusting themselves to a better way of living. Even though using Reiki could not cure HIV/AIDS, the experience of self-healing showed an improvement of symptoms and enhanced the ability of the mind to adjust to new behaviors that helped improve patients' quality of life, physically, emotionally, relationally and spiritually. The findings supported that Reiki treatment balances the biofield, thus strengthening the body's ability to heal (Alandydy & Alandydy, 1999) and stimulating self-healing by relaxation which improves immune function (Miles & True, 2003). In addition, Reiki contributed to a heightened state of awareness and a sense of inner peace and calm (Chapman & Milton, 2002).

The self-healing process is an actual rebalancing, resulting from the realignment of the individual into a more harmonious balance (Waldspurger Robb, 2006). It also promotes individual experiences of self-transcendence, giving individuals a deeper understanding and acceptance of the self, others, and the situations they face (McKie, 2003). The outcome of using Reiki for self-healing (such as healing of symptoms experienced) supports the idea that Reiki can be used as an energetic catalyst to promote the intrinsic self-healing process.

Conclusion

The findings showed that PLWHA experienced positive outcomes by using Reiki for self-healing. They had transformed themselves from a state of body-mind disharmony to becoming harmonious persons. Additionally, research supported that Reiki may be a useful modality for improving symptoms. However, this generalization is limited due to qualitative selection bias and the small

sample size. Another limitation is the prominent use of symptomatic self-reports in the study, which may have contributed to reporting biases. This study can further be used as a guide to develop a useful program in managing some symptoms or increasing self-care strategies. Future studies should also utilize a larger sample size and a control group.

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