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Walden University

College of Social and Behavioral Sciences

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Theresa Roldan-Jimenez

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Walden University
2021

Abstract

Expectations and Outcomes of Choosing Reiki for Rheumatoid Arthritis

by

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MS, Walden University, 2016

MA, University of Phoenix, 2011

BS, Hunter College, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

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Abstract

Little was known about the use of Reiki as an alternative medical treatment for Rheumatoid Arthritis (RA) symptoms and/or side effects. The current study addressed how sufferers of RA made their decision to use Reiki, their experiences using Reiki to treat their symptoms, and changes in their symptoms or side effects from RA. Two sets of in-depth interviews were conducted with 13 participants. The first interview addressed how decisions to use Reiki were made and the second interview addressed participants' experiences with Reiki to treat their symptoms and side effects. Psychological attribution theory and the covariation attribution model were used to explore how participants made their decisions to use Reiki and their experiences using Reiki. Narrative data from both interviews were analyzed using an adaptation of the categorical content analysis method used in narrative research. Participants relied on word-of-mouth from Reiki users and material they read about Reiki to make their decisions to try Reiki for their RA symptoms. Participants reported that their RA symptoms were greatly reduced, if not fully eliminated, after several sessions. Constant pain, joint inflammation, and anxiety were reduced, quality of sleep was enhanced, level of energy and mobility to complete tasks increased, and overall mood and a sense of well-being were enhanced. Symptom and side effect changes generally were temporary and depended on continued use of Reiki. The current study may bring about positive social change by providing a better understanding of how Reiki can remedy the symptoms and/or side effects of RA. It can shed light on the importance of integrating Reiki into mainstream healthcare.

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Dedication

To my children, Ariana and Lazaro, your love, support, and patience have been the driving force keeping me going throughout this dissertation journey. My hope is that I have taught you to follow your dreams and that hard work pays off.

To my husband, Dicarlo, I could not have done this without you. You are my rock! The love and support you showed me throughout our marriage have helped me become the person I am today. I'm lucky to have you and our children in my life.

To my parents, thank you for a lifetime of support. My mother, Noelia, taught me the value of education, and my father, Miguel, taught me the value of hard work. I'm everything I am because you loved me.

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Chapter 1: Introduction to the Study

Introduction

Rheumatoid arthritis (RA) is an inflammatory disease that occurs when the immune system mistakenly attacks healthy joints, causing symptoms that may include pain, swelling, stiffness, and loss of physical function, as well as psychological side effects such as depression (Stephenson et al., 2014) and anxiety. Because the origin of RA is not known, physicians have traditionally treated its symptoms and/or side effects rather than trying to cure the condition, using conventional treatments such as administering disease-modifying antirheumatic drugs, biological agents, or other drugs (e.g., Tofacitinib and Humira; Cheung et al., 2014). Researchers have reported that these drugs may be effective, but they are often accompanied by side effects that patients often perceive as outweighing the benefits of taking them (Firth, 2012; Smolen et al., 2016). Many sufferers of RA who are unwilling to live with the side effects of the drugs have turned increasingly to complementary or alternative medicine for relief from the drug's side effects (Alaaeddine et al., 2012; Grainger & Walker, 2014). Reiki is one such complementary alternative medicine therapy.

Reiki is a therapy that originated in Japan. It is based on the premise that a Reiki practitioner can channel "healing energy" into the patient by "laying on hands" to assist the body's natural healing processes. Reiki therapy has been found to be effective in remedying certain conditions (Salles et al., 2014). Its effectiveness is in alleviating or lessening pain, depression, anxiety, and stress associated with various medical conditions. It is, therefore, more of a psychological remedy rather than a medical one.

According to the findings from the Salles et al. (2014) study, Reiki does appear to have genuine therapeutic value for the sufferers of RA. However, there are some unknowns about how Reiki works to alleviate RA symptoms and side effects. Researchers have called for further research to understand better how Reiki affects the symptoms and/or side effects associated with RA (Coakley & Barron, 2012; Salles et al., 2014). Learning from the experiences of Reiki users who chose it to help with their symptoms and/or side effects of RA can provide essential information about how Reiki works. Research in this area also has the potential for expanding knowledge and understanding of different treatment modalities that could be used for RA sufferers. This current study thus has the potential to have social change significance if victims of RA report that Reiki helped alleviate the physical and emotional effects they have suffered. If Reiki can attenuate the symptoms and/or side effects of RA, an improvement in RA sufferers' quality of life is possible. Understanding the personal experiences of RA victims who have tried Reiki thus has social change implications and personal significance for sufferers of RA.

This chapter contains the statement of the problem, the purpose of the study, the research questions, and the theoretical framework. I explain the nature of the study. Definitions are given, after which I discuss limitations, delimitations, and ethical procedures.

Background

Coakley and Barron (2012) reported that some patients with RA have found Reiki helpful in remedying some of the symptoms and/or side effects associated with it, such as

pain, depression, and anxiety. However, its effectiveness is still poorly understood and not universally accepted (Orsak et al., 2015). Researchers, including Richeson et al. (2010), Coakley and Barron, and Salles et al. (2014), have reported that research is needed to understand whether Reiki can be effective in relieving some of the symptoms and/or side effects associated with RA. It is unknown if the remedy itself or the expectation and experience of being remedied is the primary reason some patients report feeling relief from their symptoms and side effects.

The effectiveness of Reiki varies depending on how it is used (for what symptoms and/or side effects) and the sample being studied (Bukowski & Berardi, 2014; Novoa & Cain, 2014). For example, the therapy was found to be successful in remedying side effects of stress for college students (Bukowski & Berardi, 2014) but was not successful in remedying secondary stress in mental health practitioners (Novoa & Cain, 2014). In a study conducted by Salles et al. (2014), the researchers found that Reiki could alleviate some of the symptoms and/or side effects of RA, such as the physical pain associated with RA and the concomitant depression that can accompany it. Coakley and Barron (2012) and Salles et al. have recommended that future research about the use of Reiki to remedy symptoms and/or side effects include people who have suffered from the disease and have used Reiki as a remedy.

Unlike with conventional medicine used to treat RA, where information about potential adverse side effects from the drugs is reported both on the bottles of medicine (Weinblatt et al., 2014) and in television commercials advertising the drugs (Lee et al., 2014), for example, in its safety information, the makers of Humira have reported that

serious infections have happened to people taking the drug. They have also reported that certain types of cancer, such as lymphoma, can occur. None of the researchers who have studied Reiki have found that its use has had any negative side effects. As it is a therapy with no known negative side effects (Vandergrift, 2013), at least one study suggests that Reiki therapy should be considered a best practice for RA patients (Ferraresi et al., 2013).

Researchers have found that Reiki's positive effects are stress reduction, alleviating pain, and improving psychological aspects associated with medical conditions (Bukowski, 2015; Novoa & Cain, 2014; Orsak et al., 2015). In studying Reiki as a remedy for older adults, Richeson et al. (2010) used a mixed-methods approach to evaluate the effectiveness of Reiki for remedying pain, depression, and anxiety associated with chronic illness. The researchers found some potential benefits of Reiki for remedying these particular symptoms and/or side effects in older community-dwelling (assisted care and senior facilities) adults; these included stress and anxiety reduction, and, in some cases, participants reported pain relief as well. Residents of senior care facilities often experience fear, pain, and anxiety and are often in poor health. Richeson et al. highlighted Reiki as a potentially valuable alternative therapy. The researchers called for further qualitative research into what symptoms and side effects, in general, can be improved through the use of Reiki.

Reiki has been used in therapeutic settings, but some researchers have reported uncertainty about it as an effective intervention for remedying medical conditions (Novoa & Cain, 2014; Orsak et al., 2015). For example, Novoa and Cain (2014) used a qualitative case study approach to examine the perceived benefits of Reiki as a remedy

for secondary stress in physicians. They found no differences in outcomes among subjects who had received Reiki or a control condition. In a randomized control trial to compare Reiki therapy to simple companionship for remedying the psychological problems of cancer patients, including mood, quality of life, and symptom distress, Orsak et al. (2015) found that companionship and Reiki were equally effective, suggesting that the psychological component of receiving attention and the therapy was the beneficial factor.

This current study sheds light via understanding the participants' experience on whether Reiki is an effective intervention for remedying the symptoms and/or side effects of RA. It also addresses what role, if any, expectations had on the outcome experienced by the participants. Finally, this research adds to the existing literature on Reiki and its use amongst RA sufferers.

Problem Statement

Reiki can be useful for remedying some of the symptoms and/or side effects of RA (Coakley & Barron, 2012; Richeson et al., 2010; Salles et al., 2014). What is not well understood is how Reiki works, specifically how using Reiki affects the symptoms of physical pain and side effects such as depression experienced by people with RA. One unanswered question is whether the technique of Reiki itself or the expectations of the technique is the primary element of symptom and/or side effect relief. Sufferers have turned to Reiki as a remedy and have found it effective in reducing symptoms and side effects, but the question of how this occurs remains. The gap identified by researchers (Alaaeddine et al., 2012; Grainger & Walker, 2014; Salles et al., 2014) is that to the

extent that Reiki works for RA sufferers in alleviating pain, anxiety, and depression, their experiences have not been explored (Stephenson et al., 2014). A greater understanding of these experiences could add to the extant literature on this remedy option for RA sufferers.

Purpose of the Study

The purpose of this current study was two-fold: (a) to learn from individuals with RA how Reiki affects the symptoms and/or side effects associated with RA, and (b) to understand what role their expectations played in the outcomes from using Reiki to alleviate their symptoms and/or side effects. A narrative research design was used to explore what drew participants with RA to Reiki, their decisions to turn to Reiki and their expectations, participants' experiences using Reiki, and whether their expectations affected the outcomes from using Reiki to alleviate their symptoms and/or side effects of RA.

Research Questions

This dissertation study was guided by the following research questions.

Research Question (RQ)1: How did RA sufferers decide to use Reiki to address their symptoms and/or side effects of RA?

Research Question (RQ2): What did RA sufferers experience from using Reiki?

Research Question (RQ3): Is there cognitive consonance between the expectations RA sufferers had when choosing Reiki and their experiences in using Reiki to relieve their symptoms and/or side effects from RA?

Theoretical Framework

The theory guiding this study was the psychological attribution theory. Attribution theory, first developed by Heider (1958), sought to address the question of how to deal with the perception of effects. Accordingly, attribution theory explores issues of perceived cause and effect and the effects that these perceptions have on reality (Broome, 2013). Attribution theory has been used to frame the study of expectations and how they impact outcomes in many fields, including mental health (Graham, 2014). For example, one common use of attribution theory in the context of medicine is to study the way that people perceive a threat to their health and how this perception influences the ways in which they seek help, or how they perceive this condition can affect how they respond to the service (Broome, 2013). The suggestion that perceptions of a remedy can affect outcomes makes attribution theory ideal for studying Reiki, an alternative therapy whose benefits for relieving the symptoms and/or side effects of RA are unknown. Also, the perception of the remedy is directly connected to the placebo effect, wherein a patient feels better, and in some cases, actually becomes better, simply because they believe that they are effectively healed. The attribution effect, in that case, is when the patient attributes symptom relief to the remedy they received, whether the remedy had any physical effect.

Attribution theory was used in this study to understand what motivated sufferers of RA to turn to Reiki, what they expected to occur from Reiki, and what the outcomes were from the sessions. Attribution is the process through which one seeks to explain the relationship between what they expect to occur and what actually occurs, that is, the

"how it works" in the case of Reiki. It is how a person uses the information to arrive at an explanation for events. Information is gathered from different sources and is combined to make a judgment, explain a behavior or choice, or make a decision, and is then used to understand the outcomes from judgments or decisions. Attribution has been used to understand what factors people consider when choosing a remedy for a condition. There are two types of attribution: internal attribution, where internal characteristics such as beliefs or motives drive a judgment, and external attribution, such as situational or environmental forces that drive judgments or decisions.

Additionally, an adaptation of Kelley's (1967) covariation attribution model was used. Kelley developed the model for judging whether a particular action should be attributed to some characteristic of the person (internal) or the environment (external). Covariation means that a person, when judging an event or making a decision, uses information from a variety of sources gathered at different times and in other contexts and makes a judgment by what is perceived as the covariation of effect and its causes. In this study, the information was gathered about the sources of information that participants obtained and used to make a decision to use Reiki and the outcome(s) they expected and then experienced.

Because of the potential for social desirability bias in a study using attribution theory, several methods were used to overcome that bias. Social desirability bias is the tendency of participants to give socially acceptable answers so their opinions can be seen in a positive light. In this study, the following methods were used: (a) Participants were given a neutral statement of the purpose of the study (i.e., to neither confirm nor

disconfirm the utility of Reiki in remedying RA); (b) the interviews were conducted in two sessions, wherein expectations were addressed in one session, and experienced outcomes were discussed in the second session; (c) participants were told there were no right or wrong answers; and (d) the interview questions were vetted by a panel of methodology experts.

Nature of the Study

The research approach for this study was a qualitative narrative design using semistructured interviews to elicit the participants' narratives. The subjective nature of symptoms and/or side effects such as pain called for a design that invited participants to talk about how they chose Reiki, what expectations they had, and their experiences with the remedy. Understanding their experiences and the choice of Reiki as an alternative method for remedying the symptoms and/or side effects was best done using a qualitative design. The specific approach was a narrative inquiry where participants shared their stories about their experiences with RA, their decision to try Reiki, and the outcomes from using the method in affecting their symptoms and/or side effects from RA. A final inquiry addressed whether there was cognitive consonance between the expectations that participants had when choosing Reiki and their experiences in using Reiki. A semistructured interview protocol of my own design was used to elicit study participants' narratives for this study.

The narrative approach is suited to understanding the stories people build regarding their experiences and empowering them to meaningfully share those stories

(Lieblich et al., 1998). Participants were asked to share their stories about using Reiki to remedy their symptoms and/or side effects of RA.

Guest et al. (2006) found that a sample of 12 individuals who shared similar characteristics was adequate to achieve data and thematic saturation. As such, this number was used for my initial sample. Criterion sampling was employed, seeking out participants based on their use of Reiki as a remedy for the symptoms and/or side effects of RA. Participants were not using any other form of treatment for their RA at the time of this study.

Participants were sought by asking Reiki practitioners for referrals, posting recruitment flyers (see Appendix A) in the Eastern Region of the United States, Reiki-based wellness Facebook groups, and in Reiki center's community announcement boards. The recruitment materials did not mention that I am a Reiki master. All Institutional Review Board requirements for confidentiality and privacy were adhered to. A token of appreciation was given to each participant. Chapter 3 describes the research methodology in further detail.

Definitions

Reiki: An alternative therapy used to remedy many mental and physical conditions (Coakley & Barron, 2012). It is a touch-based therapy and does not involve any invasive procedures or the administration of medications.

Rheumatoid arthritis: A debilitating and painful condition involving swelling and inflammation of joints and connective tissue (Stephenson et al., 2014). The condition is caused by the body's autoimmune mechanism attacking those areas.

Assumptions

Assumptions are those factors that cannot be proven true but are assumed for the purposes of the study. In this study, I assumed the following:

1. Participants would be forthright and honest with their answers to the narrative prompt questions, and their reports of their experiences would be accurate and truthful.
2. Participants were using only Reiki therapy during the study.
3. Participants verified during the screening process that they were not using other treatments for their RA.

Scope and Delimitations

In this narrative qualitative study, I sought to learn how Reiki affects the symptoms and/or side effects associated with RA through the perspective of RA sufferers. An additional goal of the study was to understand what role the study participants' expectations played in the outcomes from using Reiki to alleviate RA symptoms and/or side effects. There were four main aspects to this study: (a) how the participants researched Reiki prior to using it, (b) what information was gathered about Reiki that informed their decision-making process, (c) what expectations they had about Reiki before receiving the sessions, and (d) the outcome of using Reiki to remedy RA symptoms and/or side effects. Understanding how the research was conducted and what information was obtained helped me gain a clearer insight into how the participants formed their expectations. Knowing their expectations assisted me in determining if it

played a role in the outcomes achieved. The outcomes demonstrate whether Reiki effectively remedied the symptoms and/or side effects of RA.

Interview data were collected from participants who had been using Reiki to remedy their RA symptoms and side effects. Participants must have been diagnosed with RA and had been using Reiki for at least 6 months for their RA symptoms and/or side effects, and each session must have been at least 30 minutes long. The period of at least 6 months was selected because those studies wherein the experiences of sufferers from other conditions who used Reiki therapy employed a similar or shorter time frame. There is, however, no agreed-upon time frame per Reiki practitioners regarding how long a patient must undergo the therapy for it to be effective. Participants in this study were not using Reiki with any prescribed medications commonly used to remedy RA. There were no restrictions regarding gender.

There are two theories related to the area of study that was not investigated. The first theory is that of self-perception. This theory posits that an individual "understands their cognitions and emotional states as a result of examining their own behaviors" (Woosnam et al., 2018, p. 358). While self-perception helps to gain an understanding of what the participant was thinking and feeling when choosing Reiki, as well as the outcomes that were achieved, it does not provide insight into the role that the information gathered had in creating their expectations. Moreover, it does not explain the role Reiki played in affecting the symptoms and/or side effects associated with RA through the perspective of RA sufferers.

The second theory that I chose not to investigate was socioemotional selectivity theory. The socioemotional selectivity theory is a life-span theory of motivation that focuses on how “motivational shifts affect cognitive processing; individuals focus more on knowledge-related goals when their future is perceived to be open-ended, but emphasis shifts to emotion-related goals when they feel time is running out” (Panagopoulos & Prysby, 2017, p. 552). The socioemotional selectivity theory helps understand the motivation of researching information on Reiki and how it affects RA symptoms and/or side effects. However, it does not explain how Reiki affects the symptoms and/or side effects associated with RA through the perspective of RA sufferers or the impact the expectations had on the outcome. While both theories somewhat aligned with the current area of study, they did not address the goals like the psychological attribution theory does. Attribution theory helps understand what motivated sufferers of RA to turn to Reiki, what they expected to occur from using Reiki as an alternative therapy, and what the outcomes were from the sessions.

The potential transferability of the results from this study stems from whether Reiki can attenuate the symptoms and/or side effects of RA. If using Reiki can lessen the symptoms and/or side effects of RA, it can improve RA sufferers’ quality of life and help those who suffer from similar symptoms and/or side effects decide if they should use Reiki. The study design and methodology provide a basis for further research and add to the literature on Reiki as an option for those who suffer from RA.

Limitations

The main limitation to this study is the bias that I bring as a Reiki practitioner. Participants were not informed of this, however. The use of bracketing and bridling was used to mitigate the potential for bias to intrude on the study. Further information about these techniques is in Chapter 3.

Because I am a Reiki master, it was essential to separate my belief system and experiences with Reiki from the research. I used the techniques of bracketing and bridling my beliefs and experiences to ensure that the research design, including the development of the interview questions and implementation of the study, was not influenced by my beliefs or experiences. An expert panel of content and methodological specialists was employed to review the interview questions, and my committee reviewed each stage of the research project. The primary objective of the study was to allow the participants' perspectives to emerge from their personal experiences subjectively from their narratives.

Significance

This study can contribute to meaningful social change by providing a better understanding of how an alternative to conventional therapeutic therapy could be used to remedy the symptoms and/or side effects of RA. If the results show support for perceived effectiveness, then there is potential to benefit the many adults who suffer from RA, particularly its symptoms and/or side effects of chronic pain and depression (see Richeson et al., 2010). Although Reiki cannot remedy or cure the condition itself, these symptoms and/or side effects are perhaps the most harmful part of RA when it comes to affecting the quality of life. Thus, the restoration of physical and emotional well-being

could potentially serve to lessen these adverse effects. The results of this study can be used to help older adults determine whether Reiki therapy may be of benefit to them. The findings also represent a clear contribution to the body of existing literature as no researchers have yet examined Reiki for remedying RA. Additionally, the results may help Reiki practitioners better serve their patients by understanding how their patients perceive the therapy and what benefits and drawbacks it is perceived to have.

Summary

In this chapter, I presented the background of the study, the problem and purpose of this dissertation research, RQs, nature of the study, definitions, theoretical framework, assumptions, scope and delimitations, limitations, and significance of the study. The following chapter provides a detailed overview of the literature relating to this study's topic—choosing Reiki for RA.

Chapter 2: Literature Review

Introduction

In this chapter, I present a synopsis of the literature on the study's topic, choosing Reiki for RA, including the theoretical framework and my search strategy.

The exact cause of RA is unknown, but its long-term effects, if left untreated, can cause permanent damage to joints over time, causing debilitating pain for its victims (Firth, 2012; Smolen et al., 2016). According to one estimate, RA affects approximately 1.3 million people in the United States (Firth, 2012; Smolen et al., 2016). The disease strikes both men and women but tends to strike women at younger ages than men, and their symptoms can be more severe (Cheung et al., 2014). Individuals with RA often suffer from some clinical symptoms and/or side effects, including pain and depression (Stephenson et al., 2014). Depression is a comorbid disease commonly associated with RA, with an occurrence of 13 to 42% (Margaretten et al., 2011). Depression and anxiety are more frequently observed amongst RA sufferers than in the general public. Matcham et al. (2016) administered the Generalized Anxiety Disorder Questionnaire to RA outpatients and found that "25.1% of RA outpatients screen positive for anxiety and 16.3% screen positive for both anxiety and depression" (p. 269). Those suffering from RA often have elevated levels of inflammatory cytokines that have been linked to depression (Figueiredo-Braga et al., 2018). These side effects are caused by the impact that chronic diseases have on one's health and quality of life.

In recent years, people with RA have turned increasingly to alternative medicine techniques such as Reiki to remedy symptoms and/or side effects resulting from the

chronic pain they experienced (Alaaeddine et al., 2012; Grainger & Walker, 2014). Reiki sessions are traditionally used as a massage-based relaxation technique, though some practitioners believe Reiki has therapeutic benefits for many severe or chronic conditions (Bukowski, 2015; Novoa & Cain, 2014). Researchers studying the effectiveness of using Reiki to remedy the symptoms and/or side effects of RA have reported mixed results, with some studies reporting benefits (Midilli & Eser, 2015; Parikh et al., 2017; Thrane & Cohen, 2014) and some reporting no effects (Kundu et al., 2014; Shaybak et al., 2017). Because there are not clear, consistent findings from research studies using Reiki on individuals with RA and the interest in employing alternative modalities to remedy chronic conditions, some scholars have called for further research on the use of Reiki to remedy the physical and mental health symptoms and/or side effects associated with RA (Firth, 2015; Manohar et al., 2014).

Purpose of the Study

Following the recommendations by Coakley and Barron (2012), Salles et al. (2014), Firth (2015), Manohar et al. (2014), and Richeson et al. (2010) for further study about the use of Reiki for sufferers of RA, the purpose of this current study was to learn directly from RA sufferers who have been remedied with Reiki about their experiences in attenuating the symptoms and/or side effects they experienced. Findings from prior studies were inconclusive about how Reiki works to address the symptoms and/or side effects of physical pain and depression associated with RA. This study addresses the gap in the existing research by investigating the study participants' decisions to use Reiki, including their expectations and experiences receiving Reiki as a remedy for their RA.

Also, if cognitive consonance between the expectations they had when choosing Reiki and their experiences in using it was achieved. The research paradigm for this study was a qualitative, specifically narrative inquiry, where individuals shared their stories about their experiences with Reiki.

Synopsis of Current Literature

According to Coakley and Barron (2012), Reiki helps remedy pain, depression, and anxiety in some people suffering from RA. Despite initial studies suggesting that Reiki benefits individuals suffering from chronic pain (Orsak et al., 2015), researchers have urged additional studies to be performed on the effectiveness of Reiki because past research has resulted in conflicting findings. For example, while Coakley and Barron (2012) and Bukowski and Berardi (2014) asserted that Reiki sessions are helpful in managing pain and stress, Novoa and Cain (2014) did not find any alleviation of pain or stress in medical practitioners following Reiki sessions.

The effectiveness of Reiki sessions is worth studying because, unlike conventional RA treatments, Reiki does not have any known negative side effects (Vandergrift, 2013). The side effects of using conventional drug treatment therapies are sometimes substantial; thus, people often turn to complementary alternative medicine (CAM) techniques (Hung et al., 2015; Ratnam, 2009). Individuals with RA are particularly likely to turn to CAM techniques because they are unlikely to experience a complete absence of pain, even with pharmaceutical interventions (Kobue et al., 2017). Some researchers have suggested that people undergoing CAM techniques (including Reiki sessions) in addition to the traditional standard of care report higher levels of

satisfaction, a greater quality of life, less anxiety, and less pain (Kundu et al., 2014; Midilli & Eser, 2015; Thrane & Cohen, 2014). If using Reiki alone can attenuate symptoms and/or side effects and result in positive benefits for people, Reiki sessions have the potential to improve protocols for RA patients. Therefore, further research is necessary to understand people's experiences with Reiki (Heather et al., 2014; Lee et al., 2008).

Literature Search Strategy

The following databases and search engines were used to access scholarly research-for this dissertation study: Proquest, EbscoHost, and Google Scholar. The following search terms were used to identify relevant studies: *rheumatoid arthritis, RA, Reiki, alternative medicine, Eastern medicine, conventional therapies, alternative therapies, pain, anxiety, depression,* and *treatment*. Terms were used individually to search for relevant research and in combination with one another. For example, the individual term "RA" was combined with the individual term "treatment." Overall, the search strategy yielded 63 relevant pieces of literature. Of that number, 56 were published in 2014 or later. While most of the literature review sources are current, select older sources were used to provide crucial information from early studies.

