

Hands of Light: The Effects of Reiki Therapy on Mental Well-Being

Acknowledgement

Over the past two years and up until now, I have been carrying two roles: a student and a psychotherapist. Having to work and study at the same time, coupled with complications of COVID-19, did not bring me to my knees. All the hardships fueled me, driving me to achieve the unimaginable, and taught me an invaluable lesson: embracing tenacity under the relentlessness that life presents.

Through taking the courses involved in transpersonal psychology, I was able to develop a systematic understanding of transpersonal psychology as a field of study and explore psychotherapy methods that seemed unconventional to me yet could be effective. Experiencewise, I most definitely gained a more thorough understanding of my inner world as well as the profound, intertwined intricacies of the human mind and healing.

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Table of Contents

Acknowledgement	2
1. Introduction	4
1.1 Problem Statement	4
1.2 Purpose Statement	4
2. Theoretical Framework	5
2.1 Reiki as an Energy Medicine	7
2.2 Subtle Energy	8
2.3 Chakra	9
2.4 The Link Between Reiki and Transpersonal Psychology.....	12
3. Literature Review	134
3.1 Reiki & Anxiety	16
3.2 Reiki & Depression	18
3.3 Reiki & Other Domains of Mental Well-Being.....	20
3.4 Summary of Evidence.....	23
4. Application, Significance & Implications	23
4.1 Applicability	23
4.2 Significance & Implications	26
5. Conclusion	28
References	30
Appendix A	38

1. Introduction

The current study aims to prove whether Reiki therapy is effective in treating mental health issues. Through explaining the overarching theories within the context of Reiki therapy, readers can expect to develop a basic understanding of what Reiki therapy is, its background in relation to the dominant medical model, and the mechanisms upon which it operates. Furthermore, this study describes and critically analyzes past research evidence regarding the effects of Reiki therapy on multiple mental health issues, namely depression, anxiety, stress, burnout, and trauma-related challenges. As it turns out, Reiki therapy has largely proved effective in addressing most of the aforementioned mental health issues. Past research studies have largely confirmed the positive effects of Reiki therapy on mental health issues, though inconsistency remains.

1.1 Problem Statement

It is estimated that around 1 billion people around the globe experience some form of mental disorders or challenges annually (World Health Organization, 2022). Reiki therapy, as an energy medicine, not only has the potential to improve physical health but also possesses the ability to assuage mental health issues. Given the fact that traditional pharmacotherapy and psychotherapy treatments can have side effects and be ineffective at times (Haime et al., 2021; Kamenov et al., 2017), it is critical for us to expand upon the current repertoire of practices that psychiatrists and psychotherapists possess, considering incorporating energy medicines such as Reiki therapy to better facilitate the therapeutic outcome.

1.2 Purpose Statement

As a psychotherapist, I oftentimes experience frustration and discouragement when the traditional counseling method does not seem to have profound, long-lasting therapeutic effects on some of my clients. As I traversed through dramatically different real-world case scenarios and learned different theories, I was able to get a glimpse of what truly constitutes a well-versed psychotherapist. Being able to handle individual clients by putting theories into practice is one thing, ensuring positive outcomes is another, the latter of which is of great significance to psychotherapists and requires lifelong learning and the willingness to break free from the reins of traditional, dominant approach to psychotherapy. Inspired by this understanding, I decided to explore other psychotherapy methods, and this is when Reiki therapy came into my view. Enabling the therapy to occur without verbal communication, Reiki complements other therapy methods, which aligns with the core attitude of transpersonal psychology. Therefore, incorporating Reiki therapy into my current arsenal can be meaningful and helpful to both me and my clients. At the same time, ethics and settings also come into play because of the fact that Reiki requires physical contact between the therapist and the client, and that the boundary between a spiritual guide and therapist is clearly defined at times. In the hope of contributing to the current understanding of Reiki, I dedicated myself to carrying out the current study where the underpinnings and research evidence of Reiki are explained.

2. Theoretical Framework

Originating in East Asia, Reiki therapy is an alternative, complementary treatment method aimed at improving the overall well-being of a person's mind, body, and spirit. To achieve therapeutic effects, Reiki practitioners place their hands near, above, or directly on

the body of their clients to direct, cleanse, and unblock the