Theoretical Framework

Attribution Theory

Attribution theory was used to frame and guide the study. First developed by Heider in 1958, the PAT addressed questions about how someone's perceptions of cause and effect can impact an event's eventual outcome and the objective event reality (as

cited in Broome, 2013). Heider (1958) formed the core principle that people tend to seek explanations for events and prescribe casual relationships to human actions and perceived consequences. When observing emotion in others, humans tend to attribute the emotion to an external or an internal cause (Heider, 1958). An internal attribution is the attribution of a reaction or event to some internal characteristic the person has. For example, an observer may determine that someone was angry because they are naturally short-tempered. Alternatively, an observer could conclude that the individual was angry because of an external cause. An example of an external attribution is determining someone was angry because the person was provoked (Heider, 1958).

Attribution theory primarily seeks to explain how individuals explain events or reactions (Heider, 1958). According to Heider (1958), humans seek to explain events in order to gain a sense of "cognitive control" over their environment. The process gives a sense of order and predictability, which results in a sense of security for the individual (Heider, 1958). Heider's theory was later expanded by Jones and Davis (1965).

Jones and Davis (1965) developed the correspondent inference theory, which states that there are certain factors that impact how an observer will attribute events: (a) the observer's knowledge of environmental factors leading to the event, (b) the observer's motives, and (c) the observer's perspective as a bystander or an actor. According to Jones and Davis, these factors are relevant to attribution because they help individuals understand the connection between a particular behavior and the actor's characteristics. Ultimately, events that observers perceive to result from an actor's disposition help the observer predict the person's future actions. For example, certain

environmental factors could lead a typically friendly person to behave uncivilly, altering an observer's perception of the event. However, if the same person were perceived to have negative motives, that would also alter the observer's perception of the event.

Kelley (1967) further developed the attribution theory into covariation theory, which describes the type of information typically used by observers to attribute causality to events. According to Kelley, three key types of information exist that influence human decision-making and actions: (a) consensus information, or information stemming from the agreement of others; (b) distinctiveness information, or information that suggests there is only one correct answer; and (c) consistency information, or information resulting from repeated answers or information.

Previous Applications of Attribution Theory

Though attribution theory is commonly used to discuss the motivations of employees and managers in a business setting (Chan et al., 2005; DeJoy, 1994), it is also used in the context of understanding individual health behaviors (Cornelis et al., 2015; Courneya et al., 2004). While many studies have used attribution theory as a conceptual framework, fewer current studies are related to health remedies. One example is the study performed by Courneya et al. (2004), who used PAT as a guiding theory to understand exercise motivations and adherence to treatment plans for cancer patients in remission. Before completing the study, participants engaged in exercise plans. Participants were instructed to continue the exercise plans. Following this, the participants then self-reported their adherence to the exercise plan 5 weeks later. The researchers found that participants who felt themselves likely to continue exercising faithfully adhered to the

program at greater levels. Additionally, participants who perceived exercise to be helpful continued to do so and reported a higher quality of life levels than those who did not perceive exercise to be helpful. Courneya et al. asserted that PAT was useful in understanding the motivations and behaviors of patients.

In 2015, Cornelis et al. used PAT as the theoretical framework for their study on the perception of drug side effects based on antidrug messaging. According to the researchers, health risk prevention was most effective when patients were given "two-sided messaging," or messaging that included both the positive and negative potential outcomes. If patients perceived the information received as one-sided or somehow biased, they were less likely to accept the messaging and perform the desired behavior. The importance of messaging on remedies success suggests that patients who believe their remedies will be successful were more likely to experience an alleviation of symptoms and side effects. If patients perceived the information they received to be one-sided or biased, they were less likely to believe the remedies would work. This lack of belief correlated with a lack of positive impact.

Rationale for Using the Attribution Theory

The PAT was chosen because it is commonly used to understand personal motivations for health behaviors. Graham (2014) theorized that PAT frames the study of expectations in many fields, including mental and physical health. The PAT is highly relevant to physical and medical outcomes for patients because researchers have suggested that there is a link between patient expectations regarding the remedies and the reality of their physical and mental well-being (Graham, 2014). The influence of patients'

expectations on reality is commonly seen in studies of “placebo effects” or the phenomenon when patients’ physical and mental outcomes improve upon being told they received beneficial remedy, regardless of whether the remedy had any medical expectation of improving their well-being (Broome, 2013). As I considered the usefulness of Reiki as a remedy for RA in this study, it is essential to understand patients’ expectations when they chose Reiki and the outcomes they experienced from using it. According to the research by Broome (2013) and Graham, perceptions of Reiki’s effectiveness may play a large role in the decisions individuals made and the hope they had for it attenuating the physical pain and depression they were experiencing from RA.

How the Theory Relates to the Present Study

The selection of PAT and one of its off-shoots, covariation theory, for this study was appropriate because of its potential for providing relevant information about the perceived effectiveness of Reiki for remediating the physical and mental health symptoms and/or side effects associated with RA. The link between expectations that participants have for Reiki attenuating their RA symptoms and/or side effects and the outcomes they experienced add to the current literature about using complementary therapies for socioemotional and physical well-being. Little is known about how Reiki specifically works. Therefore, understanding how patients made their decision to use Reiki for remedying their RA symptoms and/or side effects further knowledge about the use of Reiki as an alternative remedy for the chronic pain associated with RA.

The PAT, in particular, and its off-shoot covariation theory, is important for understanding why RA sufferers turned to Reiki as a remedy and how Reiki sessions then

improved patient outcomes. The study of relationships between variables is traditionally examined using a quantitative approach. Missing in the use of a quantitative research paradigm is learning firsthand from patients how they made their decisions and the outcomes from the decisions. The stories they share about their experiences are important, particularly for understanding if the remedy's expectation is connected to the outcome of the remedy. To avoid the potential for social desirability bias, interviews were conducted in two settings separated by 5 weeks. In this dissertation project, I used a qualitative narrative approach to study the use of Reiki on patients with RA.

Defining Rheumatoid Arthritis

RA is a chronic inflammatory disability and can result in severe pain, functional impairment, reduced quality of life, and early mortality (Uhlig et al., 2014). With such symptoms and/or side effects related to the disease, effective remedies are crucial to providing RA sufferers with the opportunity to have a high quality of life and continued functionality. Additionally, according to Uhlig et al. (2014), RA affects a substantial number of people, with estimates of between 25 to 50 cases among every 100,000 people. Furthermore, unlike some chronic conditions that could potentially be managed through lifestyle changes, nearly all individuals who suffer from RA require a remedy of some kind (Uhlig et al., 2014). Uhlig et al. asserted that patients, doctors, and society as a whole have a high vested interest in developing a wide range of treatment options for RA and exploring cost-effective management measures.

Literature on Rheumatoid Arthritis

In the following section, I discuss literature related to RA. I include topics such as the impact of RA on patients, the impact of RA on healthcare, and the strengths and weaknesses of recent RA studies.

Impact of RA on Patients

Managing quality of life issues among RA patients is an essential objective because patients report quality of life issues as being a serious problem while trying to manage RA in the long term (Pollard & Choy, 2005). The persistent pain associated with RA can result in patients experiencing troubling symptoms and/or side effects such as depression, functional disability, fatigue, and a poor opinion of one's health. Taken cumulatively, these factors can result in patients with RA having a lower quality of life than people of a similar age without RA. In many instances, the lowered quality of life persists despite the consistent application of the standard of care and pharmaceutical remedies (Pollard & Choy, 2005).

As a condition, RA can be particularly detrimental to a patient's quality of life due to the long-term nature of pain (Joyce et al., 2009; Pollard & Choy, 2005). Pollard and Choy (2005) found that the quality-of-life issues are exacerbated by the inability of pharmaceuticals to manage a patient's pain completely. In a study of RA patients, Pollard and Choy found that pharmaceuticals resulted in a significant improvement in a patient's quality of life upon beginning treatment. For 2 to 5 years, patients reported a higher quality of life due to the immediate benefits of treatment. However, as time passed and their condition worsened, patients reported lower quality of life scores or became

dissatisfied with their treatment options (Pollard & Choy, 2005). Pollard and Choy assert that the impact of pharmaceutical drug therapy declines over time, which results in an increase in actual pain levels and a decrease in quality-of-life perceptions.

CAM techniques are often considered helpful in managing the symptoms and/or side effects of chronic conditions and medications for groups who are sensitive or struggling with conventional techniques and options (Alarcão & Fonseca, 2016; Gürol & Polat, 2017). Common examples of groups who can struggle with the long-term effects of aggressive medications are cancer patients, the elderly, and children (Erdogan & Cinar, 2016; Gürol & Polat, 2017). For example, Gürol and Polat (2017) studied the symptoms and quality of life issues for pediatric cancer patients. They discovered that younger cancer patients experienced serious difficulties with not only the damaging effects of cancer but also the long-term strain of harsh treatment options. Though not directly related to RA, pediatric cancer patients are similar to RA patients. They are often more physically vulnerable due to age (either very young or very old) and sometimes must be treated for conditions over the course of years. According to Gürol and Polat, leaving the symptoms and/or side effects of long-term treatments unaddressed compromises the overall health of the individual and reduces their quality of life. In a literature review format, Gürol and Polat determined that CAM techniques benefited pediatric cancer patients by improving their pain, anxiety, fatigue, nausea, sleep issues, and quality of life. In addressing the serious problem presented by long-term conditions, the dangers to vulnerable individuals, and a possible remedy, Gürol and Polat furthered academic understanding of the benefits of CAM techniques, including Reiki.

As referenced by Son and Janke (2015), treatment of long-term conditions requires management of both the direct physical symptoms and/or side effects and the physical and emotional toll of long-term pain and ailment. In managing numerous symptoms and/or side effects and the associated psychological comorbidities, CAM techniques and an active lifestyle have been shown to be popular complements to conventional pharmaceutical therapies for individuals managing severe conditions (Greenlee et al., 2016). For example, Greenlee et al.'s (2016) study found that up to 87% of women diagnosed with early-stage breast cancer engaged in some kind of CAM technique, often using a combination of mind-body therapies, supplements, and exercise. Their findings suggest that physicians should include a discussion of CAM techniques when reviewing treatment options with patients facing serious illnesses.

Impact of Rheumatoid Arthritis on Healthcare

Zrubka (2017) echoes Uhlig et al. (2014) concerns about the high treatment costs for RA patients. Treating RA with prescriptive medications can be costly with no end in sight because they are not a cure for the disease. The drugs often come with side effects that may need to be treated by different physicians who prescribe medications. Humira® is a case in point. The drug is commonly prescribed for RA. It is expensive and can produce a side effect of lymphoma, which would require treatment from an oncologist (Zrubka, 2017). Despite limited consideration to the cost-effectiveness of alternative techniques, patients experiencing chronic pain are often eager to try alternative remedies (Hung et al., 2015). Hung et al.'s (2015) research found that 44% of surveyed patients experiencing chronic pain used some form of CAM techniques to manage chronic

illnesses. If practical, CAM techniques can improve the quality of life of patients and reduce the cost of treating RA overall. The CAM techniques are often highly cost-effective compared to pharmaceuticals, and some patients believe they reduce the necessity of pharmaceuticals' painkillers (Hung et al., 2015).

Strengths of Recent Rheumatoid Arthritis Studies

Oftentimes, RA studies are quantitative and focus on the efficacy of a single course of treatment (Diamantopoulos et al., 2014; Silva et al., 2017). Quantitative study designs allow researchers to conduct replicable cost-benefit analyses for particular RA treatments (Diamantopoulos et al., 2014; Silva et al., 2017). For example, Diamantopoulous et al. (2014) examined the cost-effectiveness of a RA treatment called tocilizumab (TCZ) on patients in the United Kingdom. Comparing the treatment to "standard care practices," the researchers determined that TCZ treatments resulted in a noticeable quality of life improvement for patients and remained within similar cost parameters. Using data from a large patient sample, the researchers were able to make a conclusion about a course of treatment that is both verifiable and applicable to a wide range of patients. For both doctors and patients, the definitive cost-benefit analysis potentially made comparing treatment options easier (Diamantopoulos et al., 2014).

In a broader but related study, Silva et al. (2017) compared the cost-effectiveness of several RA treatment options available to patients in Brazil. Similar to Diamantopoulous et al. (2014), their study design potentially benefited patients by allowing for a direct comparison of treatment options. Silva et al. ranked treatments

based on effectiveness and costs, determining which ones worked better on a wide range of patients while weighing those benefits against the increase in costs.

Studies with the primary purpose of quantifying the costs and benefits of specific RA treatment options are common in the field (Brodszky et al., 2014; Heather et al., 2014; Horváth et al., 2014; Ubel et al., 2016; vanHaalen et al., 2014). Focusing primarily on lessening the cost to healthcare systems, Brodsky et al. (2014) considered the introduction of an alternative RA remedy that delivered similar patient benefits at a cost that was comparatively lower than the standard of care.

With a purpose similar to the study by Brodsky et al. (2014), Tran-Duy et al. (2014) modeled the impact of various treatment options of RA patients in general. Tran-Duy et al. (2014) modeled treatment outcomes from patients belonging to particular groups, such as early and late-stage RA patients. The ability to model outcomes for patient groups is a strength of Tran-Duy et al.'s study because it provides broad benefits to both individual patients and society. The results can be tailored to specific groups and are widely applicable to patients in that group. However, the researchers noted a weakness in their study design, noting that such a study needs a substantial patient sample. Furthermore, the authors noted that it is challenging to build the complexity of treatment variables into a model accurately, and patient perspectives are often excluded from consideration (Tran-Duy et al., 2014).

Heather et al. (2014) studied the impact of a RA treatment option, which was previously found to be much more effective than the current standard of care and more expensive. Unlike many other studies in this field, Heather et al. performed a systematic

literature review. In their study, the authors determined that there was significant variation in estimations of the cost of a particular treatment. They recommended further studies be conducted before confirming the treatment course as an effective strategy for treating RA patients in general.

In summary, the mainly quantitative nature of RA research has the benefit of producing studies with the potential for verification and replication (Diamantopoulos et al., 2014; Silva et al., 2017). Additionally, many RA studies have the benefit of providing concrete cost-benefit analyses, which are useful in making healthcare policy decisions and evaluating the financial viability of treatment plans for a variety of patient demographics (Brodszky et al., 2014; Heather et al., 2014; Horváth et al., 2014; Ubel et al., 2016; vanHaalen et al., 2014). Finally, a general strength of the current body of RA literature is that it focuses on comparing treatment options and determining the effectiveness of treatments for specific patient populations (Heather et al., 2014).

Weaknesses in Recent Rheumatoid Arthritis Studies

Previously undertaken qualitative studies related to RA and pain management partially address some of the weaknesses of quantitative RA studies (Ubel et al., 2016). For example, Ubel et al.'s (2016) study addressed patient experiences with treatments, directly filling a gap left by other studies. In contrast to theoretical cost-benefit analyses related to RA treatment, the authors examined patients' ability to pay for their treatments and the impact the ability or inability had on their lives. The authors concluded that doctors often appeared unwilling to fully consider patients' inability to afford the cost of their medical treatments and found that patients often relied on temporary solutions to

pay for the out-of-pocket expenses without developing viable long-term plans. Ubel et al. further found that this behavior resulted in medical care and treatment, which was expensive for patients and failed to address their health needs completely.

As previously mentioned, numerous RA studies focus on the costs associated with treatment rather than on patients' experiences (Tran-Duy et al., 2014; Zrubka, 2017). While it is often logical to consider the cost of treatments on a national level, few RA studies included in this review of literature specifically addressed alleviation of patient symptoms and/or side effects from the patients' perspectives (Assefi et al., 2008; Quandt et al., 2005). For example, Zrubka (2017) examined the cost of new pharmaceutical RA treatments again, using Hungary as an example. In the study, Zrubka asserts that the new treatments are just as effective as the standard of care but are less expensive to provide to patients at a national level. Zrubka's research focuses on the societal benefits of avoided monetary costs, which is valuable information for developing public health policy. However, without more information about patient perspectives on the treatment, it is challenging to understand if the two treatment options are equal or if external factors make individual patients prefer one treatment over the other.

This focus on the cost-effectiveness of conventional medical treatments for RA may contribute to a lack of research on alternative RA treatments, such as Reiki (Orsak et al., 2015). Throughout the literature review on RA, there is a focus on the economic factors which influence treatment decision-making (Ubel et al., 2016; vanHaalen et al., 2014). Ubel et al.'s (2016) study demonstrate that economics is an important consideration when making treatment decisions, but not necessarily to the exclusion of

other options. For example, despite evidence that suggests patients consider both conventional and alternative treatments when managing RA (Assefi et al., 2008; Quandt et al., 2005), the economic decision model developed by vanHaalen et al. (2014) primarily focuses on the selection of one treatment per patient. Furthermore, little consideration has been given to the cost-benefit analysis associated with providing patients with a complementary treatment option, such as Reiki or massage. The absence of alternative treatments from the model, despite high demand, could suggest that the medical field is not giving enough attention to the reality of patients' decision-making process regarding their treatment protocols.

A study by Inotai et al. (2014) further demonstrates the focus on economics when considering patient care. According to Inotai et al., innovative medicines are often considered most valuable if they meet many societal priorities and improve health outcomes for patients. In outlining the World Health Organization's objectives, Inotai et al. focus on factors such as financial stabilities, financial protections, and equity in financing. While considering the economic implication of various pharmaceutical options for patients with RA, their study does not mention including alternative therapies that can be cost-effective and beneficial (Hahn et al., 2014).

Though the inclusion of complementary therapies for RA suffers might appear to be adding an additional, not required, expense, complementary techniques can significantly reduce pain for patients in some instances, lower dependency on pharmaceuticals, and provide substantial benefit at very low costs (Vandergrift, 2013). Hahn et al. (2014) demonstrate how economical providing CAM can be in a study of a

hospital that trailed volunteers to provide remedies to pain patients. In the study, the authors trained volunteers to provide Reiki sessions to pain sufferers, their families, and even the hospital staff. All groups involved in the study reported feeling healthier and more relaxed. These feelings of well-being were created by volunteers, and therefore providing sessions to patients and their families added only the very nominal cost of training and managing volunteers.

Studies related to alternative medicine tend to deliver conflicting results, depending on the nature of the research (Lauche et al., 2014; Manohar et al., 2014). Manohar et al. (2014) expressed a lack of clarity on the efficacy of CAM techniques for helping pain patients manage their condition. In a systematic review, the researchers noted that the studies expressed conflicting results. The differences in results were even greater when considering clinical trials and studies surrounding the actual point of care (Manohar et al., 2014). Interestingly, with some CAM techniques, the researchers found patient improvements in a clinical trial setting and not in narrative studies. For Manohar et al., these results point to a lack of research on CAM techniques and a need for further investigation.

Though Reiki sessions have been shown to have very few, if any, adverse side effects (Charkhandeh et al., 2016; Erdogan & Cinar, 2016; Joyce & Herbison, 2015), studies of alternative medicine as a remedy for RA may overlook potentially damaging impressions that users of CAM techniques have in regards to pharmaceutical treatment options (Lahiri et al., 2017). Reiki sessions are commonly suggested as a complementary alternative to pharmaceutical remedies; however, few studies exist on the effectiveness of

Reiki as a standalone remedy for any chronic pain condition (Edwards et al., 2014; Kirshbaum et al., 2016; McManus, 2017). However, if patients choose to use CAM techniques rather than initiating recommended pharmaceutical therapies, they may experience long-term negative health consequences (Lahiri et al., 2017).

Lahiri et al. (2017) research found that the "Use of complementary and alternative medicines is associated with delay to initiation of disease-modifying anti-rheumatic drug therapy in early inflammatory arthritis." Their findings demonstrate the possibility that patients are choosing CAM technique options rather than initiating early treatment options recommended by physicians, which may prevent patients from benefiting from treatment options with the scientifically proven ability to alleviate symptoms and side effects. Lahiri et al. also found that CAM technique usage was associated with delays in beginning pharmaceutical options, suggesting that future research on Reiki and other CAM techniques should consider the impacts of patients using CAM techniques alone or examine the possible effect of such a choice on patient health in the long run.

Additionally, high rates of CAM usage often go unreported to patients' primary care physicians (Yang et al., 2017). Though CAM techniques typically do not include a wide range of symptoms and side effects, primary care physicians should be informed about what treatment options are currently being used by patients to remedy their condition (McManus, 2017; Yang et al., 2017). According to Yang et al., many patients suffering from RA use CAM techniques to remedy their condition, either as a standalone management technique or as a complement to pharmaceutical treatment options. Patient data on the perceived effectiveness of CAM techniques suggest that the majority of

patients who use CAM techniques perceive them to be effective or very effective (McManus, 2017; Yang et al., 2017). However, despite a high degree of confidence in the effectiveness of CAM techniques, most patients do not inform their doctors about either using the remedy or their perception of the remedy's effectiveness. Yang et al. point out that physicians should be aware of the high degree of CAM usage and potentially discuss the usage of such techniques with patients in order to gain an accurate understanding of their patients' treatment plans and overall well-being.

Some researchers suggest that patients turn to CAM to remedy pain at high rates, but comparatively few include their primary physicians in the discussion (Murthy et al., 2017). In a study of 1,620 patients suffering from chronic back pain, Murthy et al. (2017) found that 76% of sampled individuals consulted a CAM practitioner regarding their pain, and 75% (the two groups not being mutually exclusive) identified CAM techniques for pain and applied them independently. With such a large percentage of individuals turning to CAM techniques for pain, Murthy et al. assert that physicians are not sufficiently involved in patients' pain management. The authors found that, of the patients who used CAM techniques, only 20% discussed their intention to use a CAM technique before its application, while only 34% discussed the techniques after its completion. Interestingly, the authors found that the use of CAM techniques was positively influenced by discussions with family members and friends, while discussions with physicians negatively influenced CAM technique usage. Though the question did not specifically ask if doctors encouraged or discouraged CAM techniques, Murthy et al.

assert that the findings could suggest that patients do not inform their doctors of CAM usage because they think the doctor will be unsupportive or discouraging.

Explicitly addressing the problem of RA patients not informing their primary care physicians about CAM use, Zhao et al. (2017) examined the prevalence of such occurrences and the possible interactions between pharmaceutical RA therapies and CAM therapies designed to target RA. Zhao et al. point out that the possible interactions between CAM techniques and pharmaceuticals could be particularly damaging to older adults who are generally less robust in health than the general population. While their study did not consider the effectiveness of combining CAM techniques with pharmaceutical options, the researchers found that fish oils, vitamin D supplements, and other supplements were commonly used in CAM techniques. However, Zhao et al. also asserted that more research should be done on the interactions between CAM technique options and pharmaceutical treatments for RA.

In summary, some general weaknesses in current RA studies are that the mostly quantitative nature of research precludes exploration of patient experiences studies (Ubel et al., 2016). While a focus on the cost of RA treatment is crucial from a policy perspective, it often glosses over the patients' experience and perspectives on treatment, which are essential elements to understanding the overall well-being of RA sufferers (Assefi et al., 2008; Quandt et al., 2005). The focus on cost-benefit analyses of pharmaceutical RA treatment options may have contributed to the lack of studies on alternative RA treatment practices, such as Reiki (Orsak et al., 2015).

Defining Reiki

Reiki is a technique based on the principle that the therapist can channel energy into the patient to activate the natural healing processes of the patient's body and restore physical and emotional well-being (Coakley & Barron, 2012). A typical Reiki session may last anywhere between 30 to 90 minutes, and during this session, the individual is usually lying down fully clothed in an extended position (Doğan, 2018). While the person is lying down, the Reiki practitioner "uses light touch or positions hands slightly above the body" (Thrane et al., 2017). While the Reiki practitioner's hands are above the body, energy flows from the practitioner to the individual receiving Reiki charging their human biofield with positive energy (Midilli & Eser, 2015).

Literature of Reiki

The following section presents a review of the literature related to Reiki. It discusses the justifications for using Reiki as a remedy for pain and using Reiki as a complementary remedy with conventional pharmaceutical interventions.

Justification for Reiki as a Remedy for Pain

By managing depression and anxiety, Reiki sessions can help patients obtain a higher quality of life (Alarcão & Fonseca, 2016; Gürol & Polat, 2017; Orsak et al., 2015; Samuel & Faithfull, 2014). Considered a CAM, Reiki as a remedy for RA warrants further research and investigation. As argued by Manohar et al. (2014), there is a lack of consensus on the efficacy of CAM techniques for chronic pain sufferers. However, numerous studies indicate the effectiveness or possible efficacy of CAM techniques, such as Reiki, can reduce patients' pain and anxiety, thereby facilitating the healing process.

Reiki sessions can help decrease anxiety, depression, and pain in patients, even those undergoing aggressive pharmaceutical treatments (Alarcão & Fonseca, 2016; Orsak et al., 2015). For example, Orsak et al. (2015) found that providing cancer patients with Reiki sessions during chemotherapy reduced the negative impacts of the aggressive pharmaceuticals. In their randomized controlled trial, patients who received Reiki sessions reported the sessions relaxing and found that they lessened the overall side effects of chemotherapy without adding any additional side effects associated with the technique. In a questionnaire format following remedies, patients reported a higher quality of life. The patients who received Reiki sessions reported a higher quality of life than patients who did not receive Reiki sessions. The authors note that providing patients with Reiki sessions may be an effective way to increase their quality of life and reduce symptoms and/or side effects in a cost-effective and feasible manner (Orsak et al., 2015).

Numerous studies specifically reference Reiki as a possible remedy for pain patients (Gupta et al., 2014; Kundu et al., 2014; Midilli & Eser, 2015; Shaybak et al., 2017; Thrane & Cohen, 2014; Thrane et al., 2017). In a systematic review format, Thrane and Cohen (2014) determined that Reiki sessions may benefit pain patients by relieving discomfort and lessening anxiety. Thrane and Cohen point out that studies related to Reiki are limited, but their findings from an in-depth literature review of 49 studies suggest benefits for patients. Thrane and Cohen further indicated that more research on Reiki should be performed, including research that utilizes larger sample sizes and controlled randomized groups.

In a later study, Thrane et al. (2017) sought to address the gap identified in Thrane and Cohen's (2014) earlier work. However, the sample size for this study was still small by Thrane and Cohen's standards, and therefore the researchers stated that the results were not definitive. However, Thrane et al. found that in-home Reiki sessions provided to children with severe chronic illnesses reduced pain and anxiety significantly. The researchers interpreted the study results as a sign of efficacy for Reiki sessions. They suggested that Reiki sessions could be a useful complement to conventional therapies for children suffering from pain and anxiety due to their condition.

In 2015, Midilli and Eser undertook one of the few controlled clinical trials related to the use of Reiki as a remedy for pain. Midilli and Eser (2015) considered Reiki as a remedy for post-operative patients, and therefore the study sample did not include patients suffering from chronic illnesses, such as RA. However, the study is still essential because it evaluated the efficacy of Reiki on remedying pain in a controlled clinical setting. Midilli and Eser evaluated anxiety and pain levels in patients using hemodynamic factors such as blood pressure, pulse rate, and respiration rats. Midilli and Eser found differences in pain intensity, anxiety levels, and respiration rate between the group of patients who received Reiki sessions and those who did not, suggesting that Reiki can successfully reduce pain and anxiety in suffering patients. Patients that were helped with Reiki experienced lowered pain intensity and respiratory levels, in addition to reporting less anxiety.

Kundu et al. (2014) performed a double-blind, randomized clinical trial on post-operative patients. The researchers applied Reiki sessions to one group and provided the

second group with conventional treatments. The sample was entirely composed of children. Their results did not show any statistically significant differences between the patients who received opioids and Reiki and those who just received opioids. The patients in Kundu et al.'s study underwent dental operations, so Reiki might not be effective at remedying localized mouth pain as generalized body pain. However, the difference in results when compared to Midilli and Eser's (2015) study also highlights a potential general weakness to studies related to Reiki, as divergent results are relatively common.

The lack of significant pain alleviation found in Kundu et al.'s (2014) study suggests that Reiki sessions could potentially be effective in remedying body pain, but not localized dental pain. However, Shaybak et al. (2017) found that Reiki sessions helped remedy pain in patients with saphenous vein incision pain. In their study, half of the patients received Reiki sessions, and half of the patients received sessions that were meant to simulate Reiki without following the basic principles. Shaybak et al. noted that patients experienced less pain after receiving Reiki sessions and that the remedies could be a simple and cost-effective way to help patients who are experiencing significant pain due to chronic conditions or surgeries. These varying results suggest that more research is necessary to understand the effectiveness of Reiki sessions.

Reiki in the Context of Complementary and Alternative Medicine

Reiki is a Japanese biofield remedy introduced to the United States in the 1920s (Townsend, 2013). Reiki is traditionally practiced as a form of laying-on-hands in certain spots on the body of a patient; these points are believed to be centers of the body's natural healing energies, and the practitioners' touch is believed to stimulate these

healing energies to speed patients' recovery (Townsend, 2013). Reiki is part of a larger body of complementary and alternative medicine (CAM). CAM is divided into four categories: mind-body therapies, biologically-based therapies, manipulative body-based therapies, and energy therapies (Long, 2015).

CAM has seen increasing prominence in recent years, with as much as 40% of the population worldwide having used it in some fashion (Lucchetti et al., 2013). CAM has also been criticized as lacking the ethical guidelines and standards that conventional medicine observes (Long, 2015) and that its practitioners do not subject themselves to peer review and dialogue (Ernst, 2012). Nonetheless, these alternative therapies have seen extensive use in remedying the symptoms of chronic illnesses such as RA due to their lack of side effects, perceived safety, and convenience (Alaaeddine et al., 2012; Cheung et al., 2014; Firth, 2012; Grainger & Walker, 2014; Tamhane et al., 2014).

Justification for Reiki as a Complement to Conventional Therapies

The above-mentioned studies present an argument for using Reiki as a remedy for pain (Kundu et al., 2014; Midilli & Eser, 2015; Shaybak et al., 2017; Thrane & Cohen, 2014; Thrane et al., 2017). Additionally, several studies considered the usefulness of Reiki sessions as a complement to pharmaceutical pain management options (Edwards et al., 2014; Franik et al., 2015; Groden et al., 2017; Kirshbaum et al., 2016; Lindsay et al., 2016; Martins et al., 2017; McManus, 2017; Neuhouser et al., 2016; Puri et al., 2017; Rao et al., 2016; Shaw, 2015).

Midilli and Eser's (2015) study suggests that practitioners should consider evaluating the usefulness of Reiki as a complement to traditional treatment modalities on

a case by case basis, as the effectiveness of the therapy might depend on the type of pain, the kind of patient, and the pharmaceutical option being complemented. In instances where patients require long-term care, there is often a challenge for patients and their families in affording continued treatment support and providing adequate pain relief (Alarcão & Fonseca, 2016; Kundu et al., 2013). Long-term care can be expensive for both families and health care providers, which creates additional problems for individuals already suffering from pain and decreased quality of life (Alarcão & Fonseca, 2015; Kundu et al., 2013).

The CAM techniques can provide a possible solution to the long-term quality of life issues for patients and the continued financial strain of ongoing treatments. In a study of 384 patients with chronic painful conditions and their families, Kundu et al. (2013) determined that not only were family members capable of successfully being trained to provide Reiki sessions at home but that the sessions resulted in a reduction of pain and an increase in quality of life for the patients. By training parents or family members to provide patients with Reiki sessions, medical providers and patients save time, money and can alleviate suffering in a comfortable environment (Kundu et al., 2013).

While Kundu et al. (2013) assert that training family members to provide Reiki sessions to patients is ethical and effective, Samuel and Faithfull (2014) surveyed both the confidence of Reiki session providers in their ability to help patients and the impact their confidence had on patient care. According to Samuel and Faithfull’s findings, many CAP practitioners reported providing Reiki sessions for pain management. However,

Samuel and Faithfull found widespread misinformation or lack of information on the uses of Reiki and suggested anyone providing Reiki sessions receive professional training.

Taken collectively, numerous studies on RA, CAM, and Reiki suggest that managing chronic conditions involving pain sometimes necessitates or encourages lifestyle changes in addition to conventional pharmaceuticals (Campbell et al., 2017; Greenlee et al., 2016; Journal of the American Academy of Orthopaedic Surgeons [JAAOS], 2015; Son & Janke, 2015). As a condition that primarily impacts individuals in later adulthood, altering the behaviors and lifestyles of affected individuals can be challenging in some instances (Son & Janke, 2015). However, in a study of 140 middle or older adults, Son and Janke (2015) found a significant benefit in maintaining an active lifestyle, including meditation, leisure, yoga, and massage. Their findings showed higher overall health in adults with arthritis who engaged in numerous leisure activities, in addition to less pain and arthritis symptomology. Without addressing Reiki sessions specifically, Son and Janke's study describes the nature of RA as a chronic condition. It emphasizes that the problem of associated chronic pain is rarely solved by pharmaceuticals alone.

Though Gürol and Polat (2017) articulate the challenge of treating young patients with chronic conditions, Alarcão and Fonseca (2016) argue that the long-term symptoms and/or side effects of chronic conditions can seriously be a detrimental effect on both the quality of life and prognosis for pain patients. Similar to many other studies that used a control group to compare Reiki to a sham Reiki session (Gürol & Polat, 2017), Alarcão and Fonseca determined that patients showed significant quality of life improvements

such as the alleviation of pain when helped with Reiki. Notably, the quality of life gains was higher for patients who received Reiki than for patients who received a sham Reiki session, suggesting that the improvement is not due only to a placebo effect (Alarcão & Fonseca, 2016; Gürol & Polat, 2017).

Despite evidence that suggests the usefulness of Reiki as a remedy to the problems associated with chronic pain and pharmaceutical reliance, some research on the topic is sometimes contradictory or uncertain (Assefi et al., 2008; Bascom, 2014). Bascom (2014) asserts that mind-body therapies such as Reiki are very low risk and have less chance of resulting in unintended side effects than pharmaceuticals and even herbal supplements. Additionally, Bascom asserts that Reiki sessions are widely used in hospitals to reduce anxiety and stress. In some instances, medical practitioners recommend Reiki to reduce pain in chronic patients or those suffering from serious illnesses such as cancer (Bascom, 2014). Bascom also noted that CAM techniques have only been demonstrated as effective on a limited number of aliments to a limited degree. Further research is necessary to understand the full effectiveness of CAM techniques, including Reiki.

Patients report using Reiki sessions to complement pharmaceutical treatments, even for serious illnesses such as cancer (Edwards et al., 2014). Their rationale for using Reiki sessions range from overall well-being to pain relief to believing that Reiki sessions can improve the progression of their ailment (Edwards et al., 2014). Some studies suggest that the belief that Reiki sessions can help improve the quality of life for patients taking pharmaceuticals is well-founded (Kirshbaum et al., 2016). In an exploratory study of

Reiki experiences in women who have cancer, Kirshbaum et al. (2016) found that patients reported numerous benefits following Reiki sessions, including reduced emotional strain and anxiety, pain reduction, reduced depression, improved sleep, and improved self-confidence.

Kirshbaum et al. (2016) relied on reported patient experiences, which means that the study focused on the patients' perceptions of their symptoms and side effects, rather than the clinical markers of pain and anxiety considered by Midilli and Eser (2015). The nature of many studies related to Reiki creates the possibility that patients are experiencing a placebo effect, which leads them to believe Reiki relieved their negative symptoms and side effects. McManus (2017) refuted the potential claim that the benefits of Reiki sessions are primarily due to placebo effects using a literature review format of clinical studies that set Reiki sessions against a placebo effect. McManus determined that 61% of the controlled clinical trials demonstrated that Reiki sessions were not only beneficial but that the beneficial effects exceeded those of the placebo group. Of the remaining studies, McManus asserted that all but one had statistical issues that could account for the lack of benefit. One study, according to McManus, showed evidence that Reiki sessions were not beneficial past the benefits established by the placebo group.

A Gap in the Literature on Reiki and Pain

As suggested by the principles of the PAT, patients' expectations are deeply connected to the remedy of pain and the perceived effectiveness of prescribed remedies. Numerous studies assert that Reiki and other alternative techniques may effectively remedy chronic pain (Thrane & Cohen, 2014); however, more research is necessary to

understand the role of Reiki in pain management and remedy effectiveness (Jones et al., 2016). It is often challenging to separate the impact of the remedies and patients' expectations on health outcomes. Jones et al. (2016) point out that part of the challenge comes from the actual measurement of expectations. To determine the feasibility of measuring the degree of patients' expectations, Jones et al. sampled 141 individuals undergoing procedures. Rather than testing the effectiveness of the remedy itself, Jones et al. examined the "reliability" of measures of patients' expectations. According to their findings, patient communication and measurement of expectations were reliable and consistent, indicating that measurement of expectation is empirically possible and potentially reliable. With the possibility of quantifying expectations, Jones et al. suggest undertaking more research on the role of patients' expectations in alternative medicine effectiveness, particularly as applied to chronic pain.

Summary and Conclusions

Reiki is a therapeutic CAM technique that is commonly used for the remedy of pain and anxiety in patients suffering from a wide range of ailments (Cheung et al., 2014). Particularly in recent years, patients facing chronic pain or serious conditions have increasingly turned to CAM techniques as a supplement to pharmaceutical therapies (Quandt et al., 2005). Research suggests that patients are interested in CAM techniques in increasing numbers due to the promise of relief from long-term pain, the cost-effectiveness, and the very low possibility of adverse side effects (Alarcão & Fonseca, 2016; Kobue et al., 2017). Furthermore, Reiki is promising as an abatement measure for the overall symptoms, including those that are long-term symptoms, and side effects

including pain, anxiety, depression, and a loss of quality of life (Charkhandeh et al., 2016; Orsak et al., 2015).

In the research literature, Reiki as a remedy for RA and other chronic pain conditions is considered both qualitatively and quantitatively (Kobue et al., 2017; Ratnam, 2009). The benefit of a quantitative study on Reiki is that the results are replicable and verifiable, allowing for the possibility of the results being confirmed or strongly supported by further research endeavors. In a research field with often conflicting results, such as the effectiveness of CAM techniques, allowing for greater verifiability could lend creditability to the results, which might otherwise be in doubt (Lee et al., 2008). Furthermore, quantitative studies on Reiki benefit from the possibility of results having wider applicability and relevancy to a global audience (Diamantopoulos et al., 2014).

However, there are numerous benefits to undertaking qualitative studies of Reiki sessions (Hahn et al., 2014; Inotai et al., 2014). Unlike quantitative studies, qualitative studies on Reiki sessions have the potential to consider direct patient feedback, and therefore the responses will be more in-depth and less simplistic. A qualitative design allows for consideration of the overall remedy experience, which is a reported strength of Reiki and a weakness of pharmaceutical remedies (Tran-Duy et al., 2014). Qualitative studies are also better suited to consider the nuances of patients' quality of life, a topic commonly considered in studies of pain and pain management (Smolen et al., 2016).

As suggested by the number of patients seeking CAM techniques, individuals suffering from pain are likely to desire any possible relief. The remedy of chronic

conditions has long-term ramifications both psychologically and physically (Hung et al., 2015; Ratnam, 2009). The detrimental mental and physical effects of illness can be particularly prominent in RA patients, for they are likely to be older and experience long-term pain. Furthermore, it is very unusual for RA patients to experience a complete absence of symptoms and/or side effects for any length of time, even with a pharmaceutical intervention (Kobue et al., 2017).

According to a wide range of research, Reiki sessions can successfully help chronic pain patients manage their condition (Orsak et al., 2015). Patients undergoing CAM techniques report higher levels of satisfaction, a greater quality of life, less anxiety, and less pain (Kundu et al., 2014; Midilli & Eser, 2015; Thrane & Cohen, 2014). Many studies on Reiki demonstrate the cost-effectiveness of the technique as a complement to pharmaceuticals and claim that Reiki sessions can improve patient well-being at a reasonable cost (Brodszky et al., 2014; Heather et al., 2014; Horváth et al., 2014; Ubel et al., 2016; vanHaalen et al., 2014).

However, some conflicting studies create doubt about the effectiveness of Reiki sessions (Lee et al., 2008). The present study addresses that gap by providing information from RA sufferers about the efficacy of Reiki as a complementary alternative remedy. Using a qualitative design, I explore the expectations that patients with RA had when they chose Reiki to help with their RA symptoms and side effects, their experiences during their Reiki sessions, and what occurred as a result of using Reiki to remedy their RA.

Chapter 3 presents the study's methodology and includes information on the design, sample selection, and data collection procedures.

Chapter 3: Research Method

Introduction

The purpose of this qualitative narrative inquiry was to learn from individuals with RA about their experiences in choosing and using Reiki for the symptoms and/or side effects they experienced from RA. In this chapter, I explain the research design and rationale, the researcher's role, the methodology (instrumentation, procedures for recruitment, participation, data collection, and data analysis), issues of trustworthiness (ethical procedures), and a summary.

Research Design and Rationale

The central phenomenon of this study was to learn about the experiences of RA sufferers who chose Reiki as a complementary alternative remedy for their symptoms and/or side effects they experienced from RA. This study was guided by the following research questions.

Research Questions

RQ1: How did RA sufferers decide to use Reiki to address their symptoms and/or side effects of RA?

RQ2: What did RA sufferers experience from using Reiki?

RQ3: Is there cognitive consonance between the expectations RA sufferers had when choosing Reiki and their experiences in using Reiki to relieve their symptoms and/or side effects from RA?

Study Design

The chosen design for this study was a qualitative narrative inquiry. This approach was selected because the inquiry was about experiences and perceptions, which are fundamentally subjective concepts and not easily quantified. Gaining knowledge about participants' experiences through the stories they share was at the heart of the narrative inquiry. Through oral storytelling, participants in a narrative study connect events into a sequence to understand their decisions and the outcomes from these decisions. Participants share what was important to them during their decision-making process and experiences that they want their audience to understand (Riessman, 2008).

Other qualitative approaches would not have worked as well. A case study approach, though possible, focuses on the participants as a group or class, and the contemplated sample had nothing in common other than being RA sufferers who have sought Reiki as a potential remedy. Ethnography would likewise have been inappropriate because I was not studying the customs or culture of RA sufferers who sought Reiki. I did not choose phenomenology because of its focus on studying the lived experiences with the phenomenon. The focus of this study was about connecting the past—symptoms and/or side effects of RA and making decisions to use Reiki—with the present—the outcomes from using Reiki. Lastly, a grounded theory approach was not necessary because the chosen theoretical framework was satisfactory for an understanding of the phenomenon being studied.

Role of the Researcher

My role as the researcher includes all aspects of this dissertation project from its conception and design through its implementation and reporting of the findings. I conducted the literature review (Chapter 2) and used the information to design this study. I designed the recruitment materials and the interview protocol used. As the researcher, I scheduled and conducted the interviews and analyzed and reported the study's data.

Though I am a Reiki master, I did not discuss my views about Reiki with prospective participants during the recruitment phase or afterward. Because of the potential for a conflict of interest that could occur if participants were aware of my background, prospective participants were not told that I am a Reiki master. They were not anyone I knew or to whom I gave a Reiki session. Posted announcements of the study invited interested individuals to contact me. I confirmed that each prospective participant had met the criteria stated in the announcement.

Both bracketing and bridling were used in this study. Bracketing is retrospective and was used to ensure that my beliefs about Reiki did not intrude in the development of my interview questions. In addition to keeping my personal beliefs, opinions, and presuppositions at bay not to influence the development of the questions, I used an expert panel of methodologists and content specialists to review the questions. I made changes based on their recommendations.

During interviews and the study's analysis phase, I engaged in both bracketing and bridling. While bracketing is "directed backward" and acts as a screening tool to make sure that preunderstandings and beliefs do not intrude on the research, bridling

focuses on remaining open to new learning that might be unexpected and unanticipated—to engage in “research openness,” where new knowledge about Reiki may emerge during the interview sessions. Bridling also occurs at the analysis stage, where I strived to remain open to different interpretations of the data and revisit emerging themes as I analyzed the data.

A bracketing and bridling journal was created to record my personal beliefs, opinions, and preunderstandings on the use of Reiki. This was especially important because I am a Reiki master. After each interview, I wrote in detail all of my emotions, feelings, and inquiries and then reviewed the interview for any potential bias.

Methodology

Participation Selection Logic

Participants in this study were RA sufferers who have sought Reiki as a remedy for their symptoms and/or side effects of RA. Participants needed to meet the following criteria to participate in the study:

- Participants must be the age of the majority in the state they resided in.
- Participants must have been diagnosed with RA by a medical doctor.
- Participants must be currently suffering or have recently (within the past year) suffered from RA and must have sought Reiki to alleviate its symptoms and/or side effects of RA.
- Participants cannot be using Reiki with any prescribed medications commonly used to remedy RA. (They can be using over-the-counter antiinflammatory drugs such as NSAIDs for pain relief.)

- Participants must have used Reiki at least twice for RA symptoms or side effects, and each Reiki session must have been a minimum of 30 minutes.
- Participants must be available for two 45-minute interviews separated by 4 weeks conducted in person or via Skype or Facetime.
- Participants cannot know the researcher.

Sample Size and Recruitment

Per the recommendations of Guest et al. (2006), a sample of 12 individuals who meet the inclusion criteria is adequate to achieve data and thematic saturation; therefore, this number was used for the initial sample. I requested Reiki practitioners' assistance to help recruit potential participants for the study. I asked them if I could place invitational recruitment flyers in their business (see Appendix A). I shared with Reiki practitioners the nature of the study (see Appendix B). The flyer announced the study and provided information about the criteria for participation, what participation meant in terms of the two interviews, the amount of time involved to participate, and how to contact me directly for further information about the study. The flyer contained the criteria for becoming a participant in the study and information about a $10.00 Amazon gift card given as a token of appreciation for participation in the study.

Initial recruitment occurred in the eastern region of the United States where I live. This area was chosen for ease of scheduling and conducting interviews in the same EST time zone. An announcement of the study (see Appendix B) appeared on Reiki-based wellness Facebook groups and at Reiki centers' community announcement boards. Reiki is used by healing practitioners all over the world. Data were analyzed separately from

participants using only Reiki to note similarities and differences between the two groups. The goal was to have a pure sample of individuals who are just using Reiki for their RA symptoms and/or side effects.

Interested participants were advised to contact me by phone and/or e-mail. E-mail exchange of information was only sent to individuals; that is, a group e-mail was not sent. This was to protect the privacy of interested research participants. When prospective participants contacted me, I ensured that they met the inclusion criteria to participate in the study. I reviewed the purpose of the study with the individuals and the commitment needed for participation in the study (see script in Appendix C). A unique feature of the study design was conducting two interviews. This was stated in the recruitment flyer. I explained that the two interviews were needed to understand the experiences participants had with selecting and using Reiki to remedy their RA symptoms and/or side effects. An informed consent form was included in the emails, and all participants were required to sign and return it to me.

Instrumentation

I designed the two interview protocols used in the study. They were vetted by an expert panel consisting of methodology and content experts. I conducted the two interview sessions with each participant. Each participant's first and second interview was separated by 4 weeks, with the second interview not referencing anything shared from the first interview. The purpose of the two interview sessions was to separate the participants' decisions for selecting Reiki to remedy their symptoms and/or side effects of RA and their actual experiences from using Reiki for these symptoms and/or side effects.

The potential for social desirability bias exists in this type of study, as well as the potential for a placebo effect. The tendency for social desirability bias can pose a serious problem with conducting research with self-reporting, whereby participants in a study can overreport good or desirable behavior or underreport bad or undesirable behavior. This could occur if participants knew I was a Reiki master; it could also occur if participants were asked how and why they selected Reiki and then were immediately asked about the experience of using it. The two interviews were separated by 4 weeks, and in the second interview, there was no reference to what was shared during the first interview. Social desirability bias can lead to skewed results. Keeping the study purposely vague and separating discussions about participants' expectations from actual experiences minimized the bias.

A potential placebo effect could have unwittingly also occurred. Placebo effects are the result of the beliefs that a person brings with them to a Reiki session. They are different from social desirability bias because they are mechanisms of expectancy where a person's beliefs about the technique are what produced the results. A person can come to Reiki believing that this technique will relieve them of their RA symptoms and/or side effects. That is, they believe that Reiki will produce the desired results because of their expectations that Reiki will deliver the results. They then adjust the results to fit the expectations they had. This is like a tautology, where a complete circle is constructed based on expectations for a specific outcome. Therefore, separating the discussions about their expectations and their results from the Reiki session without reference to

expectations was necessary for understanding Reiki’s role in remedying RA symptoms and/or side effects.

During each interview session, participants were encouraged to share their experiences according to the chosen study design. Their narratives were audio-recorded for later transcription. Each interview lasted approximately 45 minutes. A $10.00 Amazon gift card was given as a token of appreciation and was distributed at the beginning of the study. Participants were informed that in Part I, they would be sharing how they decided to use Reiki. At the completion of the first interview, participants were thanked for participating and told that they would be sharing their experiences with Reiki in the second interview. The second interview was scheduled at that time. Recruitment materials and the consent form stated that the study involved two interviews separated by 4 weeks. Four weeks were chosen to offset the potential for social desirability bias and placebo effects and maintain participants’ interest in the study. The 4-week interim was confirmed as a reasonable amount of time in recent communication my chair had with Patton (December 1, 2018). Interviews took place face-to-face, via Skype, or Facetime. Due to the necessity of separating the two conversations, if during Interview 1 a participant began to share the effect of Reiki on their symptoms and/or side effects, I guided the person back to the discussion about their decision to use Reiki.

Participants were advised that they could withdraw from the study at any time upon request, either before they completed their interviews or after the data collection was complete. Participants who did not wish to provide two interviews would be released from the study. If a participant completed the interviews and sessions but ultimately

decided that they did not want their answers to be included in the study, I would remove that participant from the study and not use those data. Table 1 identifies the interview questions used at each session.

Table 1

Interview #1 Questions

Interview #1
Introduction: Thank you for taking the time to talk with me today about your decision to use Reiki for your Rheumatoid Arthritis. In our conversation today, I am going to ask you some questions about how you made your decision to use Reiki and what you were expecting to result from using Reiki. This is your story. Our conversation will take about 45 minutes. I would like to record our conversation. Your name will not be used in my study. There are no right or wrong answers to the questions. Do you have any questions before we begin? I would like to begin with how you chose Reiki for your RA symptoms and/or side effects. 1. Could you share what symptoms and/or side effects of Rheumatoid Arthritis you experienced that made you think about using Reiki? 2. How long did you experience [identify what participant stated in #1] before considering Reiki? 3. As you thought about using Reiki, what had you heard or read about Reiki for helping with [identify what participant stated in #1]? 4. Was there anything in particular that stood out for you that made you decide to use Reiki to help with [identify what participant stated in #1] 5. Given your [identify what participant stated in #1], how did you imagine Reiki would work? 6. How did you find a Reiki practitioner to work with? Thank you for taking the time to talk with me today. I would like to schedule the next interview in four weeks at a time that is convenient for you.

Table 2

Interview #2 Questions

Interview #2
Introduction: Thank you for meeting with me again to talk about your experience with Reiki. When we met last time, you shared how you decided to use Reiki for help with the symptoms and/or side effects you were experiencing with Rheumatoid Arthritis. Today, I would like to talk with you about your experiences using Reiki for your Rheumatoid Arthritis. This is your story. Our conversation will take about 45 minutes. I would like to record our conversation. Your name will not be used in my study. There are no right or wrong answers to the questions. Do you have any questions before we begin? 1. How many Reiki sessions have you had for help with [identify what participant stated in interview #1]? 2. How long did the sessions last? 3. When you met with your Reiki practitioner, what did you share regarding the kind of help you were seeking for [identify what participant stated in interview #1]? 4. What did the Reiki practitioner share with you about what he/she would be doing during the time you were together? 5. Could you describe your Reiki sessions, including what the Reiki practitioner did during the sessions? 6. What did you experience after the Reiki sessions ended regarding [identify what participant stated in interview #1]? 7. When you think about your experience using Reiki, what would you share with others who are considering using Reiki for their RA symptoms and/or side effects? Thank you for taking the time to talk with me today.

Data Analysis Plan

The data analysis was performed using an adaptation of the categorical content analysis approach developed by Lieblich et al. (1998). The analysis was done at three levels: sentences, categories, and themes. This format is illustrated in the tables below. Table 3 illustrates the relationship between RQs and interview questions.

Table 3

The Relationship Between Research Questions and Interview #1 Questions

Research questions	Interview #1 questions
RQ1: How did rheumatoid arthritis (RA) sufferers decide to use Reiki to address their symptoms and/or side effects of RA?	1. Could you share what symptoms and/or side effects of Rheumatoid Arthritis you experienced that made you think about using Reiki? 2. How long did you experience [identify what participant stated in #1] before considering Reiki? 3. As you thought about using Reiki, what had you heard or read about Reiki for helping with [identify what participant stated in #1]? 4. Was there anything in particular that stood out for you that made you decide to use Reiki to help with [identify what participant stated in #1] 5. Given your [identify what participant stated in #1], how did you imagine Reiki would work? 6. How did you find a Reiki practitioner to work with?
RQ3: Is there cognitive consonance between the expectations RA sufferers had when choosing Reiki and their experiences in using Reiki to relieve the symptoms and/or side effects from RA?	Analysis of data from RQ1 and RQ2 will answer RQ3.

Table 4

The Relationship Between Research Questions and Interview #2 Questions

Research questions	Interview #2 questions
RQ2: What did RA sufferers experience from using Reiki?	1. How many Reiki sessions have you had for help with [identify what participant stated in interview #1]? 2. How long did the sessions last? 3. When you met with your Reiki practitioner, what did you share regarding the kind of help you were seeking for [identify what participant stated in interview #1]? 4. What did the Reiki practitioner share with you about what he/she would be doing during the time you were together? 5. Could you describe your Reiki sessions, including what the Reiki practitioner did during the sessions? 6. What did you experience after the Reiki sessions ended regarding [identify what participant stated in interview #1]? 7. When you think about your experience using Reiki, what would you share with others who are considering using Reiki for their RA symptoms and/or side effects?

Analysis of Data for RQ1 and RQ2

Tables 5 and 6 illustrate how the analysis proceeded for the two interviews.

1. For each interview question, I identified sentences from all participants that addressed each of the RQs.

2. After sentences were identified, those that shared information in common were grouped and identified in the category column. There could be multiple categories. A “category name” was used to refer to the sentences that represent the category.

3. Categories that shared information in common were combined into themes. Themes were given a “name.”

4. If there was overlap in content from interview responses that addressed more than one research question, the sentences were flagged and used as needed to address the different RQs.

Table 5

How the Analysis Proceeded for Interview #1

Research question	Interview questions	Sentences	Categories	Themes	Comments
RQ1: How did rheumatoid arthritis (RA) sufferers decide to use Reiki to address their symptoms and/or side effects of RA?	1. Could you share what symptoms and/or side effects of rheumatoid arthritis you experienced that made you think about using Reiki? 2. How long did you experience [identify what participant stated in #1] before considering Reiki? 3. As you thought about using Reiki, what had you heard or read about Reiki for helping with [identify what participant stated in #1]? 4. Was there anything in particular that stood out for you that made you decide to use Reiki to help with [identify what participant stated in #1] 5. Given your [identify what participant stated in #1], how did you imagine Reiki would work? 6. How did you find a Reiki practitioner to work with?				

Table 6

How the Analysis Proceeded for Interview #2

Research question	Interview questions	Sentences	Categories	Themes	Comments
RQ2: What did RA sufferers experience from using Reiki?	1. How many Reiki sessions have you had for help with [identify what participant stated in interview #1]? 2. How long did the sessions last? 3. When you met with your Reiki practitioner, what did you share regarding the kind of help you were seeking for [identify what participant stated in interview #1]? 4. What did the Reiki practitioner share with you about what he/she would be doing during the time you were together? 5. Could you describe your Reiki sessions, including what the Reiki practitioner did during the sessions? 6. What did you experience after the Reiki sessions ended regarding [identify what participant stated in interview #1]? 7. When you think about your experience using Reiki, what would you share with others who are considering using Reiki for their RA symptoms and/or side effects?				

Analysis for RQ3

Table 7 illustrates how the analysis proceeded regarding RQ3. The themes that emerged from RQ1 and RQ2 were used to answer RQ3. Research question one asks about decisions and expectations for choosing Reiki as a remedy for RA. Interview one addresses these issues. Research question two inquires about the outcomes of using Reiki.

Interview two addresses this. The themes from RQ1 and RQ2 were compared to answer RQ3.

A judgment about whether cognitive consonance was present was the final analysis. Cognitive consonance can occur when what led to the choice to seek help is consistent with the outcome. The research design separates both types of questions. The separation of questions between Interviews 1 and 2 permits this type of analysis. This allows us to learn whether the processing of information and knowledge that resulted in participants choosing Reiki for their RA symptoms and/or side effects is consistent with their experiences from using RA, and if so, in what areas.

The final portion of this study includes the stories shared by participants regarding how they decided to use Reiki as an alternative remedy for their symptoms and/or side effects of RA and their experiences in using Reiki. The themes that emerged were used to capture the participants' experiences and stories (see Table 8). It also discusses the agreement or compatibility between participants' opinions or beliefs about Reiki and their actual experiences using Reiki for their symptoms and/or side effects of RA.

Table 7

Themes and Comparisons

RQ1	RQ2	RQ3	Cognitive consonance

Issues of Trustworthiness

Trustworthiness is the extent to which the study's results are credible and can be believed by future readers and researchers to be accurate. The following techniques identified by Lincoln and Guba (1985) were used to ensure that the study's findings are trustworthy. These steps are consistent with the authors' methods of naturalistic inquiry.

Credibility

Credibility is the confidence one has in the truth of the findings (Lincoln & Guba, 1985). The technique used to establish this was triangulation. Triangulation facilitates the validation of data through cross verification from one or more sources, in this case, the responses from participants. It tests the consistency across responses, resulting in answers that reinforce each other. Triangulation was used to examine participants' responses with one another for Interviews 1 and 2. Interview responses from Interview 1 and 2 were grouped by symptoms and/or side effects that brought participants to Reiki. Comparisons were made within the group and then across groups (see Appendix D). For example, some participants may have been drawn to help with their joint pain symptoms, while others may have been drawn to Reiki for help with a RA side effect such as depression. The emerging themes were expected to capture this. Information was triangulated for each group. Outliers were examined for new information that may be associated with specific symptoms and/or side effects of RA.

Transferability

A goal in this study was to elicit rich responses from the participants, which is known as thick description. Transferability refers to the extent to which the study's

findings can apply to other contexts. The analysis of data from the thick descriptions was used to examine how decisions about and experiences with Reiki might be used to understand the experiences using other alternative therapies such as massage therapy.

Dependability

Dependability is the extent to which the findings are consistent and could be repeated. This was assured by a detailed explanation of how the researcher analyzed the data to produce the study's findings, presented in Chapter 4. An inquiry audit was used to ensure dependability.

Confirmability

Confirmability refers to the neutrality of the data and is the extent to which the findings are shaped by the participants in the study. Triangulation ensures not only the credibility but also the confirmability of the study. This is described further in Chapter 4.

Ethical Procedures

Ethical assurances include minimizing risk to participants. Although participants were not asked to describe their RA symptoms and/or side effects directly, interview two did inquire about their experiences from using Reiki. Since the participants may perceive risk, or there may be an actual risk, in talking about the outcomes from using Reiki. This risk was eliminated by explaining to the participants that participation in the study would not affect their Reiki session or any future session they receive. Also, participants were informed that they could share what they are comfortable sharing. Specifically, the participants were not asked to disclose any personal or demographic information, and they did not discuss their RA or the specific remedy they were receiving or have

received. Participants were also given a telephone number they could contact for confidential mental health support should they become stressed during the interview.

Participants were required to sign an informed consent form prior to being included in the study. They were advised that their participation may be withdrawn at any time without penalty. No inducements were offered to participate; however, participants were offered a token of appreciation for participating in the study. It was not contingent on their completion of the interviews.

Participants are only identified by assigned pseudonyms in the reporting of the results. At no time would any person examining the data be able to identify any participant. All physical data are kept in a locked file cabinet to ensure security. Electronic data are stored on a password-protected computer. Five years after the completion of this study, all physical and electronic data will be destroyed.

Summary

The purpose of this current study was two-fold: (a) to learn from individuals with RA how Reiki affects the symptoms and/or side effects associated with RA, and (b) to understand what role their expectations played in the outcomes from using Reiki to alleviate their symptoms and/or side effects. An adaptation of Kelley’s (1967) covariation attribution model was used to explore how participants made their decisions to use Reiki. Thirteen participants with RA who have used Reiki to treat their symptoms and/or side effects in the last six months were recruited for the study. Semi-structured interviews were conducted, and the data collected was analyzed using the adaptation of the categorical content analysis. The data were inputted into tables and analyzed using an

adaptation of the categorical content analysis approach developed by Lieblich et al. (1998). The data collection process took place over two interview sessions. Participants were recruited through recruitment flyers, with steps taken to preserve the privacy of both participating and non-participating patients. Though attempts were made to recruit a diverse sample of participants, the results will not be transferable or applicable to all patients and the treatment of all chronic conditions.

Chapter 4: Results

Introduction

The purpose of this qualitative narrative inquiry was two-fold: to learn from individuals with RA: (a) what prompted them to use Reiki to treat their symptoms of RA, and (b) what their experiences were using Reiki. Two separate interviews were conducted with each participant to address these purposes. The purpose of the two interview sessions was to separate participants' discussions about their decisions for selecting Reiki to remedy their symptoms and/or side effects of RA and discussions about their actual experiences from using Reiki for these symptoms and/or side effects.

The two interviews were separated by a minimum of 4 weeks to ensure that decisions and experiences did not get commingled in the reporting by participants. Participants were not given the interview questions in advance and were not told what they would be asked in each interview. In this chapter, I report the findings from the study. The RQs guiding the study were as follows:

RQ1: How did RA sufferers decide to use Reiki to address their symptoms and/or side effects of RA?

RQ2: What did RA sufferers experience from using Reiki?

RQ3: Is there cognitive consonance between the expectations RA sufferers had when choosing Reiki and their experiences in using Reiki to relieve the symptoms and/or side effects from RA?

RQ3 was posed to determine if there was consonance between decisions and expectations and actual experiences; in other words, if decisions and expectations about the use of

Reiki were consistent with the experiences participants had when using Reiki. Data from RQ1 and RQ2 were used for this analysis.

Participants

Thirteen individuals participated in the study. The majority of participants lived in the United States. Two participants lived outside the United States: England and Canada. Of the 13 participants, all but one was female. All participants were over the age of 18. Each participant was given a pseudonym. Table 8 gives the participants' demographics.

Table 8

Participants' Demographics

Participant name	Gender	How long RA symptoms and side effects were experienced before Reiki was considered	Number of Reiki sessions
Gregory	Male	About 15 years	Once, maybe twice a day for 15 years.
Rose	Female	About 7 years	Every 6 months for about three years, so, 6 to 10 times.
Andrea	Female	Five months	At least 50.
Lisa	Female	20 years	Between 15 and 20.
Vanessa	Female	7 years	I couldn't quantify it with a number.
Reina	Female	Tentatively 10 years	Maybe 30.
Nelly	Female	for a day or so	More than 50.
Luisa	Female	6 months	Approximately 10.
Carol	Female	Probably 15 years	Once a month for the last year.
Megan	Female	6 years	Probably about 20.
Antoinette	Female	Straight away	Probably is just over a thousand.
Amira	Female	4 months	Nine sessions.
Caridad	Female	6 years	High hundreds, close to a thousand.

Data Collection

Participants were recruited using several private Facebook groups for people who had RA and had used Reiki. A copy of the flyer (see Appendix A) inviting participants to the study was posted on Facebook. Interested individuals called or emailed to inquire if they met the study's requirements. When an individual met the eligibility requirements, the prospective participant was asked to read the consent form and, if still interested in participating in the study, return a signed consent form via email. Upon receipt of the consent form, an appointment was made to conduct the first interview. Twelve of the interviews were done over the telephone, and one of the interviews was done over Facebook messenger (England). All of the interviews were recorded on a digital audio recorder. After the first interview was conducted, a second interview was scheduled for the following month. During the first interview, participants were asked questions based on RQ1 (see Table 1). The second interview addressed RQ2 (see Table 2).

The first interview ranged from 15 to 30 minutes. The second interview was conducted approximately 1 month later, based on the participant's availability. The second interview ranged from 15 to 45 minutes.

Transcription of Interviews

After all the interviews were completed, they were transcribed using the Dragon software that was included with the recorder. However, the transcription was unable to be used due to technical issues. Therefore, I had to transcribe each interview myself manually. The interviews were transcribed by listening to the interview and then pausing it after each thought. The recordings were played three times to make sure they were

understood and transcribed with accuracy. After each interview was completed, I listened to it from the beginning to ensure it was precise. Each interview was transcribed verbatim, including laughs, pauses, hesitations, emphases, morphemes, and phonemes uttered by the participant during the interview. Each transcript was checked against the original until I was secure in its accuracy. An unanticipated advantage of this method of transcribing and repeatedly listening to each recording was that I became very familiar with each participant's experiences with Reiki.

Data Analysis Framework

Data were analyzed using an adaptation of the categorical content analysis approach developed by Lieblich et al. (1998). The analysis was done at five levels, described in more detail below. Data from Interview 1 and Interview 2 were analyzed separately.

Data analysis was done by hand; qualitative software was not used. Four columns were created to hold the data from each level of analysis described below. When participants responded to interview questions, they often included information beyond what the question asked. This is the nature of interviews about personal experiences. The other information had to be evaluated to determine if it provided important context for understanding the actual answer to the question. This required several iterations of data combing where responses were read in their entirety, and pieces of data were removed to determine if the removal altered the meaning of the response.

Level 1 Analysis

After data combing, the first level of analysis involved placing in Column 1 each of the participant's answers for each interview question labeled sentences (Appendix E).

Level 2 Analysis

The second level identified *key learnings* from Level 1 (Appendix F). Key learnings were sentences and passages that directly answered the interview question. Key learnings were placed in Column 2. This level of analysis required several iterations of review to ensure that what was important was captured. Key learnings were then highlighted.

Level 3 Analysis

The third level of analysis took the key learnings across each of the participants and grouped them. This was done per interview question. The purpose of the grouping was to determine if there were emerging patterns from the participants' responses. The groups of key learnings were given a theme name (Appendix I and J). Several themes emerged.

Level 4 Analysis

The fourth level of analysis combined themes that shared something in common (Appendix I and J). When themes could not be combined, they were considered standalone themes. Following the identification of themes, individual summaries were developed into thematic statements that depicted what the themes represented. The purpose of this level of analysis was to ensure that participants' experiences would be represented in the final level of analysis. Themes and their thematic statements that

addressed RQ1 were kept separate from themes and their thematic statements that addressed RQ2.

Level 5 Analysis

The final level of analysis grouped the themes/thematic statements to illustrate the thinking and behavior of participants from their initial learning about Reiki to their using it. The themes/thematic statements for each RQ began to tell a story (Appendix K and L). For RQ1, the themes that had emerged told the story of how participants made their decisions to try Reiki to address their RA symptoms. For RQ2, the themes told the story of participants' experiences of using Reiki and included recommendations by participants to others for helping with RA symptoms. The information from this level of analysis was used to develop a conceptual model that depicted how decisions were made (RQ1) and a conceptual model that depicted the experiences of using Reiki to address RA symptoms (RQ2). The voice of participants told their stories.

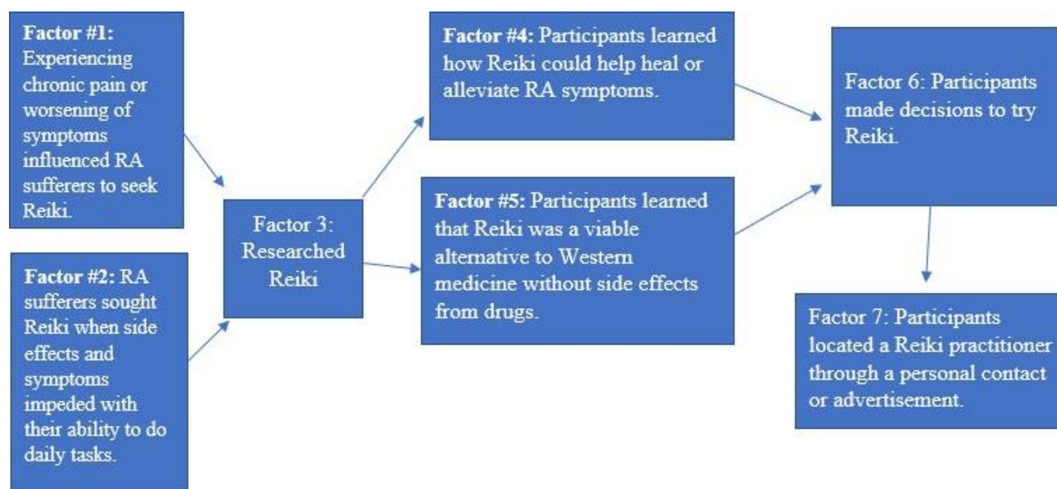
Research Question 1

RQ1: How did RA sufferers decide to use Reiki to address their symptoms and/or side effects of RA?

Eighteen themes emerged from the initial analysis of data (see Appendix D). The themes were reanalyzed to determine if some could be combined. The 18 themes were reduced to seven themes or factors that depicted how participants decided to pursue Reiki to address their RA symptoms (see Figure 1).

Figure 1

Deciding to Use Reiki



Turning to Reiki for Relief of RA Symptoms

Figure 1 illustrates the connections of the factors and how each factor contributed to the participants' decisions to pursue Reiki to address their RA symptoms and side effects. Two main factors (#1 and #2) identified what participants had experienced that resulted in their decision to learn about Reiki as a potential method to help with their pain and suffering from RA. The participants' research about Reiki resulted in several types of information (Factors 4 and 5) that influenced their decisions to try RA and to locate a Reiki practitioner (Factors 6 and 7).

Inside the Decisions to Learn About Reiki to Help With RA Symptoms

Factor 1: Chronic Pain and Worsening of Symptoms

Participants were initially motivated to investigate Reiki because of their experiences with chronic pain from RA and the worsening of their symptoms. Participants described high levels of pain and discomfort that could not be relieved. Rose reported that she was “in tremendous pain all the time, 24/7. It would travel throughout [her] joints, so [her] elbow, [her] knee, [her] ankles, [her] hands, [her] back, [her] hips.” This degree of pain was echoed by other participants. Most of the participants recounted experiencing pain in their joints, feet, knees, hands, hips, shoulders, ankles, back, wrists, and muscles. Luisa described her pain as “being everywhere.” Luisa reported that the pain was so horrendous every day and was debilitating. She commented, “So, you’re just like looking for any sort of relief you can get, and if you already know the meds are hurting you, of course, you’re going to try alternatives.” Experiencing pain on a constant basis, without finding the necessary relief from the medicine being prescribed by their doctors, was the driving force behind many participants’ decisions to consider Reiki.

A secondary type of pain experienced by several participants was periodic flare-ups. A flare-up is an unexpected worsening of RA symptoms: swelling, pain, stiffness, numbness, inflammation, and fatigue. This type of pain can occur at random times. Searching for a method that would bring them relief from their debilitating symptoms, participants started researching Reiki.

Factor 2: Side Effects and Symptoms Interfere With Daily Activities

Side effects associated with RA consisted of depression and anxiety, which are comorbid diseases commonly associated with the disease (Margaretten et al., 2011). The pain, inflammation, numbness, and swelling in their joints prevented RA sufferers from doing simple tasks. Gregory described what had started to happen to parts of his body:

> [My] toes are starting to turn like my fingers have, where the joints swell … my fingers are turning inwards, and my knuckles are extremely swollen to where I can't make a fist. I can't even bend my knuckles on several of my fingers [to make my fingers close.] [My] hands turn more into claws; my hands don't close all the way anymore. … [I'm] not able to accomplish what I'm used to doing … making you know life … harder to do.

Several participants complained about not being able to walk, which prompted them to find out more about Reiki. Other participants described flare-ups from the pain, which left them too fatigued to continue their everyday activities. Lisa compared her flare-ups to having the flu. When she experienced a flare-up, she would have flu-like symptoms, including fever, and her body would become inflamed, making it difficult for her to do anything.

The symptoms, and their impact on the body, affected the RA sufferers' quality of life. Rose described her experiences with RA and how challenging it was to get through the day: "[It was] very hard to do any type of activities, even brushing my teeth, brushing my hair, walking down the stairs, walking more than a block. Life was very hard, so of course life, it's depressing."

Researching Reiki

Factor 3: Researching Reiki

Participants decided to research Reiki to help them decide to use it to ameliorate their symptoms of physical and psychological pain. Reina researched Reiki because she was looking for relief. The medicine she was taking was not providing “enough relief.” She researched and read online about “Reiki practitioners helping their patients.” Participants learned about Reiki by talking to people who had used or were using Reiki or reading about it. Most of the participants learned about Reiki through people they knew, for instance, friends, or family members. Luisa described hearing about Reiki “here and there … nothing in-depth, but [she] just wanted to look into it to see what it could do for humans.” Gregory heard and read that it helps with the pain by centering the chakras and opening the energy centers in the body. Opening the energy centers allows energy to flow correctly through the body; this helps alleviate pain, stress, and anxiety. During her research, Carol read that “Reiki really works…it goes where it needs to go.”

Learning About Reiki

Factor 4: Learning Reiki Can Heal or Alleviate RA Symptoms

Factors 4 and 5 are the outcomes ~~derived~~ from the research done by the participants. Most participants had read or heard that Reiki was associated with energy that would heal or help lessen the RA symptoms they were experiencing. Carol was told that Reiki really works as the energy goes where it needs to.

In her reading, Nelly learned that Reiki was a non-invasive way to relieve people’s symptoms from their RA. She learned that Reiki was not harmful, and she

would feel instant relief; however, she did not know how long that relief would last. Megan was told, “it’s like a laying of hands...[you] can feel that energy and power when it is being done”. She then was shown how Reiki could heal or alleviate pain when she saw the positive effect it had on the sick animals who received it. She also learned that Reiki was “absolutely natural” and described it as “heaven’s gift.”

As a treatment to help RA, participants learned that while Reiki was being transferred to them by the practitioner, it would remove either blocked or stagnant energy. Gregory shared that he learned Reiki would help with the pain:

> It helps center chakras, opens the energy centers in your body where it allows energy to flow properly through your body, which helps alleviate pain, stress, anxiety, an awful lot of things that most diseases are actually associated with to some extent.

Likewise, Luisa was told by her acupuncturist and friends that Reiki moved blocked energy, and when energy is stagnant in the body, it causes pain.

Factor 5: Viable Alternative to Western Medicine

Many participants suffering from RA symptoms learned that Reiki was a viable alternative to Western medicine and had no side effects. For participants who had tried treatments that carried potential side effects, this became a reason to try Reiki. Several participants reported that the side effects from taking prescribed drugs to treat their RA were often worse than the RA. The possibility that they could experience relief from their symptoms became a reason to consider Reiki as an alternative.

Participants searched for something that would bring them relief. The conventional method of using medication was not working, and the pain and other symptoms they experienced negatively impacted their quality of life. Participants referred to the side effects of the medications prescribed for their RA and how they negatively impacted their daily life. Side effects from Western medicine included hair loss, depression, appetite suppression, mouth sores, and anemia. Luisa had to receive iron transfusions every 3 months because she had anemia due to the RA medications she was taking. Additionally, she had to have biopsies on her bone marrow, which left her fatigued and unable to care for her children.

Megan had a more severe reaction to the medication; not only did she end up in the hospital, but also had suicidal ideations. What impressed her from her research was learning that Reiki was all natural:

> I had anxiety, a lot of body pain, general fatigue, and I had a very bad reaction to Methotrexate. [I] ended up in the ER over it. They then put me on Gabapentin, and after taking 900 milligrams for about 4 months, I started having fantasies and driving off-road while I was driving down the highway, and I nearly pulled in front of a semi because I thought I could. So, I took myself off the medication at that point.

Some participants were initially hesitant to try Reiki, but reliance on the prescribed drugs was not something they wished to continue. Andrea stated that she "did not want to be a slave to something." She felt as though the doctors were just treating RA symptoms and not getting to the root [cause] of the disease. She believed after

researching that Reiki would be able to get to the root of the problem. “It would heal me from the inside rather than from outside.” Gregory had been using another form of energy Chi Gong to deal with his RA symptoms and saw Reiki as an alternative to dealing with his RA symptoms. For Amira, who suffered extensively from RA pain, “I was just [going to] try anything to ... relieve my pain.” Luisa was tired of the side effects she experienced with the RA medications and wanted to try something that she felt was safer. She felt as though the medication would eventually kill her, so she decided to learn about an alternate source of help.

Participants Made Decisions to Try Reiki

Factor 6: Deciding to Use Reiki

After researching Reiki and learning that it might help ease their RA symptoms, participants decided to try Reiki. They felt it was a feasible substitute for Western medicine and could help or even alleviate their RA symptoms. In the end, it boiled down to trying something different because what the participants were using was not working. These experiences propelled the participants to decide to try Reiki.

For the participants, the deciding factor to try Reiki was learning that others who had tried Reiki had benefited from using it. Caridad shared that she considered using Reiki because it helped her friend. Vanessa reported that she was drawn to Reiki because she had been helping her mother with it. Her mother had been receiving energy healing from her; she practiced it before she knew that the energy she used for years was Reiki. One day, her mother turned to her and suggested that she perform self-Reiki on herself.

The belief that Reiki would help was the information that influenced the participants the most when they contemplated using Reiki.

Factor 7: Finding A Reiki Practitioner

After deciding to try Reiki, the next step in participants' journey to finding relief for their symptoms was to search for a Reiki practitioner. Some participants located a Reiki practitioner via a personal contact or advertisement. Rose connected with her practitioner via a friend who knew someone who practiced it. Luisa and Caridad went to their friends who were Reiki practitioners. In comparison, Lisa and Amira's practitioners were family members.

Reina and Carol found their practitioner via their workplace. Andrea and Nelly were practitioners themselves, so they looked within their Reiki community to find someone to administer Reiki to them. Several participants did not know any Reiki practitioners and decided to search for one via an advertisement.

Summary

The interview questions in the first meeting with participants asked how they came to make their decisions about using Reiki to treat their RA symptoms. The participants shared the reason behind their choice to research Reiki; either experiencing persistent pain, an intensification of their RA symptoms and side effects, or the inability to perform their daily activities. As participants researched Reiki, they learned that it could help lessen or completely heal their symptoms/side effects. Additionally, participants learned that Reiki was a feasible alternative to conventional medicine that offered no adverse effects. This information propelled the RA sufferers to seek a Reiki

session. Participants found a Reiki practitioner through personal contact (friends, family members, or at their workplace) or an advertisement. The second interview brought the participants back to answer questions about their experiences with Reiki.

Research Question 2

RQ2: What did RA sufferers experience from using Reiki?

The first interview explored why and how participants chose to use Reiki to treat their RA symptoms. Questions posed to participants in the second interview covered several topics that focused on different periods in participants' quest for finding relief. The interview covered locating and meeting a Reiki practitioner (Factors 1 and 2), the Reiki experience during a session (Factors 3, 4, and 5), and lessons learned from using Reiki to treat RA symptoms (Factors 6, 7, 8, and 9). Questions also covered the number of Reiki sessions participants had as well as how long the sessions lasted.

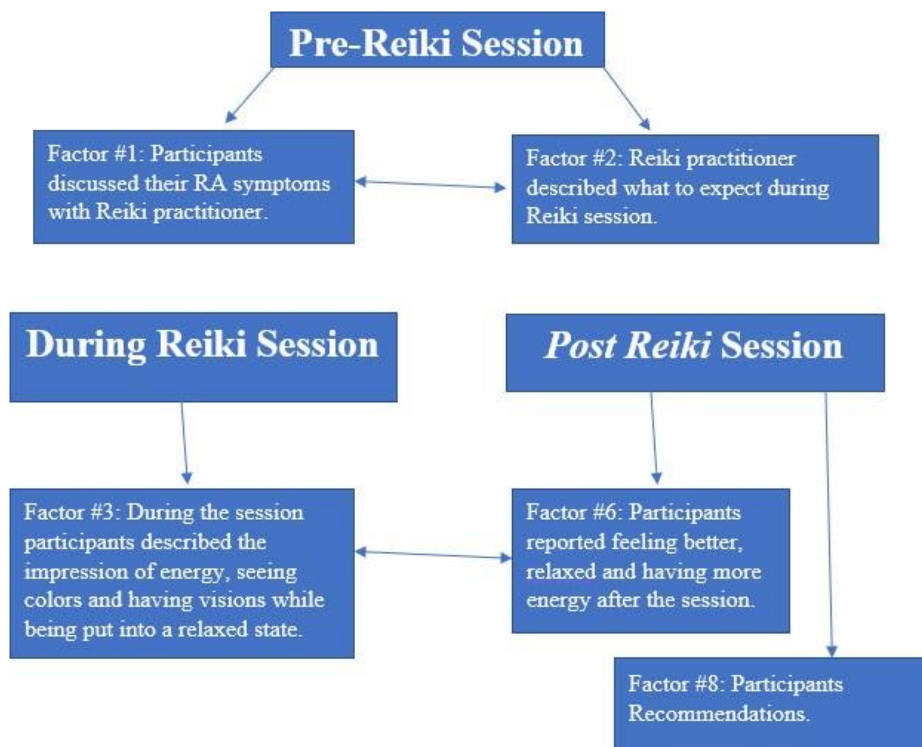
The initial set of questions during the second interview was designed to learn what participants shared with practitioners about the physical and emotional symptoms they experienced due to their RA and what practitioners shared about to expect during a Reiki session (Factors 1 and 2). Following this, participants were asked to describe the Reiki sessions and their experiences with any symptom relief from their RA (Factors 3, 4, 5, 6, and 7). The last question in the interview asked participants to share any advice they had based on their experiences with Reiki to others with RA who were considering Reiki (Factors 8 and 9).

The themes that emerged during the data analysis told an integrated story about the interaction of the before, during, and after Reiki sessions and produced an overall

understanding of participants' experiences that was greater than the sum of the different experiences.

Figure 2

Before, During, and After a Reiki Session

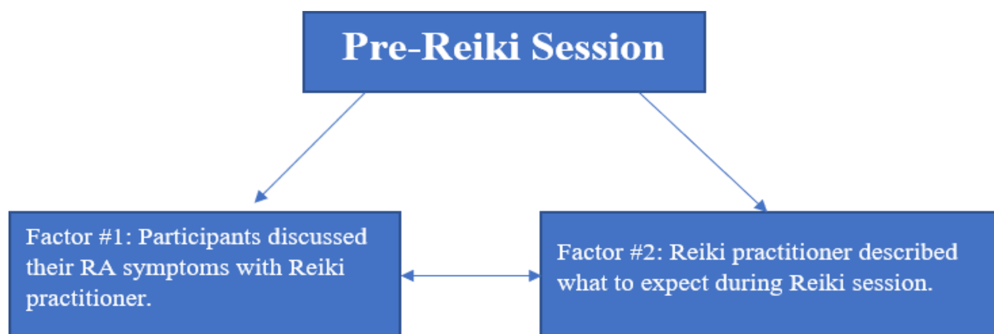


Pre-Reiki

Figure 3 describes what occurred before a Reiki session. Deciding on whether to use Reiki for their RA symptoms involved participants talking with Reiki practitioners about their RA symptoms. They asked Reiki practitioners to describe what went on during a typical session and whether they could expect some relief from the debilitating effects of the inflammatory disease. Reiki practitioners responded by describing their method of using Reiki to help treat RA and offered some hope to participants.

Figure 3

Pre-Reiki Session



Factors 1 and 2 are kept separate in the discussion below to illustrate what participants shared about themselves with practitioners and what they learned from practitioners. Factor 1 describes participants' first meeting with a practitioner where they described their RA symptoms. Factor 2 describes the responses from practitioners.

Factor 1: Discussions With Practitioners

When participants first met with their Reiki practitioner, most discussed their RA symptoms with them. Dealing with debilitating pain is what drove most of them to seek Reiki, so their RA symptoms were at the forefront of their minds. Andrea shared her first meeting with a Reiki practitioner: "[I] pretty much told her all the symptoms about my knee pain and how it was difficult for me to wake up in the morning and just go about the day." Megan did not tell the practitioner that she had RA but let [her] know that she was experiencing stiffness in her hands so the practitioner could see how swollen they were.

Factor 2: Practitioner Responses to Participants Questions

After Reiki practitioners learned about the RA symptoms experienced by participants, the practitioners described what a session would involve and what the participant might experience during a session. Participants learned that Reiki is not prescriptive and depends on a client's needs and symptoms and what the practitioner feels is needed to help relieve pain. Participants described different experiences that were associated with their particular Reiki practitioner. They also learned that how a practitioner responds to a client is centered on helping the client heal through energy transfer. Participants were told that they would be relaxing during their session as the practitioner worked with their energy and chakras. For instance, Luisa's practitioner told her to relax by going to a happy or safe place, and the practitioner would place her hands on the areas she was guided to. Megan was told she would be guided into a relaxed state. The practitioner would play music while Megan would let her mind drift as she closed her eyes and focused on deep breathing.

Along with relaxation techniques, the practitioners explained the role energy would play in their sessions. Rose was told not to have any expectations and just to relax and to go through the experience and let the energy flow. Lisa was told that she would close her eyes, clear her mind, and relax while the practitioner sent healing energy into her body.

Other practitioners focused less on relaxation and more on letting the participant know what the energy would be doing during their Reiki session. Nelly was told that Reiki was an exchange of energy that happens naturally. The practitioner would be

channeling that energy to soothe her aches and center the energy in her joints to help counter any inflammation. Antionette was told by her practitioner that she would connect with Antoinette's energy and do a systematic work down of the body. A systematic work down of the body is when the practitioner scans the body looking for signs of disease. This technique is referred to as Boysen, a method in which practitioners use their hands to scan the energy field on a person's body, looking for abnormalities or disease. If found, the practitioner will direct Reiki in that area.

Practitioners also explained that the energy that was produced during a session was going to flow through the participants' chakras. For instance, Reina was told by the Reiki practitioner that the energy would flow through her hands and open the chakras, remove negative energy and do some healing of the body where it needed to be done while allowing healing light to unblock the chakras. Similarly, Gregory was told by the practitioner that energy would be opening his chakras, but he was also warned about the side effects. He stated that his practitioner told him,

> When you open the chakras and the energy [starts] moving, you can expect that for 24 hours afterward you can actually feel worse [than] when [the session] first start[ed] because when the chakras begin opening your body, [If the individual is] not used to the energy and it [is] just like … taking medicine, it takes a few days to acclimate to the energy moving through you.

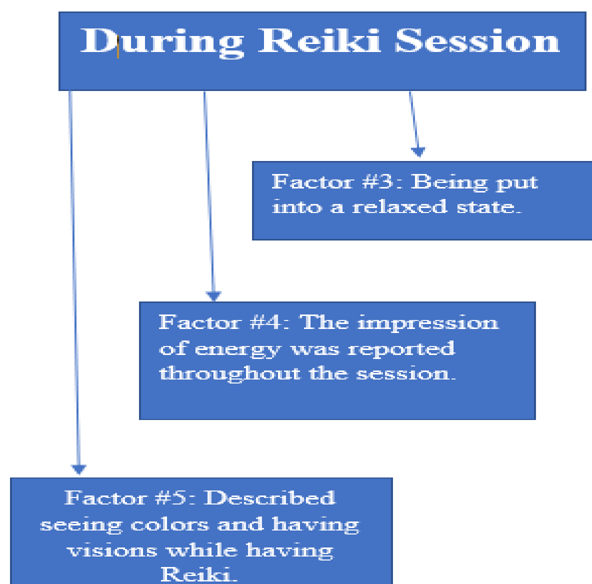
Andrea was told that universal energy would be focused on the sacral chakra and the root chakras, making the chi flow smoothly in the body (see Figure 4). Amira was

given a full description of how the energy would open the chakras to deal with emotional issues that were impacting her health:

> She explained to me that we would be working through all these issues and that we needed to unlock these chakras and it's [going] to be a lot of emotional stuff, and [I've] just got to be relaxed and be open to knowing that we are in control of our own health and [she would] help me open up my flow.

Figure 4

During a Reiki Session



During Reiki

This series of interview questions asked participants to describe their experiences during their Reiki sessions. Participants knew from their meetings with practitioners what to expect. In this section, participants described their experiences during their Reiki

sessions. Although outcomes were similar, the experiences of Reiki varied for each participant. The number of Reiki sessions participants had ranged from six to 50, with a median of 17. On average, each session lasted approximately 35 minutes.

Factor #3: Going Into a Relaxed State

During a session, the Reiki practitioners would create an environment where the participants would become comfortable and relaxed. Rose shared she would lay down on the table and get comfortable, and the lights would be low while her practitioner used singing bowls in his practice. Singing bowls originated in Tibet and are used in sound therapy to bring about relaxation. A mallet is used to either strike or circle the bowl to produce sounds and vibrations. Rose described the room being filled with the smell of incense and said the practitioner would do rituals in which he would invite his spiritual guides to help him. Some Reiki practitioners claim that they have spiritual guides that help them ensure that Reiki's energy is placed where it needs to go. Also, they state that their guides tell them information that helps their clients heal. Besides the practitioners' guides, there would be spirits who would show up for her to help during the Reiki session. Rose then described what the practitioner did:

> He would start at the top of my head, and the energy [would flow from] there and go to different parts of my body, and I would just experience it; sometimes visions would come up colors, sensations, animal totems I guess they call them, and it would be over before I knew it.

Several other participants reported that they too were placed in relaxed states by their practitioners. Luisa described her experience:

> She walks you through a series of almost relaxation. She puts you in a safe, quiet place, and she plays music and starts; you can feel something. All my thoughts would just go through my mind when she started it... I felt almost like a comatose feeling, like I couldn't lift my arms or my head or move at all. I was so deep into relaxation; it's a calming feeling, it's a peaceful feeling. I [remember that I didn't] want that feeling to go away because it [felt] so calm and peaceful in my body. I always have the same feeling, in the end, this feeling that my body weighs like 200 pounds, I can't lift; I'm so relaxed and calm, and it seems like relief almost.

Participants also described meditation as being a facet of the session. Lisa reported that the practitioner began the session by standing behind her and meditating. Lisa said something about what the practitioner did that made her become relaxed. She described the feeling of being "blanked out." Lisa described being extremely relaxed: "I mean, I didn't have any thoughts whatsoever, and I saw a lot of colors and things; it was kind of like a movie projection screen behind my eyes."

Caridad stated that meditation music was playing in the background of her session. She described feeling very relaxed and compared it to being awoken from sleep. Andrea shared that she felt so comfortable that she became very relaxed and peaceful and compared it to the initial stages of falling asleep. Gregory saw a practitioner for a few sessions and then began doing self-Reiki. He would begin with meditation that focused his mind so he would become calm and relaxed.

Factor #4: Energy Entering the Body

The impression of energy coursing through their body was reported as a common component in the Reiki session, as well as feeling heat or a tingling sensation. Reiki is based on the premise that a Reiki practitioner channels “healing energy” into the patient by “laying on hands” to assist the body’s natural healing processes. Participants described how the Reiki practitioner used energy throughout their session. Rose described how her practitioner would start at the top of her head and put the energy through her head to different parts of the body while she just experienced it. Gregory self-administers Reiki and explained how he would move energy through his body by placing his hands above the chakras. He would begin at the base chakra and move as he felt the energy flowing in.

Reina had a completely different experience in which her practitioner used a feather to wipe energy away. She said she had another practitioner who used her hands to transfer energy. During that session, Reina said she felt so much energy and did not know what it was. She described feeling a lot of tingling on one side of her head. Later, the practitioner told her that it was Reiki that she was using during the massage.

Vanessa described not only the use of energy but also feeling heat and tingling during her session. “I feel heat; I would sometimes feel tingling or almost an electrical buzz. I had one person who put hands on my head, and I had to ask them to stop because their energy was too potent in that area for my comfort.”

Amira felt as though the practitioner was electrifying her with the energy. She described it as getting very hot. Lisa did not describe the use of energy in her session; however, she said she felt a strong heat: “I noticed wherever her hands were, I could feel

heat. Sometimes it became uncomfortable. I had to tell her, you know, back your hands off or move your hands because it would get so hot."

Factor #5: Seeing Colors and Having Visions

Some of the participants described seeing various colors during their session. The colors usually corresponded with their chakras. Luisa described her first experience with Reiki:

> So, the first time I remember doing [a Reiki session], she does, like, chakra cleansing, and I remember when she was over my head, I could see the purples and the blues and the colors with my eyes shut. I would wear a mask, and I would see the colors; it was the weirdest feeling.

Similarly, Lisa described seeing a lot of colors and remarked it was like a movie projection screen behind her eyes.

Rose and Caridad not only saw colors, but they also described getting visions while receiving Reiki. Rose stated that she had visions, and there would be colors, sensations, and animal totems. Caridad said that she experienced dream-like visions where she would occasionally see colors. Reina, on the other hand, did not see colors, but she did experience a vision during her session. The vision she experienced was different from all the other participants. Not only did she see something, but she also claimed that a message was given to her by a departed loved one. "Things were revealed to me. Like my grandmother had just passed away, and she kind of came to me and told me that she was sorry and that she wasn't able to contact me, but she was just really busy."

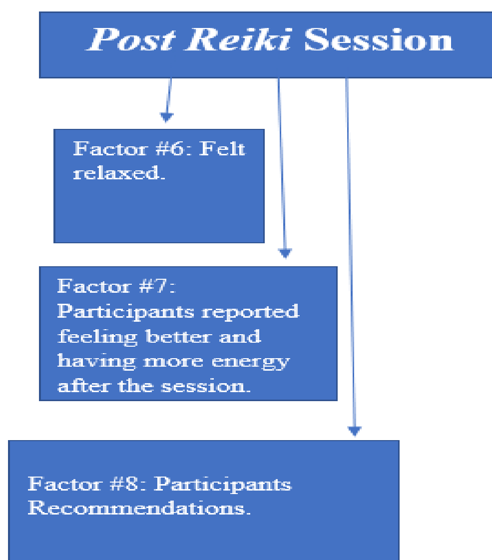
Post-Reiki

Factor 6: Feeling Relaxed

After a Reiki session, the participants described being in a relaxed state (see Figure 5). Rose compared Reiki to opening a door of sunlight that left her feeling tranquil. She stated that her body was relaxed, and she felt that she was doing something good for herself. Similarly, Vanessa, Nelly, and Carol described feeling calm, peaceful, and comfortable. Carol shared that she felt very peaceful and said the "arthritis pain [was] gone." Antoinette compared the relaxation she experienced to deep sleep. "I mean, I'm told that an hour's Reiki is equivalent to a couple of hours of sleep. I think that's about going into deep relaxation, though."

Figure 5

Post-Reiki Session



Factor 7: Feeling Better and Having More Energy

Participants described feeling different physically and emotionally after a Reiki session. Although the changes that were experienced varied for participants, each person. reported having more energy and feeling better as their pain and/or symptoms had either lessened or had gone completely away. Nelly described her energy dramatically increasing, which allowed her to go about her daily activities. She had an instant burst of energy which aided her mobility and allowed her to move more easily. Andrea also stated that her energy and mood improved for a couple of days after a session. She described having immense energy after the sessions that would last for approximately 3 days, and then the pain would slowly return.

Reina said she felt better because she was not in so much pain. She now practices self-Reiki to control her pain and fatigue. One can administer Reiki to themselves after having the proper training (attunement) from a Reiki master. The person then can direct the energy from the universe into their hands. From their hands, Reiki is channeled to the body to promote self-healing.

Most of the participants reported that their symptoms were lessened after a Reiki session. For instance, Megan described how the stiffness in her body lessened, and she could move more. She would leave a session feeling refreshed. It helped her ease her stiffness and have better movement. Lisa experienced immediate relief from her symptoms after Reiki. She would be experiencing a full flare-up, and after a session, she would notice an almost immediate reduction in feeling flu-like symptoms. When the session was finished, she would feel almost no pain at all. She described Reiki as a

whole-body kind of healing, and it has given her absolute relief in the middle of a flare-up.

Carol told her practitioner about her arthritis pain and the anxiety she experienced as a result: “My anxiety was so bad when I first started Reiki, [that] I couldn’t participate in my kid’s school functions or anything.” She then decided to become a practitioner and states that after administering self-Reiki for 5 months, all of her pain and anxiety went away.

Antoinette told the practitioner “the whole story.” Not only did she want help with her RA symptoms, but she also wanted help with the side effects she was experiencing from the RA medications that were prescribed to her. After practicing Reiki, she described no longer having to take medication for her RA and the medications she had to take to counteract the side effects of the RA medications. Antoinette attributed her ability to walk and her lack of stiffness to Reiki and encouraged others just to try it because it is “a really good thing.” She described that during the winters in the United Kingdom, she would experience “really bad stiffness in the morning.” After having Reiki, she no longer experiences stiffness. Antoinette stated she felt better and compared the experience to having a good sleep.

Even though participants reported that they felt better, they acknowledged that Reiki was temporarily helping them, and future sessions would be needed when the symptoms reappeared. Gregory shared his experience:

> Overall, I don’t live 100% pain-free, and neither do I expect to, but I am able to keep it at a level that I can manage. I don’t even usually use Tylenol or aspirin or

> anything like that. I can keep the pain levels at a level that I can handle, so it's actually, you know, something where I don't need drugs to manage my pain. Usually, it's non-existent.

Vanessa shared that she does Reiki daily to combat the flare-ups of RA, and as a result, experiences fewer of them. She stated how RA left her feeling "really crappy" and just wore her down:

> It takes away your energy; it takes away your good mood. And, you know, the pain in the joints, it's really hard to take pleasure in any other area of your life, and Reiki just washes that out of your system. And it's not a forever thing; it's not an all-lasting thing. You do want to try and tap into that energy or get into a regular treatment mode if it's something that you have really nasty flare-ups with. Since I do it personally every day, I don't experience the flare-ups to the degree; I mean, I can say, in all honesty, I've maybe had two or three flare-ups in 2019.

Reiki was described as an amazing experience by both Luisa and Caridad. Luisa enjoyed how she found a way in which the body could heal from the effects of RA. From the very first time, her symptoms were alleviated, and she could bend her joints again, and her headache would go away. She felt great; however, she noted that Reiki did not stop the symptoms altogether. Luisa feels that the more you do Reiki, it will increase your likelihood of healing. Caridad described how she no longer is impacted by how the RA symptoms would increase in times of bad weather:

> Yesterday, in particular, I was pretty stiff going in and so relaxed when I came out. Definitely, the inflammation was down. I slept really good last night, don't

> have any pain at all today. We got a big storm… in Arkansas, and … usually, this kind of weather makes me super achy and what I call crunchy, and I don't feel it at all. The Reiki effects are incredible. You know, for me, even more so than pharmaceuticals and anything like that, any kind of medications. I think Reiki is definitely what works for me. No question.

Rose and Vanessa described how Reiki impacts more than just their body. Rose realized how strong the body-mind connection was after a session where she felt no pain afterward. Vanessa described the session as going beyond the physical and said that for her, Reiki had become an emotional, spiritual experience. She described a warmth going through her body; not only was the pain gone afterward, but she felt a spiritual feeling of being uplifted. She shared that the feeling could be compared to that of witnessing a wedding, an overwhelming feeling of goodness. Similarly, Carol and Amira reported that their symptoms were gone after a Reiki session.

Factor 8: Participants' Recommendations for Using Reiki for RA Symptoms

Participants had five recommendations about Reiki that they wanted to share with others.

#1. Keep an Open Mind About Using Reiki for RA Symptoms. Participants recommend that people who suffer from RA symptoms keep an open mind about using Reiki to help with the symptoms because of all the positive results they experienced. The relief participants experienced from their symptoms is the number one reason that the participants gave for recommending Reiki to others. Andrea said she would recommend, her RA factor went below 10, after a Reiki session whereas, before the sessions, it was

25. Moreover, she said she now awakens without having any stiffness and feels energetic. Carol described that wintertime in Illinois would bring rain, which caused her pain and difficulty walking due to RA. "There's many a day that I can remember in the past that I couldn't hardly function because [of] my RA pain, and I'm a firm believer that Reiki has taken that away. Reiki has worked out my pain. It's awesome."

Rose stressed that although Reiki is perceived by many as unorthodox, it is worth exploring due to its favorable results stating that it is "not voodoo, it's not something bad, some people perceive it like it's crazy quackery or something. Reiki opens and aligns your chakras, and [you] get the energy through you so [the healing process can begin."

#2. Physical Symptoms of RA Diminished Through Reiki. Megan highly recommended Reiki; she loved that it reversed some of her RA symptoms so much that she became a practitioner. "The lumps on my fingers decreased significantly to almost non-existent, and the redness went away as well." She explains feeling lighter, more lucid, with an overall sense of well-being.

Caridad also became a Reiki practitioner due to the remarkable results she experienced and described Reiki as being very powerful. She highly recommended it as a method to reduce inflammation. Caridad was certified as disabled in her 20s and walked with a terrible limp. She explained how she had been in chronic pain, and Reiki has turned her life around:

> Today I'm 52, and I run, you know, 10 miles a day, and I'm a black belt in karate, and I do all kinds of things that if you would have told me in my 20s, I mean, I would be like, that's just not even possible. How is that even possible? And it is,

> it's totally possible. I get home and do the Reiki, and that's how life-changing it's been for me.

#3. The Powerful Effects of On-Site Reiki Can Be Achieved With Long-Distance Reiki. Luisa reported having debilitating migraines and impaired movement in her arms. She emphasized the severity of her pain, causing stressful and frustrating emotions difficult to overcome. Luisa sought services with her practitioner, who is not in her area, who then provided distance Reiki sessions. The practitioner was provided with a picture of Luisa and instructed her to lie down while the practitioner sent her distance Reiki. Distance Reiki is similar to a regular session, except the individual receiving Reiki is not in the same location as the practitioner.

Lisa noted being skeptical of its efficacy of distance Reiki as a treatment since it would be provided by someone who was not physically present with her. She described it as "sounding too hokey." While preparing for a Thanksgiving dinner for approximately 16 people, Lisa experienced a full-blown RA flare-up:

> I had a fever, …my whole body had a fever. I felt like I was burning up from the inside; my hands hurt so bad I couldn't close them. I couldn't make myself a cup of coffee.

She was so sick that she could not do anything. "If I didn't know I had RA and I felt that way, I would have called an ambulance and gone to a hospital; that's how bad I felt." Lisa began to cry uncontrollably; the pain was so intense. Lisa called her practitioner, who instructed her to lay down and cover herself in a white sheet.

Lisa describes having both her hands clenched over her heart as she laid down. During the session, she noticed that her hands raised up off her body on their own. "If somebody else told me this, I'd be doing the big eye roll, but this actually happened to me." After the session, Lisa started opening and closing her hands and was able to make a fist; before that, she was unable to bend her fingers. "The whole thing, the inflammations, the pain, the burning, the throbbing, all of it was just gone. No fever, no nothing." She was able to make stuffing, fruit salad, and green beans with potatoes for 16 people with a smile on her face.

#4. Reiki Has No Side Effects and Lessens or Diminishes the Use of RA Medications. Many of the participants had tried various medications for their RA symptoms. The medications often had side effects, for which they were then prescribed additional medication. The medications for side effects were antidotes that often made participants feel worse. With Reiki, there were no side effects that were experienced. It was energy coursing their body that could include sensations of heat or warmth that flowed between the practitioner and participant. Luisa preferred not to take RA medicines, and with the permission of her doctor, she uses Reiki with self-hypnosis as a treatment. It's been 10 years since her diagnosis, and she feels better and has never been on RA medications.

Antoinette described Reiki as the body's way of self-healing, and perhaps others would experience similar results:

> I would be very reassuring and just suggest that they give it a go and maybe tell them about the benefits that I have had, like, I'm off drugs, I'm walking well…

> I'm sorry that we don't have it on natural health service because, you know, it doesn't come with the side effects that drugs do.

No longer needing medication to manage RA symptoms had a strong impact on the participants. Amira stressed being open-minded about Reiki and felt that Reiki could eliminate the need for pharmaceutical companies. Lisa described how Reiki helped her find relief from her pain but also improved her quality of life. She reported that she had pain so intense that she used to take three Vicodin a day every day for 10 years. The opioid caused lethargy. When she began Reiki and eliminated the Vicodin from her system, the lethargy disappeared:

> [Reiki is] not a chemical, … [it is a] treatment that is holistic. When my RA went from being a nuisance to being a debilitating disease, and I wasn't leaving my house, I had no quality of life. All I could do was veg out in front of the TV set because I was on narcotics, and I could not find any relief. And it was so frustrating because while the narcotics pain killers do help with the actual pain, joint pains, and things, they do nothing for the flu-like inflammation. So, I feel like I wasted a lot of years where I could have had a much better quality of life than I had. I just got to where I hardly did anything physical whatsoever, which means I gained a lot of weight, which made me very depressed. It was kind of like a vicious cycle. Reiki does not have any side effects. … I always had immediate gratification from it. Within 24 hours, I would be 100% pain-free.

#5. Advocate the Use of Reiki as Part of Mainstream Healthcare. Reiki should be part of mainstream healthcare and available to everyone based on the positive results

experienced by the participants. Their RA symptoms diminished or lessened, affording them immediate relief, especially from the pain they experienced. Pain that was debilitating and interfered with their quality of life. Having Reiki be a part of mainstreamed health care would give the opportunity to anyone in pain a possibility of finding relief. Both Reina and Antoinette were satisfied with their results. They complained that it could not be found in mainstream healthcare, so it is not accessible to everyone. Reina emphasized the benefits and need for the healthcare system to make it available to everyone:

> It can really alleviate symptoms of disease. If you are skeptical, it cannot hurt you, and [you should] just try it. I know that it works. I wish that there was more Reiki in healthcare. I wish that there were more Reiki with dementia patients. I think that that would help them a whole lot. I just think it needs to be in health care more.

Similar to the comments by Reina, Antoinette also wanted Reiki to be available through mainstream healthcare because of the results she experienced. Her symptoms of RA lessened, and she no longer needed her medications. She favored Reiki over the use of prescription drugs because it is a non-invasive treatment that does not harm.

Summary

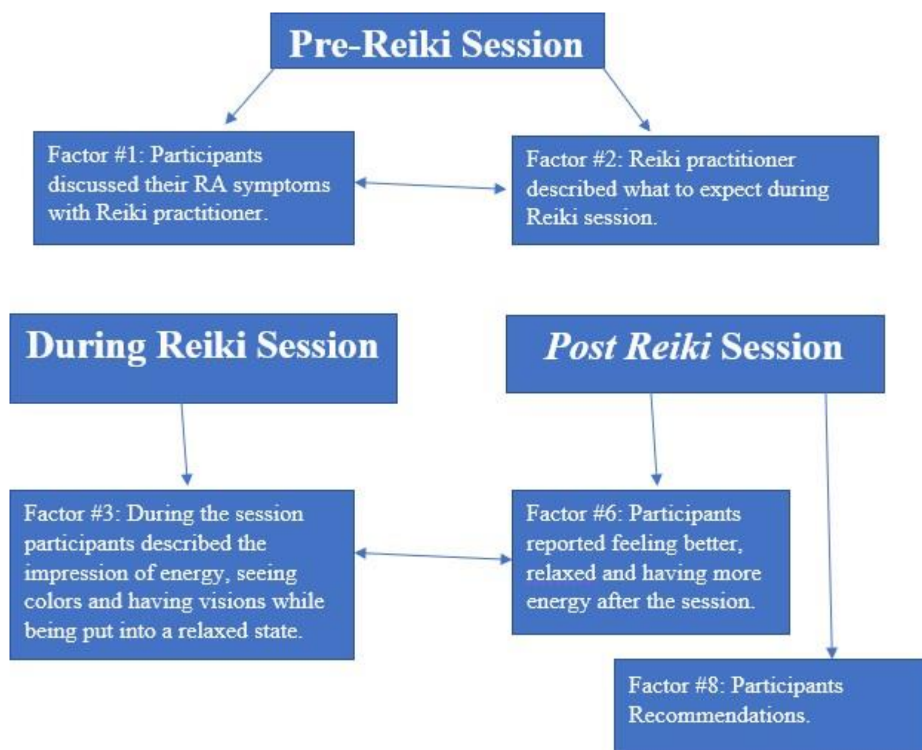
Before trying Reiki, participants communicated with their practitioners about the RA symptoms they were experiencing. The practitioners shared what Reiki sessions would involve, highlighting how Reiki works with energy and chakras as a major part of

the healing process. During the sessions, many participants reported that they either saw colors or experienced visions.

Additionally, the participants shared that they were put into a relaxed state at the time of the session while feeling energy or heat and a tingling sensation throughout their bodies. When the session ended, participants reported being relaxed, having more energy, and felt better; their pain and/or symptoms had either lessened or had disappeared completely. After having experienced the results of Reiki, participants urge others to try Reiki with an open mind because it can help them heal; it does not have any side effects, and it can also help RA sufferers stop or lessen their medication usage. All of the participants agreed that Reiki is usually most effective when it is performed over several sessions at least. As participants explained in their descriptions of the benefits of Reiki, a series of Reiki sessions are necessary to achieve positive results. Although the symptoms may have ceased or diminished, they would eventually return, requiring another session. As with most therapies, in order for Reiki to be most beneficial, it should be experienced in regular sessions over a period of time (see Figure 6), depending on the needs of the individual.

Figure 6

Before, During, and After a Reiki Session



Research Question 3

RQ3: Is there cognitive consonance between the expectations RA sufferers had when choosing Reiki and their experiences in using Reiki to relieve the symptoms and/or side effects from RA?

It is common during interviews about decisions to use a treatment and interviews about the outcome from using the treatment to have participants strive for consonance to justify their decisions. According to Lindsey (2014), “Cognitive dissonance/consonance is basic to understanding human thought and behavior. It describes how our beliefs

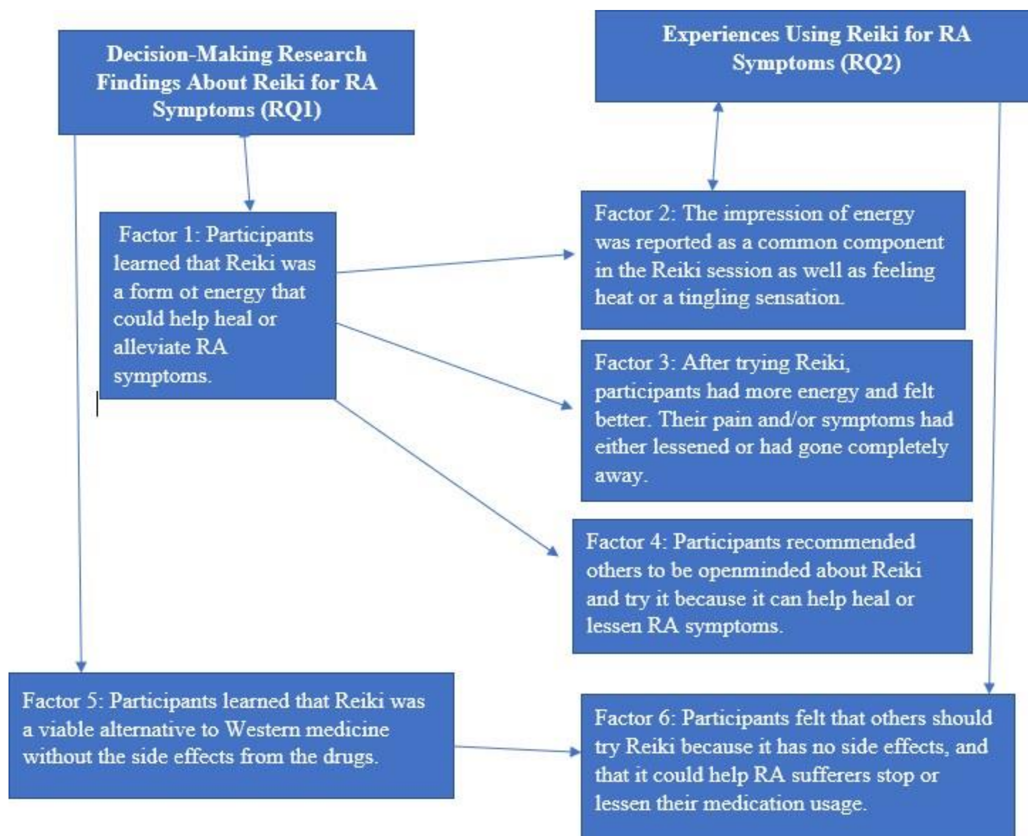
interact with each other, our resistance to new beliefs, and what dynamics are involved when we do change our beliefs. We experience cognitive dissonance and consonance on a day-to-day basis as we process new information" (pg. 4). States of dissonance can lead to discomfort.

In this study, a decision was made to separate interviews about the decisions to use Reiki from interviews about the outcome from using Reiki to see if consonance or dissonance occurred from one stage to the next stage. Although the study was conducted retrospectively, allowing adjustments in cognition to be made by participants, RQ3 was developed to determine whether participants did experience cognitive dissonance or consonance from their decision-making stage to their experience stage. Was there consistency across the two stages, or was there inconsistency in how participants described their decisions and experiences? Did Reiki do what participants had learned was possible for their RA symptoms, and did they experience relief from RA following Reiki sessions?

This is important for healthcare management by individuals with RA. Data that emerged from the two interviews resulted in six factors (see Figure 7). The first interview session explored why and how participants decided to try Reiki for their RA symptoms and side effects. The second interview focused on what the participants experienced before, during, and post-Reiki.

Figure 7

Cognitive Consonance Before, During, and Post-Reiki



Comparisons were made between what participants reported during the first and second interview, specifically if cognitive consonance or dissonance occurred from what they learned about Reiki's potential to help with their RA symptoms and their descriptions of their experiences with Reiki. Factors were analyzed to determine if cognitive consonance was present (see Table 9). Was the outcome from using Reiki

consistent with what they had learned in their exploration about Reiki? Cognitive consonance occurs when what led to the choice to seek help was consistent with the outcome of the decision. It was determined that cognitive consonance was present between what the participants learned from researching Reiki (Factors 1 and 5) and their experience (Factors 2, 3, 4, and 6).

Table 9

Cognitive Consonance

Decision-making research findings of Reiki for RA symptoms (RQ1)	Experiences using Reiki for RA symptoms (RQ2)
Factor 1: Participants learned that Reiki was a form of energy that could help heal or alleviate RA symptoms. For example, Carol learned from her research that Reiki works. On the other hand, Vanessa learned that Reiki was energy derived from the universe that is administered to a person for their highest good. "Whatever pain it is that they're going through … lesson is learned in the pain, and the healing can come after." Vanessa learned that emotional pain and trauma are stored in the body and manifest as physical pain. During a Reiki session, the energy travels where the pain is stored and releases it allowing the person to feel better.	**Factor 2**: The impression of energy was reported as a common component during the Reiki session, as well as feeling heat or a tingling sensation. **Factor 3**: After trying Reiki, participants had more energy and reported their RA pain and/or symptoms had either lessened or had gone completely away. **Factor 4**: Participants recommended others to be open-minded about Reiki and to try it because it can help heal or lessen RA symptoms.
Factor 5: Participants learned that Reiki was a viable alternative to Western medicine without side effects from drugs.	**Factor 6**: Participants felt that others should try Reiki because it has no side effects and that it also can help RA sufferers stop or reduce their medication usage.

Comparison #1: Learnings From Research About Reiki and Experiences With Reiki

While researching Reiki to decide whether or not to try it, participants learned that Reiki was a form of energy that could help heal or alleviate RA symptoms (Factor 1). This finding was aligned with the results of having had a Reiki experience. Participants reported experiencing energy during their Reiki sessions (Factor 2). The energy was described as either a tingling sensation or feeling heat. Additionally, participants described not only having more energy but also feeling relief from the side effects and the pain they experienced because of their RA diagnosis (Factor 3). Participants reported that either their RA symptoms were lessened, or they completely went away after their Reiki sessions. As a result of their having used Reiki, participants recommended others to be open-minded about it and give it a chance because it could help them heal or lessen their RA symptoms and side effects (Factor 4).

Comparison #2: Learnings From Research About Reiki and Experiences With Reiki

Participants learned from researching Reiki that it was a viable alternative to Western medicine that had no side effects from drugs (Factor 5). After learning that Reiki has no side effects, participants were prompted to try it. After receiving Reiki, they experienced no adverse effects from it. Participants recommend that others try Reiki because it can either stop or lessen their medication usage, and it has no side effects (Factor 6).

Summary

Cognitive consonance occurs when a person's knowledge, attitudes, and awareness about something are consistent or congruent with their experiences. Participants acquired information about Reiki from various sources and believed it would help the healing process or completely alleviate their RA symptoms and side effects. Their experiences with Reiki confirmed what they had learned. From the information participants gathered, they came to believe Reiki was an energy that would heal or ease their RA symptoms. The experiences participants described from using Reiki were in harmony with the beliefs they had acquired from their information gathering.

Evidence of Trustworthiness

Triangulation

Triangulation was used to examine participants' responses with one another for Interview #1 and Interview #2. Interview responses from Interview #1 and Interview #2 were grouped by symptoms and/or side effects that brought participants to Reiki. Pattern matching was used, and comparisons were made within the group and then across groups to create themes. This allowed for cross verification from each interview, highlighting the consistencies across the responses while reinforcing the information and adding to its validity.

Transferability

Transferability shows that the findings from this study may be applicable to other contexts or settings. The analysis of data from robust responses to interview questions enables transferability to occur. The thick descriptions from interviews in this study

illustrated that the use of Reiki could bring relief from their RA symptoms when Reiki was used. These conclusions may be applied to the following settings where research is encouraged to document the viability of using Reiki to reduce the symptoms from RA: pain clinics, nursing homes, wellness retreats, physical therapy clinics, and rheumatology clinics.

Dependability

An external audit was conducted where my dissertation chair reviewed my work as it was being completed. Both the process and product of my research study were examined to evaluate the accuracy of my findings, interpretations, and conclusions to ensure the data supported them.

Summary

In Interview 1, the most commonly reported RA symptoms and/or side effects among research participants included physical pain, flare-ups, inflammation, stiffness, and swollen joints. Participants shared that they had these symptoms and/or side effects for a median of 8.5 years before trying Reiki. Participants mainly experienced several symptoms at the same time during their life before considering Reiki. The symptoms from RA resulted in constant pain, inflammation, inability to complete daily tasks, stiffness, and a lower quality of life. These adverse health experiences prompted the participants to research Reiki as a method to alleviate the pain they experienced from their RA. Participants learned from their research that Reiki would lessen their symptoms and the side effects and could be an alternative way to cope with it. Because Reiki is a

type of therapy with no known adverse side effects, this became a reason RA sufferers decided to use it as a therapy for their RA symptoms.

Participants found Reiki practitioners through their families and friends. Before the Reiki session, the participants shared some information with their practitioners about their general problems regarding RA. Practitioners informed participants that they would enhance the energy flow in their bodies, open/align their chakras, and instruct them to relax at the beginning of the session. Participants described experiencing energy, hands, laying down, opening/aligning of chakras, sensations, symbols, and touching/not touching during a Reiki session. Some participants also shared their experience with distance Reiki.

Feelings that participants had after Reiki sessions were positive, relieving, and pleasant. Participants shared that they felt better after each Reiki session. They reported experiencing either a reduction of pain or the pain completely dissipated after having Reiki. Participants desiring to stop the usage of harmful medications by finding an alternative to Western medicine was an important factor that emerged in this research because of the medications' adverse side effects and the fact that the medications focused on the symptoms but did nothing for the root of the problem.

The participants shared five recommendations they have for those willing to try Reiki. The first is to be open-minded when they try it. The second reason they recommended Reiki was the results one can achieve, the deteriorating impact of the disease, and diminished RA's physical symptoms. Participants recommend the use of long-distance Reiki, which has the same impact as on-site Reiki. The fourth

recommendation they had for others was to try it because Reiki has no adverse side effects. The last recommendation made by the participants is that Reiki should be mainstreamed within healthcare.

Participants learned that Reiki was an alternative to Western medicine through various sources, which coincided with the outcome they experienced. Participants turned to Reiki instead of taking medications, and it provided them with relief from symptoms, with physical pain in particular. Cognitive consonance occurred because the expectations participants had after researching Reiki as a viable treatment for their RA symptoms were consistent with their descriptions of their experiences with Reiki, specifically the outcomes from using Reiki.

Chapter 5 describes how the findings from this study confirm, disconfirm, or extend existing knowledge about the use of Reiki to treat RA symptoms, limitations of the study, recommendations for further research based on the findings in the study, implications for social change, and a conclusion of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

Reiki is a transfer of energy from the practitioner to the client. Energy flows in from the practitioner and travels through the client's body to areas that are blocked. Blockages are areas linked to disease and can be caused by stress and other negative emotions. Reiki can remedy diseases by unblocking these areas. It is a safe therapy without any adverse side effects. It can help one feel better physically as well as mentally by allowing the body to relax. The positive energy that is transmitted can aid in the healing process and in balancing the individual's energy. Once the body's energy is balanced, its natural defenses can recover and strengthen.

RA is classified as an autoimmune disease known to cause pain as well as damage to joints in the body. Those with RA experience swelling and pain in the joints, and it can affect internal organs as well. It is a chronic condition that causes inflammation, bone erosion, joint damage, and deformity. Medications used to treat RA tend to be effective on a temporary basis, causing many RA sufferers to seek alternative methods to help them with their RA symptoms and side effects. Reiki can help RA sufferers reduce inflammation, stress, and pain levels. Several videos have been made on the use of Reiki to treat RA symptoms, indicating its widespread popularity as a treatment, but what has been missing is systematic research to understand the decisions individuals with RA made to use Reiki and their experiences using Reiki to treat their symptoms.

Researchers have stated that further studies are required to understand how Reiki can improve symptoms and side effects of chronic diseases. Researchers have also called for studies that explore a deeper understanding from those who have suffered from the

disease and have used Reiki as well as how Reiki affects the symptoms and/or side effects associated with RA. The current study addressed both needs.

In this study, I interviewed 13 participants who had used Reiki to help with their RA symptoms or side effects. The 13 participants were recruited from Facebook. Eleven of the participants were from the United States, one was from Canada, and the other was from England. Individuals who had used it for their RA symptoms or side effects were recruited to participate in the study. Two interviews were conducted with each participant, one to address how participants made their decision to use Reiki and one to explore participants' experiences with using Reiki. The interviews were separated by 4 weeks to offset the potential for discussions about decisions to influence discussions about experiences using Reiki. Each semistructured interview lasted from 25 to 45 minutes. Many of the participants had tried other remedies for their pain and discomfort, including prescribed medicine by their doctor. They had decided to try Reiki because of the side effects they had experienced with their prescribed medicine. Three research questions guided the study:

RQ1: How did RA sufferers decide to use Reiki to address their symptoms and/or side effects of RA?

RQ2: What did RA sufferers experience from using Reiki?

RQ3: Is there cognitive consonance between the expectations RA sufferers had when choosing Reiki and their experiences in using Reiki to relieve the symptoms and/or side effects from RA?

Summary of Data Analysis Methods and Key Findings

An adaptation of the categorical content analysis approach created by Lieblich et al. (1998) was used to analyze the data. Analysis was done by hand, and each interview transcript was analyzed separately from the other transcripts. Five levels of analysis were used.

The first level of analysis involved separating the responses to each interview question for each participant in a column (see Appendix E and F).

The second level identified *key learnings* from Level 1 (see Appendix G and H). Key learnings were sentences and passages that directly answered the interview question. Key learnings were placed in Column 2.

The third level of analysis took the key learnings across each participant and then was grouped by the research question with which they corresponded. The purpose of the grouping was to determine if there were patterns across what the participants reported. The groups of key learnings were given a theme name (see Appendix I and J). Eighteen themes emerged (see Appendix D).

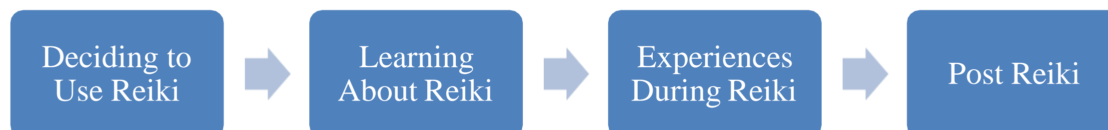
The fourth level of analysis combined themes that shared something in common into categorical bundles (see Appendix I and J). Each categorical bundle was reviewed again to remove any information not pertinent to the category. The resulting categories were written as thematic statements to align with the theme name. The thematic statements represented what participants shared during interviews on the specific topic of discussion. Themes and their thematic statements that addressed RQ1 were kept separate from those that addressed RQ2.

The final level of analysis involved a review of each theme and thematic statement to understand how decisions were made to try Reiki for RA and participants' experiences using Reiki to treat their RA symptoms. The themes/thematic statements for each RQ began to tell a story (see Appendix K and L). For RQ1, the emerging themes told the story of how participants made their decisions to try Reiki to address their RA symptoms. For RQ2, the themes told the story of participants' experiences of using Reiki and included recommendations by participants to others for helping with RA symptoms.

A progressive story emerged from the data analysis that connected why and how participants decided to use Reiki to treat their RA with their actual experiences using Reiki to treat their RA symptoms. The story culminated in participants sharing their views about how using Reiki had made changes in their lives and their recommendations. Figure 8 illustrates the progression. Phase I is the decision-making phase. Phase II is about learning about Reiki. Phase III entails the experiences of the participants before and during Reiki. Phase IV is post-Reiki detailing what occurred afterward.

Figure 8

Phases of Reiki From Decision-Making to Experiences With Reik.



Phases of Reiki

Phase I: Deciding to Use Reiki

During this phase, participants described how the intensity of their pain increased as well as the severity of the other RA symptoms. Participants complained of trying various medications prescribed to them by their doctors only for the pain and RA symptoms to return. Not only was the relief brought by the prescribed medications temporary, but they caused adverse side effects. Participants were desperate to find help for their chronic pain and other RA symptoms and side effects. An example was Luisa, who described her pain daily as being horrendous and debilitating. She commented, “So, you’re just like looking for any sort of relief you can get, and if you already know the meds are hurting you, of course, you’re going to try alternatives.” Other participants described the worsening of the symptoms/side effects and the impediment of their daily activities. Experiencing physical and mental symptoms that impacted their quality of life is what made the participants decide to learn more about Reiki as a viable option for them.

Phase II: Learning About Reiki

Participants learned about Reiki from different sources: friends, family, online searches, and medical journals. After researching Reiki, participants learned two key pieces of information that they used to make their decision to try Reiki to help with their RA symptoms. The first was that the energy used in Reiki could help heal or alleviate their RA symptoms and side effects. For example, Gregory reported that he had heard and read that Reiki would help with the pain he was experiencing.

The second important piece of information was that Reiki was a viable alternative to Western medicine and did not include any negative side effects. This was extremely important to those who had experienced adverse reactions from the medications they were prescribed. These symptoms ranged from hair loss to suicidal tendencies. Practitioners explained to participants what Reiki was, what it does (namely, healing and inducing a relaxed state), and how energy and chakra cleansing are used during a session.

Phase III: Experiences During Reiki

For each participant, the Reiki session began with a discussion between the participants and their practitioners about their RA symptoms/side effects. During the session, practitioners instructed participants to relax while energy was being transmitted to them through the practice. As a core component of the practice, the Reiki practitioners would seek to create an environment where the participants would find comfort and, thereby, become relaxed. Along with relaxation, the practitioners would explain to the participant the role energy would play in their session. Practitioners explained that energy produced during the session would flow through their chakras. Most commonly, participants were lying down as the Reiki practitioner would hover their hands over the person's body, concentrating on their chakras, without any direct touching. Energy would flow in through the practitioner to the participant and would travel through their body intuitively, going to where it is needed. Once in the body, the energy balances the body's energy while unblocking areas where energy is stagnant. Stagnant energy causes blockages that lead to disease. Once the blockages are opened, the participant becomes

relaxed, and their pain and other symptoms lessen. Participants expressed feeling the energy flowing in their body; they described it as either being hot or a tingling feeling. Several participants described either seeing colors or having visions during their Reiki session.

Phase IV: Post-Reiki

After the Reiki sessions ended, participants reported feeling better with little to no pain, being more relaxed, and having more energy without adverse side effects. One participant said she felt very peaceful and reported that her "arthritis pain [was] gone." All of the participants stated that they felt better after having Reiki. Several of them stated that their RA symptoms and side effects had completely gone away. They shared that their quality of life has improved, and all of these results occurred immediately after their Reiki session. They could go through their day pain-free and without the hassle that their RA symptoms and side effects brought them. For some participants, the symptoms and side effects gradually returned and required another Reiki session to remedy them. Much like people who use massage frequently to address symptoms of stress on their bodies, "return symptoms associated with RA" may be attenuated by using Reiki on an ongoing basis, and many participants decided to learn how to administer Reiki to themselves to address any symptoms before they become intolerable. Some participants also decided to do long-distance Reiki with their practitioners as their needs arose.

Participants shared five recommendations when using Reiki to alleviate RA symptoms and side effects. The first was for them to have an open mind when it comes to Reiki. The second was to try Reiki because it has helped them completely diminish the

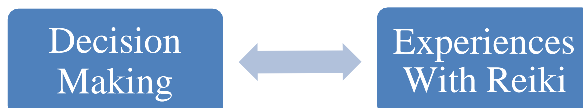
physical symptoms of RA. Their third recommendation was that long-distance Reiki is just effective as on-site Reiki. The fourth involves the fact that Reiki has no adverse side effects. The fifth recommendation was that the use of Reiki should be part of mainstream healthcare.

Cognitive Consonance

Cognitive consonance arises when what led to the decision to use something to remedy an ailment is consistent with its outcome. In this study, there was cognitive consonance between what was learned about Reiki and what was experienced from using Reiki to treat the RA symptoms (see Figure 9).

Figure 9

Determining Cognitive Consonance: Relationship Between Reiki Decision-Making and Experiences With Reiki



The study was conducted retrospectively, so it is possible that participants made adjustments in their memory of what they learned from their research about Reiki and what they then experienced. The in-depth interviews allowed me to explore the learning process used while gathering information about Reiki. Later in a second interview, participants described the actual experiences of using Reiki. Participants were not told

about any connections between the two interviews, and information from the first interview was not shared with participants during the second interview.

Nevertheless, the topic of decision making about a potential remedy and outcomes from using the remedy is an important area for further investigation because of the potential for understanding the mechanisms of how Reiki may be used by a broader group of practitioners to help clients with RA. For example, participants read or heard through others that Reiki can remedy pain, and in many cases, the pain would completely dissipate. After trying Reiki, they reported feeling the energy and experiencing their symptoms having lessened or completely gone away.

The second occurrence of cognitive consonance arose when participants learned that Reiki was an effective, alternative treatment to Western medicine with no known adverse side effects. This belief was vindicated upon after using Reiki participants experienced no adverse effects and either reduced the dosages of their RA medication.

Interpretation of the Findings

Confirmed Findings

The following findings from the research literature were confirmed in my study:

1) Side effects such as depression and anxiety are common for those suffering from RA (Pollard & Choy, 2005; Salles et al., 2014; Stephenson et al., 2014).
2) The use of CAM techniques was positively influenced by conversations with family members and friends (Murthy et al., 2017).
3) Patients turn to CAM to remedy pain at high rates, but comparatively few include their primary physicians in the discussion (Murthy et al., 2017).

4) Reiki is done to stimulate the person's natural healing processes and restore physical and emotional well-being (Coakley & Barron, 2012).
5) Reiki has several benefits, ranging from not having any side effects to reducing pain, anxiety, depression, and improved quality of life (Kundu et al., 2014; McManus, 2017; Midilli & Eser, 2015; Thrane & Cohen, 2014; Yang et al., 2017).
6) Reiki is more prevalent among those with advanced or chronic pain than is seen in the general public (Kutner & Smith, 2013).
7) CAM therapy techniques are safer and less intrusive for addressing patients' treatment (Gottschling et al., 2013).

Expanded Upon Findings

The following findings from the research literature were neither confirmed, disconfirmed, or expanded upon:

1. If sufferers turn to CAM before initiating recommended pharmaceutical therapies, they may experience long-term negative health consequences (Lahiri et al., 2017).
2. There is a high treatment cost for RA prescriptive medications; not only is it costly, but there is no end in sight because there is no known cure for RA (Zrubka, 2017).

Theoretical Framework and Findings Interpretations

Two theories used in the present study were the PAT and the correspondent inference theory. The PAT was chosen to gain insights into the motivation RA sufferers had when they decided to use Reiki and what occurred as a result.

Psychological Attribution Theory

The PAT is often used to explain the relationship between what a person thought would happen and what actually happened. In the current study, participants learned that Reiki could help alleviate their RA symptoms and side effects and maybe even heal them. They anticipated that Reiki would be a viable alternative to Western medicine, which is the outcome they experienced.

Correspondent Inference Theory

Correspondent inference theory focuses on choice, whether it be a choice between actions or between acting or not acting. The chosen behavior is pondered based on the effects of each action or non-action, and a decision is made regarding to act or not act. According to Weary and Reich (2000), “Perceivers also consider the degree to which the behavior fits their prior expectations about the outcomes that most people desire (category-based expectancies) and the target person desires (target-based expectancies).”

In the current study, the theory was used to analyze the choice the participants made regarding using Reiki to attenuate their RA symptoms/side effects. Participants decided to try Reiki, and for each participant, the outcome from the decision met their expectations.

Limitations of the Study

Study Limitations

This study's sample consisted of 13 participants, which comprised 12 females and one male. Thus, the sample did not have gender equality; males were under-represented. Both genders were encouraged to participate; however, women tended to respond more to the flyers than their male counterparts.

Researcher Limitations

The principal limitation of this study was my bias. It is quite common for a researcher to choose a topic in which they have a personal connection and an ardent interest. This is especially true in qualitative research. What drew me to this study was my belief in Reiki that stemmed from her being a Reiki master. Bias can be an obstacle during the interviewing process; it can affect the types of questions one chooses to ask and how the participant's answers are interpreted. I came into the study knowing my biases and had a plan to avoid selective attention. My bias stems from being a Reiki master and believing in the effectiveness of Reiki. I mitigated my bias by ensuring that I did not share my beliefs with the participants. While interviewing the participants, I would journal my feelings and thoughts that I would have liked to share with them. From the outset of the study, I made sure that I was open to reviewing studies that represented a range of beliefs by the researchers. I bracketed my beliefs and used bridling throughout the study to ensure that my beliefs were not influencing the design of the study, its implementation, or the analysis and reporting of the findings. My committee reviewed the study, and I used a panel of outside experts to review the interview questions.

Recommendations for Further Research

Studies About Reiki

Based on the current study's findings, I recommend nine additional studies that focus on Reiki.

1) A future study on what it is specifically about the use of Reiki that affects joint pain or muscle pain—areas affected by RA.
2) Future research on chakras and what is it about chakras—the energy centers in our bodies—that is related to RA pain and how Reiki affects the chakras.
3) Future studies that focus on the metaphysical; how does Reiki vitalize the physical body and the interaction with our emotions and mental state?
4) Future research that evaluates the effectiveness of distance Reiki versus traditional Reiki.
5) Future research that assesses the efficacy of distance Reiki versus the use of a placebo.
6) Future research studies that include a mix of genders to determine if there are gender differences in the use and effectiveness of Reiki to treat RA symptoms.
7) A future study that employs a mixed-method design to evaluate the effectiveness of using Reiki on specific changes in RA.
8) Further research on how Reiki can help alleviate symptoms and side effects of other chronic diseases.

9) Future qualitative studies could/should be conducted utilizing the progressive model of decision-making to experiences in using Reiki to treat various chronic diseases to gain more robust insights into the effectiveness of Reiki. The conceptual model will help the researcher focus on how decisions are made to try Reiki for other types of chronic diseases. To tackle these issues, researchers can pursue studies that are qualitative, quantitative, or utilize mixed methodologies.

Implications

This study demonstrates how Reiki can mitigate symptoms and side effects of RA that affect the RA sufferer's ability to perform routine tasks, resulting in an improved quality of life for RA sufferers and allowing them more independence and reducing their reliance on family for assistance. These accounts provide the personal testimony of RA sufferers. They can assist those who suffer from similar symptoms and side effects in deciding whether or not to try Reiki as part of their treatment regime.

Positive Social Change

The current study can contribute to positive social change on multiple fronts. First, this study can lead to an enhanced understanding of how Reiki can be utilized to help those with RA alleviate their symptoms and side effects. Next, the findings from this study offer an original contribution to the research literature and provide a foundation for developing future qualitative studies related to the practice of using Reiki to treat pain and improve the quality of life of sufferers of other afflictions who experience similar symptoms and side effects to those associated with RA.

Findings from this study can support developing a social policy in which Reiki could be administered in medical facilities as a complementary or alternative treatment for RA and similar diseases. This study expands the knowledge and understanding of Reiki as an effective/viable alternative or additive to conventional therapy in treating the symptoms and side effects of RA without the potential adverse side effects of any medications being prescribed to RA sufferers. There were no methodological or theoretical implications derived from the study.

Recommendations for Practice

Based on the benefits experienced by the participants, I recommend that those with RA or other similar diseases explore the integration of Reiki into their treatment regimens. The findings from this study may assist practitioners working with RA sufferers to understand the disease and the experience of RA sufferers better. Additionally, Reiki practitioners in the health and wellness industry may use this study's results to inform potential clients on what to expect from using Reiki. The health and wellness industry could also use the findings of this study to consider Reiki's use in their practices more generally.

Conclusion

The purpose of this qualitative narrative study was to learn from individuals with RA how they decided to use Reiki to help with their RA symptoms and side effects, to explore their experiences using Reiki, and to understand the role of their expectations played in the outcomes they achieved. This study filled an important gap in the current research on the use of Reiki for individuals suffering from RA. The participants in the

study—RA sufferers—learned from people who had used Reiki and from the literature they read that Reiki could help mitigate the pain and suffering they were experiencing from RA.

Three theories—Attribution, Covariation Attribution Model, and Correspondent Inference Theory—were initially chosen to frame this study; however, only two were used. The covariation attribution model was not used because it could not be determined if the action of choosing Reiki could be attributed to some characteristic of the person (internal) or the environment (external).

As the study commenced, participants shared that the motivation to use Reiki stemmed from their desire to improve their quality of life by reducing the pain and other symptoms and side effects they were experiencing from RA. During Reiki sessions, energy was transmitted from the practitioner to the participants. Relaxation was felt throughout and after each session. After a session was over, participants felt more relaxed, and the symptoms and side effects of RA had either lessened or gone entirely away. Participants reported that after a session, they felt better and had more energy.

Reiki therapy is a way for practitioners to guide energy to the patient and to assist the innate healing energy of the patient while facilitating self-healing (National Center for Complementary and Alternative Medicine, 2012). The practice of Reiki does not cause the healing. Instead, a Reiki therapist serves as a channel for energy, such as a garden hose serves as a channel for water (Thrane & Cohen, 2014).

This qualitative narrative study yielded stories detailing the real-world benefits RA sufferers experienced from incorporating Reiki into their regimen. Cognitive

consonance was identified in two areas. The first entailed the relationship between what was learned (Reiki can alleviate or eliminate symptoms and side effects) when participants researched Reiki and their experiences after using it. The second area where cognitive consonance was identified was in the belief and outcome of Reiki being an effective alternative treatment to Western medicine without any adverse side effects. This study's findings have the potential to help other patients and healthcare providers who are considering alternative or additive treatments to overcome the pain and suffering from RA. The participants' stories presented in this study are powerful testimonies about people who suffer from RA and found a practice that could bring them relief.

References

Alaaeddine, N., Okais, J., Ballane, L., & Baddoura, R. M. (2012). Use of complementary and alternative therapy among patients with rheumatoid arthritis and osteoarthritis. *Journal of Clinical Nursing, 21*(21-22), 3198-3204. https://doi.org/10.1111/j.1365-2702.2012.04169.x

Alarcão, Z., & Fonseca, J. R. (2016). The effect of Reiki therapy on quality of life of patients with blood cancer: Results from a randomized controlled trial. *European Journal of Integrative Medicine, 8*(3), 239-249. https://doi.org/10.1016/j.eujim.2015.12.003

Assefi, N., Bogart, A., Goldberg, J., & Buchwald, D. (2008). Reiki for the treatment of fibromyalgia: A randomized controlled trial. *Journal of Alternative and Complementary Medicine, 14*(9), 1115-1122. https://doi.org/10.1089/acm.2008.0068

Barbour, K. E., Helmick, C. G., Boring, M. A., & Brady, T. J. (2017). Vital signs: Prevalence of doctor-diagnosed arthritis and arthritis-attributable activity limitation—United States, 2013–2015. *Morbidity and Mortality Weekly Report, 7*(66), 246-253. http://dx.doi.org/10.15585/mmwr.mm6609e1

Bascom, A. (2014). Complementary and alternative therapies in occupational health: Part I. *AAOHN Journal, 50*(9), 418-427. https://doi.org/10.1177/216507990205000910

Brodszky, V., Baji, P., Balogh, O., & Péntek, M. (2014). Budget impact analysis of biosimilar infliximab (CT-P13) for the treatment of rheumatoid arthritis in six

central and Eastern European countries. *European Journal of Health Economics: HEPAC, 15*, 65-71. https://doi.org/10.1007/s10198-014-0595-3

Broome, A. (2013). *Health psychology: Processes and applications*. Springer Publications.

Bukowski, E. L. (2015). The use of self-Reiki for stress reduction and relaxation. *Journal of Integrative Medicine, 13*(5), 336-340. https://doi.org/10.1016/S2095-4964(15)60190-X

Bukowski, E. L., & Berardi, D. (2014). Reiki brief report: Using Reiki to reduce stress levels in a nine-year-old child. *EXPLORE: The Journal of Science and Healing, 10*(4), 253-255. https://doi.org/10.1016/j.explore.2014.02.007

Campbell, E., Coulter, E., Mattison, P., McFadyen, A., Miller, L., & Paul, L. (2017). Access, delivery and perceived efficacy of physiotherapy and use of complementary and alternative therapies by people with progressive multiple sclerosis in the United Kingdom: An online survey. *Multiple Sclerosis and Related Disorders, 12*, 64-69. https://doi.org/10.1016/j.msard.2017.01.002

Chan, F., McMahon, B. T., Cheing, G., Rosenthal, D. A., & Bezyak, J. (2005). Drivers of workplace discrimination against people with disabilities: The utility of attribution theory. *Work, 25*(1), 77-88. https://doi.org/10.1007/s10926-008-9136-1

Charkhandeh, M., Talib, M. A., & Hunt, C. J. (2016). The clinical effectiveness of cognitive behavior therapy and an alternative medicine approach in reducing symptoms and/or side effects of depression in adolescents. *Psychiatry Research, 239*, 325-330. https://doi.org/10.1016/j.psychres.2016.03.044

Cheung, C., Geisler, C., & Sunneberg, J. (2014). Complementary/alternative medicine use for arthritis by older women of urban–rural settings. *American Association of Nurse Practitioners, 26*(5), 273-280. https://doi.org/10.1002/2327-6924.12063

Coakley, A. B., & Barron, A. (2012). Energy therapies in oncology nursing. *Seminars in Oncology Nursing, 28*(1), 55-63. https://doi.org/10.1016/j.soncn.2011.11.006

Cornelis, E., Cauberghe, V., & De Pelsmacker, P. (2015). The credibility of refutation in two-sided anti-drug messages. *Journal of Social Marketing, 5*(3), 241-257. http://dx.doi.org/10.1108/JSOCM-03-2014-0020

Courneya, K. S., Segal, R. J., Reid, R. D., Jones, L. W., Malone, S. C., Venner, P. M., Parliament, M. B., Scott, C. G., Quinney, H. A., & Wells, G. A. (2004). Three independent factors predicted adherence in a randomized controlled trial of resistance exercise training among prostate cancer survivors. *Journal of Clinical Epidemiology, 57*(6), 571-579. https://doi.org/10.1016/j.jclinepi.2003.11.010

DeJoy, D. M. (1994). Managing safety in the workplace: An attribution theory analysis and model. *Journal of Safety Research, 25*(1), 3-17. https://doi.org/10.1016/0022-4375(94)90003-5

Doğan, D. M. (2018). The effect of reiki on pain: A meta-analysis. *Complementary Therapies in Clinical Practice, 31*, 384-387. https://doi.org/10.1016/j.msard.2017.01.002

Diamantopoulos, A., Finckh, A., Huizinga, T., Sungher, D. K., Sawyer, L., Neto, D., & Dejonckheere, F. (2014). Tocilizumab in the treatment of rheumatoid arthritis: A

cost-effectiveness analysis in the U.K. *PharmacoEconomics, 32*(8), 775-87. doi: 10.1007/s40273-014-0165-7

Edwards, G. V., Aherne, N. J., Horsley, P. J., Benjamin, L. C., McLachlan, C. S., McKay, M. J., & Shakespeare, T. P. (2014). Prevalence of complementary and alternative therapy use by cancer patients undergoing radiation therapy. *Asia-Pacific Journal of Clinical Oncology, 10*(4), 346-353. doi: 10.1111/ajco.12203

Erdogan, Z., & Cinar, S. (2016). The effect of Reiki on depression in elderly people living in nursing home. *Indian Journal of Traditional Knowledge, 15*(1), 35-40. http://nopr.niscair.res.in/handle/123456789/33556

Ernst, E. (2012). Internal criticism and complementary and alternative medicine. *Focus on Alternative and Complementary Therapies, 17*(4), 185. doi: 10.1111/j.2042-7166.2012.01173.x

Ferraresi, M., Clari, R., Moro, I., Banino, E., Boero, E., Crosio, A., Dayne, R., Rosset, L., Scarpa, A., Serra, E., Surace, A., Testore, A., Colombi, N., & Piccoli, G. B. (2013). Reiki and related therapies in the dialysis ward: An evidence-based and ethical discussion to debate if these complementary and alternative medicines are welcomed or banned. *BMC Nephrology, 14*(129), 1-7. doi: 10.1186/1471-2369-14-129

Figueiredo-Braga, M., Cornaby, C., Cortez, A., Bernardes, M., Terroso, G., Figueiredo, M., Dos Santos Mesquita, C., Costa, L., & Poole, B. D. (2018). Influence of biological therapeutics, cytokines, and disease activity on depression in

rheumatoid arthritis. *Journal of Immunology Research, eCollection 2018*. doi: 10.1155/2018/5954897

Firth, J. (2012). Treating to target in rheumatoid arthritis. *Nurse Prescribing, 10*(6), 293-302. https://doi.org/10.12968/npre.2012.10.6.293

Franik, S., Huidekoper, H. H., Visser, G., de Vries, M., de Boer, L., Hermans-Peters, M., Rodenburg, R., Verhaak, C., Vlieger, A. M., Smeitink, J. A. M., Janssen, M. C. H., & Wortmann, S. B. (2015). High prevalence of complementary and alternative medicine use in patients with genetically proven mitochondrial disorders. *Journal of Inherited Metabolic Disease, 38*(3), 477-482. Retrieved from https://link.springer.com/journal/10545

Gottschling, S., Gronwald, B., Schmitt, S., Schmitt, C., Längler, A., Leidig, E., Meyer, S., Baan, A., Shamdeen, M. G., Berrang, J., & Graf, N. (2013). Use of complementary and alternative medicine in healthy children and children with chronic medical conditions in Germany. *Complementary Therapies in Medicine*, *21*(1), S61-S69. doi: http://dx.doi.org.ezp.waldenulibrary.org/10.1016/ j.ctim.2011.06.001

Graham, S. (2014). *Attribution theory: Applications to achievement, mental health, and interpersonal conflict*. Psychology Press.

Grainger, R., & Walker, J. (2014). Rheumatologists' opinions towards complementary and alternative medicine: A systematic review. *Clinical Rheumatology, 33*(1), 3-9. doi: 10.1007/s10067-013-2379-z

Greenlee, H., Neugut, A. I., Falci, L., Hillyer, G. C., Buono, D., Mandelblatt, J. S., Roh, J. M., Ergas, I. J., Kwan, M. L., Lee, M., Tsai, W. Y., Shi, Z., Lamerato, L., Kushi, L. H., & Hershman, D. L. (2016). Association between complementary and alternative medicine use and breast cancer chemotherapy initiation: The Breast Cancer Quality of Care (BQUAL) study. *JAMA Oncology, 2*(9), 1170-1176. doi: 10.1001/jamaoncol.2016.0685

Groden, S. R., Woodward, A. T., Chatters, L. M., & Taylor, R. J. (2017). Use of complementary and alternative medicine among older adults: Differences between baby boomers and pre-boomers. *The American Journal of Geriatric Psychiatry, 25*(12), 1393-1401. https://psycnet.apa.org/doi/10.1016/j.jagp.2017.08.001

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*(1), 59-82. https://doi.org/10.1177/1525822X05279903

Gupta, D., Batra, R., Mahajan, S., Bhaskar, D. J., Jain, A., Shiju, M., Yadav, A., Chaturvedi, M., Gill, S., Verma, R., Dalai, D. R., & Gupta, R. K. (2014). Comparative evaluation of the complementary and alternative medicine therapy and conventional therapy use for musculoskeletal disorders management and its association with job satisfaction among dentists of West India. *Journal of Traditional and Complementary Medicine, 4*(4), 263-267. https://dx.doi.org/10.4103/2225-4110.126632

Gürol, A., & Polat, S. (2017). Used of complementary and alternative medicine on symptoms management and quality of life. In K. Wonders and B. Stout (Eds.), *Pediatric cancer survivors* (pp. 35-44). In Tech. http://dx.doi.org/10.5772/67300

Hahn, J., Reilly, P. M., & Buchanan, T. M. (2014). Development of a hospital Reiki training program: Training volunteers to provide Reiki to patients, families, and staff in the acute care setting. *Dimensions of Critical Care Nursing, 33*(1), 15-21. https://doi.org/10.1097/dcc.0000000000000009

Heather, E. M., Payne, K., Harrison, M., & Symmons, D. P. M. (2014). Including adverse drug events in economic evaluations of anti-tumour necrosis factor—a drugs for adult rheumatoid arthritis: A systematic review of economic decision analytic models. *PharmacoEconomics, 32*(2), 109-134. doi: 10.1007/s40273-013-0120-z

Heider, F. (1958). *The psychology of interpersonal relations*. John Wiley & Sons.

Horváth, C. Z., Sebestyén, A., Österle, A., Endrei, D., Betlehem, J., Oláh, A., Imre, L., Bagosi, G., & Boncz, I. (2014). Economic burden of long-term care of rheumatoid arthritis patients in Hungary. *The European Journal of Health Economics: HEPAC, 15*(Suppl 1), 131-135. doi:10.1007/s10198-014-0601-9

Hung, A., Kang, N., Bollom, A., Wolf, J. L., & Lembo, A. (2015). Complementary and alternative medicine use is prevalent among patients with gastrointestinal diseases. *Digestive Diseases and Sciences, 60*(7), 1883-1888. doi: 10.1007/s10620-014-3498-3

Inotai, A., Petrova, G., Vitezic, D., & Kaló, Z. (2014). Benefits of investment into modern medicines in Central-Eastern European countries. *Expert Review of*

Pharmacoeconomics & Outcomes Research, 14(1), 71-79. doi:10.1586/14737167.2014.868314

Jones, E. E., & Davis, K. E. (1965). From acts to dispositions: The attribution process in person perception. *Advances in Experimental Social Psychology, 1*(2), 219-266. https://doi.org/10.1016/S0065-2601(08)60107-

Jones, S. M. W., Lange, J., Turner, J., Cherkin, D., Ritenbaugh, C., Hsu, C., Berthoud, H., & Sherman, K. (2016). Development and validation of the EXPECT questionnaire: Assessing patient expectations of outcomes of complementary and alternative medicine treatments for chronic pain. *Journal of Alternative and Complementary Medicine, 22*(11), 936-946. doi:10.1089/acm.2016.0242

Journal of the American Academy of Orthopaedic Surgeons. (2015, September 3). Pregnancy and low back pain: Exercise may help. *PR Newswire*. Retrieved from https://www.prnewswire.com

Joyce, A. T., Smith, P., Khandker, R., Melin, J. M., & Singh, A. (2009). Hidden cost of rheumatoid arthritis (RA): Estimating cost of comorbid cardiovascular disease and depression among patients with RA. *The Journal of Rheumatology, 36*(4), 743-752. https://doi.org/10.3899/jrheum.080670

Joyce, J., & Herbison, G. P. (2015). Reiki for depression and anxiety. *The Cochrane Database of Systematic Reviews, 3*(4). https://doi.org/10.1002/14651858.cd006833.pub2

Kelley, H. H. (1967). Attribution theory in social psychology. *Nebraska Symposium on Motivation, 15,* 192-238.

Kirshbaum, M., Stead, M., & Bartys, S. (2016). An exploratory study of Reiki experiences in women who have cancer. *International Journal of Palliative Nursing, 22*(4), 166-172. https://doi.org/10.12968/ijpn.2016.22.4.166

Kobue, B., Moch, S., & Watermeyer, J. (2017). It's so hard taking pills when you don't know what they're for: A qualitative study of patients' medicine taking behaviours and conceptualisation of medicines in the context of rheumatoid arthritis. *BMC Health Services Research, 17*(1), 303. doi:10.1186/s12913-017-2246-8

Kundu, A., Dolan-Oves, R., Dimmers, M. A., Towle, C. B., & Doorenbos, A. Z. (2013). Reiki training for caregivers of hospitalized pediatric patients: A pilot program. *Complementary Therapies in Clinical Practice, 19*(1), 50-54. doi: 10.1016/j.ctcp.2012.08.001.

Kundu, A., Lin, Y., Oron, A. P., & Doorenbos, A. Z. (2014). Reiki therapy for postoperative oral pain in pediatric patients: Pilot data from a double-blind, randomized clinical trial. *Complementary Therapies in Clinical Practice, 20*(1), 21-25. doi: 10.1016/j.ctcp.2013.10.010

Kutner, J. S., & Smith, M. C. (2013). CAM in chronic pain and palliative care. In *Handbook of pain and palliative care* (pp. 649-696). Springer New York.

Lahiri, M., Santosa, A., Teoh, L. K., Clayton, J. A., Lim, S. Y., Teng, G. G., & Cheung, P. M. (2017). Use of complementary and alternative medicines is associated with delay to initiation of disease-modifying anti-rheumatic drug therapy in early

inflammatory arthritis. *International Journal of Rheumatic Diseases, 20*(5), 567-575. doi:10.1111/1756-185X.13091

Lauche, R., Langhorst, J., Paul, A., Dobos, G., & Cramer, H. (2014). Self-reported health and satisfaction of patients with chronic diseases who meditate: A case-control study. *Quality of Life Research, 23*(9), 2639-2644. doi:10.1007/s11136-014-0714-8

Lee, E. B., Fleischmann, R., Hall, S., Wilkinson, B., Bradley, J. D., Gruben, D., Koncz, T., Krishnaswami, S., Wallenstein, G. V., Zang, C., Zwillich, S. H., van Vollenhoven, R. F., & ORAL Start Investigators. (2014). Tofacitinib versus methotrexate in rheumatoid arthritis. *New England Journal of Medicine, 370*(25), 2377-2386. https://doi.org/10.1056/nejmoa1310476

Lee, M. S., Pittler, M. H., & Ernst, E. (2008). Effects of Reiki in clinical practice: A systematic review of randomised clinical trials. *International Journal of Clinical Practice, 62*(6), 947-954. https://doi.org/10.1111/j.1742-1241.2008.01729.x

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis, and interpretation* (Vol. 47). Sage Publications.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.

Lindsay, J., Kabir, M., Gilroy, N., Dyer, G., Brice, L., Moore, J., Greenwood, M., Hertzberg, M., Gottlieb, D., Larsen, S. R., Hogg, M., Brown, L., Huang, G., Tan, J., Ward, C., & Kerridge, I. (2016). Epidemiology of complementary and alternative medicine therapy use in allogeneic hematopoietic stem cell transplant

survivorship patients in Australia. *Cancer Medicine, 5*(12), 3606-3614. https://dx.doi.org/10.1002/cam4.889

Lindsey, L. (2014). Recovering agency: Lifting the veil of Mormon mind control. Place of publication not identified: Luna Lindsey.

Long, P. A. (2015). A call for ethical code enrichment in complementary and alternative healthcare professions. *Focus on Alternative and Complementary Therapies, 20*(3-4), 135-137. doi: 10.1111/fct.12212

Lucchetti, G., de Oliveira, R. F., Gonçalves, J. P. B., Ueda, S. Y. U., & Mimica, L. M. J. (2013). Effect of spiritist "passe" (spiritual healing) on growth of bacterial cultures. *Complementary Therapies in Medicine, 21*(6), 627-632. doi: 10.1016/j.ctim.2013.08.012

Manohar, R., Mahapatra, A., Joseph, M., & Mohan, P. (2014). Comparative effectiveness research on different treatment options for rheumatoid arthritis in Ayurveda. *The Journal of Alternative and Complementary Medicine, 20*(5), A75-A76. https://doi.org/10.1089/acm.2014.5198.abstract

Margaretten, M., Julian, L., Katz, P., & Yelin, E. (2011). Depression in patients with rheumatoid arthritis: Description, causes and mechanisms. *International Journal of Clinical Rheumatology, 6*(6), 617-623. doi: 10.2217/IJR.11.6

Martins, R., Cunha, C., Andrade, A., Albuquerque, C., & Cunha, M. (2017). Reiki complementary therapy in nursing practice. *The European Proceedings of Social & Behavioural Sciences*, (icSEP 2017), 79-81. http://dx.doi.org/10.15405/epsbs.2017.06.11

Matcham, F., Norton, S., Scott, D. L., Steer, S., & Hotopf, M. (2016). Symptoms of depression and anxiety predict treatment response and long-term physical health outcomes in rheumatoid arthritis: Secondary analysis of a randomized controlled trial. *Rheumatology (Oxford, England), 55*(2), 268-278.

McManus, D. E. (2017). Reiki is better than placebo and has broad potential as a complementary health therapy. *Journal of Evidence-Based Integrative Medicine, 7*(3), 35-38. doi: 2156587217728644.

Midilli, T. S., & Eser, I. (2015). Effects of Reiki on post-cesarean delivery pain, anxiety, and hemodynamic parameters: A randomized, controlled clinical trial. *Pain Management Nursing, 16*(3), 388-399. https://doi.org/10.1016/j.pmn.2014.09.005

Murthy, V., Adams, J., Broom, A., Kirby, E., Refshauge, K. M., & Sibbritt, D. (2017). The influence of communication and information sources upon decision-making around complementary and alternative medicine use for back pain among Australian women aged 60-65 years. *Health & Social Care In The Community, 25*(1), 114-122. doi:10.1111/hsc.12275

National Center for Complementary and Alternative Medicine. (2012). *Reiki: An introduction*. Retrieved from http://nccam.nih.gov/health/reiki/introduction.htm

Neuhouser, M. L., Smith, A. W., George, S. M., Gibson, J. T., Baumgartner, K. B., Baumgartner, R., Duggan, C., Bernstein, L., McTiernan, A., & Ballard, R. (2016). Use of complementary and alternative medicine and breast cancer survival in the health, eating, activity, and lifestyle study. *Breast Cancer Research and Treatment, 160*(3), 539-546. https://doi.org/10.1007/s10549-016-4010-x

Novoa, M. P., & Cain, D. S. (2014). The effects of Reiki session on mental health professionals at risk for secondary traumatic stress: A placebo control study. *Best Practices in Mental Health: An International Journal, 10*(1), 31-46.

Orsak, G., Stevens, A. M., Brufsky, A., Kajumba, M., & Dougall, A. L. (2015). The effects of Reiki therapy and companionship on quality of life, mood, and symptom distress during chemotherapy. *Journal of Evidence-Based Complementary & Alternative Medicine, 20*(1) 20-27. https://doi.org/10.1177/2156587214556313

Panagopoulos, C., & Prysby, C. (2017). Polls and elections: Socioemotional selectivity theory and vote choice. *Presidential Studies Quarterly, 47*(3), 552-560. https://doi-org.ezp.waldenulibrary.org/10.1111/psq.12400

Parikh, S. S., Shepelyak, Y., & Cuccurullo, S. (2017). Alternative medicine for the treatment of pain in the rehabilitation patient. In A. Carayannopoulos (Ed.), *Comprehensive pain management in the rehabilitation patient* (pp. 617-626). Springer. Retrieved from www.springer.com/us/book/9783319167831

Pollard, L., & Choy, E. (2005). Rheumatoid arthritis: Non-tumor necrosis factor targets. *Current Opinion in Rheumatology, 17*(3), 242-246. https://doi.org/10.1097/01.bor.0000159927.19891.eb

Puri, S., Walia, D. K., & Jindal, H. A. (2017). Reiki: A modality towards holistic approach to cancer cure. *International Journal of Community Medicine and Public Health, 4*(6), 1790-1792. http://dx.doi.org/10.18203/2394-6040.ijcmph20172134

Quandt, S. A., Chen, H., Grzywacz, J. G., Bell, R. A., Lang, W., & Arcury, T. A. (2005). Use of complementary and alternative medicine by persons with arthritis: Results of the National Health Interview Survey. *Arthritis Care & Research, 53*(5), 748-755. https://doi.org/10.1002/art.21443

Raheim, S., & Lu, J. J. (2014). Preparing MSW students for integrative mind–body-spirit practice. *Clinical Social Work Journal, 42*(3), 288-301. doi:10.1007/s10615-014-0484-33

Rao, A. S. A., Phaneendra, D., Pavani, C. D., Soundararajan, P., Rani, N. V., Thennarasu, P., & Kannan, G. (2016). Usage of complementary and alternative medicine among patients with chronic kidney disease on maintenance hemodialysis. *Journal of Pharmacy & Bioallied Sciences, 8*(1), 52-57. https://doi.org/10.4103/0975-7406.171692

Ratnam, D. (2009, September 3). Don't ignore your pain. *Hindustan Times*. https://www.hindustantimes.com/health-and-fitness/don-t-ignore-your-pain/story-IRksJdfC2sdaaPJBPbVL7K.html

Richeson, N. E., Spross, J. A., Lutz, K, & Peng, C. (2010). Effects of Reiki on anxiety, depression, pain, and physiological factors in community-dwelling older adults. *Research in Gerontological Nursing, 3*(3), 187-200. doi:10.3928/19404921-20100601-01

Riessman, C. J. (2008). *Narrative methods for the human sciences*. Sage Publications.

Salles, L. F., Vannucci, L., Salles, A., & Silva, M. J. (2014). The effect of Reiki on blood hypertension. *Acta Paulista De Enfermagem, 27*(5), 479-484. doi: 10.1590/1982-0194201400078

Samuel, C. A., & Faithfull, S. (2014). Complementary therapy support in cancer survivorship: A survey of complementary and alternative medicine practitioners' provision and perception of skills. *European Journal of Cancer Care, 23*(2), 180-188. https://doi.org/10.1111/ecc.12099

Shaw, H. (2015). Complementary and alternative medicine. In G. H. Lyman (Ed.), *Oxford American handbook of oncology* (p. 195). Oxford University Press.

Shaybak, E., Abdollahimohammad, A., Rahnama, M., Masinaeinezhad, N., Azadi-Ahmadabadi, C., & Firouzkohi, M. (2017). The effect of Reiki energy healing on CABG postoperative chest pain caused by coughing and deep breathing. *Indian Journal of Public Health Research and Development, 8*(2), 305-310. https://doi.org/10.5958/0976-5506.2017.00131.0

Silva, G., Alvares, J., Andrade, E. I., Cherchiglia, M., Guerra, A., Almeida, A., Godman, B., & Acurcio, F. (2018). VP53 cost-utility analysis: Adalimumab verus etanercept in rheumatoid arthritis—Brazil. *International Journal of Technology Assessment in Health Care, 33*(S1), 171-172. doi:10.1017/S0266462317003336

Smolen, J. S., Breedveld, F. C., Burmester, G. R., Bykerk, V., Dougados, M., Emery, P., Kvien, T. K., Navarro-Campán, M. V., Oliver, S., Schoels, M., Scholte-Voshaar, M., Stamm, T., Stoffer, M., Takeuchi, T., Aletaha, D., Andreu, J. L., Aringer, M., Bergman, M., Betteridge, N., Bijlsma, H., Burkhardt, H., Cardiel, M., Combe, B.,

... & van der Heijde, D. (2016). Treating rheumatoid arthritis to target: 2014 update of the recommendations of an international task force. *Annals of the Rheumatic Diseases, 75*(1), 3-15. https://doi.org/10.1136/annrheumdis-2015-207524

Son, J. S., & Janke, M. C. (2015). Contributions of leisure-based selective optimization with compensation and leisure activity expenditure to the health of adults with arthritis. *Journal of Leisure Research, 47*(1), 34-57. doi: 10.1080/00222216.2015.11950350

Stephenson, E., DeLongis, A., Esdaile, J. M., & Lehman, A. J. (2014). Depressive symptoms and/or side effects and rheumatoid arthritis: Spouse empathic responding as a buffer. *Arthritis Care & Research, 66*(4), 532-541. https://doi.org/10.1002/acr.22161

Tamhane, A., McGwin, G., Redden, D. T., Hughes, L. B., Brown, E. E., Westfall, A. O., Conn, D. L., Jonas, B. L., Smith, E. A., Brasington, R. D., Moreland, L. W., Bridges, S. L., & Callahan, L. F. (2014). Complementary and alternative medicine use in African Americans with rheumatoid arthritis. *Arthritis Care & Research, 66*(2), 180-189. doi: 10.1002/acr.22148

Thrane, S., & Cohen, S. M. (2014). Effect of Reiki therapy on pain and anxiety in adults: An in-depth literature review of randomized trials with effect size calculations. *Pain Management Nursing, 15*(4), 897-908. https://doi.org/10.1016/j.pmn.2013.07.008

Thrane, S. E., Maurer, S. H., Ren, D., Danford, C. A., & Cohen, S. M. (2017). Reiki therapy for symptom management in children receiving palliative care: A pilot study. *American Journal of Hospice and Palliative Medicine, 34*(4), 373-379. https://doi.org/10.1177/1049909116630973

Townsend, J. S. (2013). Temari Reiki: A new hands-off approach to traditional Reiki. *International Journal of Nursing Practice, 19*(2), 34-38. doi: 10.1111/ijn.12042

Tran-Duy, A., Boonen, A., Kievit, W., van Riel, P. L. C. M., van de Laar, M. A. F. J., & Severens, J. L. (2014). Modelling outcomes of complex treatment strategies following a clinical guideline for treatment decisions in patients with rheumatoid arthritis. *PharmacoEconomics, 32*(10), 1015-1028. https://doi.org/10.1007/s40273-014-0184-4

Ubel, P. A., Zhang, C. J., Hesson, A., Davis, J. K., Kirby, C., Barnett, J., & Hunter, W. G. (2016). Study of physician and patient communication identifies missed opportunities to help reduce patients' out-of-pocket spending. *Health Affairs, 35*(4), 654-661. doi: 10.1377/hlthaff.2015.1280

Uhlig, T., Moe, R. H., & Kvien, T. K. (2014). The burden of disease in rheumatoid arthritis. *PharmacoEconomics, 32*(9), 841-851. https://doi.org/10.1007/s40273-014-0174-6

Vandergrift, A. (2013). Use of complementary therapies in hospice and palliative are. *Omega: Journal of Death & Dying, 67*(1/2), 227-232. doi:10.2190/OM.67.1-2.z2

VanHaalen, H. G. M., Severens, J. L., Tran-Duy, A., & Boonen, A. (2014). How to select the right cost-effectiveness model? A systematic review and stepwise approach

for selecting a transferable health economic evaluation model for rheumatoid arthritis. *PharmacoEconomics, 32*(5), 429-442. https://doi.org/10.1007/s40273-014-0139-9

Weary, G., & Reich, D. A. (2000). Attribution theories. In *Encyclopedia of psychology*, Vol. 1. (pp. 320–325). American Psychological Association. https://doi-org.ezp.waldenulibrary.org/10.1037/10516-111

Weinblatt, M. E., Genovese, M. C., Ho, M., Hollis, S., Rosiak-Jedrychowicz, K., Kavanaugh, A., Millson, D. S., Leon, G., Wang, M., & van der Heijde, D. (2014). Effects of fostamatinib, an oral spleen tyrosine kinase inhibitor, in rheumatoid arthritis patients with an inadequate response to methotrexate: Results from a phase III, multicenter, randomized, double-blind, placebo-controlled, parallel-group study. *Arthritis & Rheumatology, 66*(12), 3255-3264. https://doi.org/10.1002/art.38851

Woosnam, K. M., Draper, J., Jiang, J., Aleshinloye, K. D., & Erul, E. (2018). Applying self-perception theory to explain residents' attitudes about tourism development through travel histories. *Tourism Management, 64*(2018), 357-368. https://doi-org.ezp.waldenulibrary.org/10.1016/j.tourman.2017.09.015

Yang, L., Sibbritt, D., & Adams, J. (2017). A critical review of complementary and alternative medicine use among people with arthritis: A focus upon prevalence, cost, user profiles, motivation, decision-making, perceived benefits and communication. *Rheumatology International, 37*(3), 337-351. doi:10.1007/s00296-016-3616-y

Zhao, S., Otieno, F., Akpan, A., & Moots, R. (2017). Complementary and alternative medicine use in rheumatoid arthritis: Considerations for the pharmacological management of elderly patients. *Drugs & Aging, 34*(4), 255-264. doi:10.1007/s40266-017-0443-0

Zrubka, Z. (2017). Economic aspects of biosimilar competition in Hungary—The treatment of rheumatic disorders. *Society and Economy, 39*(2), 271-290. doi:10.1556/204.2017.39.2.6

Appendix A: Recruitment Flyer

Participants Needed for Research on the Use of Reiki for Rheumatoid Arthritis (RA)

I am conducting a study about the use of Reiki to remedy symptoms and/or side effects of RA. If you are currently suffering from RA and have used Reiki to alleviate its symptoms you are invited to participate in the study. I am interested in learning from you about your experiences with Reiki to remedy RA. There are a few requirements for participating in the study:

- You cannot be using any prescribed medications commonly used to remedy RA.
- You must have used Reiki at least twice for RA symptoms or side effects, and each Reiki session must have been a minimum of 30 minutes.
- You must be the age of majority in the state you reside.

Your participation is entirely voluntary and will consist of two 45-minute interviews 4 weeks apart, at a time that is convenient to you. The interviews will be recorded, and can take place in person or via Skype or Facetime. The first interview will focus on how you decided to use Reiki for RA and the second interview will discuss your experiences using Reiki. The information you share is confidential and will be kept private and not shared with anyone outside of my dissertation committee.

In appreciation for your time, I will give you a $10 Amazon gift card at the time we schedule your first interview.

If you are interested in more information and have an interest in participating in the study, please contact me. Thank you for considering participating in my study.

Theresa Jimenez,
MA, MS Doctoral Candidate,
Doctor of Psychology at Walden University

Appendix B: Nature of the Study

Script for people I know

Thank you for agreeing to share information about my study with potential Reiki recipients. The purpose of the study is to understand what rheumatoid arthritis sufferers' experiences were using Reiki to help with their RA symptoms and/or side effects. I would appreciate it if you would share my flyer with anyone who has RA and is using Reiki to alleviate the symptoms and/or side effects associated with it. If you have any questions or concerns, you can contact me at XXX or email at XXX@waldenu.edu. Thank you for your time.

Script for people I don't know

My name is Theresa Jimenez, I am a doctoral candidate at Walden University. I am conducting a study on understanding the experiences of rheumatoid arthritis sufferers' who have turned to Reiki to alleviate RA symptoms and/or side effects. I would appreciate it if you would share my flyer with anyone who has RA and is using Reiki to alleviate the symptoms and/or side effects associated with it. If you have any questions or concerns, you can contact me at XXX or email at XXX@waldenu.edu. Thank you for your time.

Appendix C: Script to Screen for Research

Choosing Reiki for Rheumatoid Arthritis: A Narrative Inquiry

Thank you for calling about my study. I am Theresa Jimenez. I am completing my doctorate at Walden University. My study is about the use of Reiki to remedy symptoms and/or side effects of Rheumatoid Arthritis (RA).

I need to ask you some questions in order to determine if you are eligible for participating in the research. I will go over the requirements for being in the study. Before I begin, I would like to tell you a little bit about the research.

Your participation in the study will require two interviews, each about 45 minutes in length, that will take place at a time and date convenient to you. The two interviews need to be separated by 4 weeks. The interviews can take place in person or via Skype or Facetime, and they will be recorded. The first interview will focus on how you decided to use Reiki as a remedy for RA, and the second interview will discuss your experiences using Reiki. The information you share is confidential and will be kept private and not shared with anyone outside of my dissertation committee. Your participation in the study is entirely voluntary.

The questions I am going to ask in the screening are from the flyer announcing the study. Would you like to continue with the screening? [*If no, thank the person and hang-up*].

[*If yes, continue with the screening*].

Are you the age of majority in the state you live in?

Have you been diagnosed with Rheumatoid Arthritis by a medical doctor?

Are you currently suffering or have recently (within the past year) suffered from RA and have sought Reiki to remedy the symptoms and/or side effects you are having from RA?

Are you currently using any prescribed medications commonly used to remedy RA?

Have you used Reiki at least twice for your RA symptoms and/or side effects?

Was each Reiki session a minimum of 30 minutes long?

Are you available for two 45-minute interviews separated by 4 weeks that are conducted in person or by Skype or Facetime?

If yes, include the following at the end of the screening:

Thank you for answering the screening questions.

You are eligible to participate in the study. When would it be convenient for you to meet for the first interview?

If not eligible:

Unfortunately, you are not eligible to participate because you did not meet the study's criteria.

Do you have any questions about the screening or the research?

Thank you again for your willingness to answer my questions.

Appendix D: Themes

Theme 1: Experiencing chronic pain or worsening of symptoms influenced RA sufferers to seek Reiki.

Theme 2: RA sufferers sought Reiki when side effects and symptoms impeded with their ability to do daily tasks.

Theme 3: Participants had heard or read that Reiki was a form of energy that could heal or help alleviate RA symptoms.

Theme 4: The belief that Reiki would work was what caught the attention of several participants when deciding to try it.

Theme 5: Reiki being an alternate method that they could use to alleviate their RA symptoms is what attracted many of the participants to try Reiki.

Theme 6: Participants imagined Reiki would help, hoped that it might help, or were unsure that it could help with their symptoms.

Theme 7: Most of the participants found a Reiki practitioner through someone they knew or via advertisement.

Theme 8: When they met with their Reiki practitioner most participants discussed their RA symptoms with them.

Theme 9: The Reiki practitioner told the participants that they would be relaxing during their session while they would work with their energy and chakras.

Theme 10: During the Reiki sessions participants described being put into a relaxed state.

Theme 11: Reiki was administered via strategic hand placement on and over the body and chakras as the participants were laying down.

Theme 12: As the practitioners performed Reiki, several of the participants stated that they would incorporate the use of crystals, stones, aromas, and prayers during the session.Theme 13: The impression of energy was reported as a common component in the Reiki session, as well as feeling heat or a tingling sensation.

Theme 14: Some of the participants described seeing colors and having visions whilehaving Reiki.

Theme 15: After trying Reiki, participants had more energy and felt better; their painand/or symptoms had either lessened or had gone completely away.

Theme 16: Participants expressed feeling relaxed after a Reiki session.

Theme 17: Participants recommended others to be open-minded about Reiki and try itbecause it can help heal or lessen RA symptoms.

Theme 18: Participants felt that others should try Reiki because it has no side effects andthat it also can help RA sufferers stop or lessen their medication usage.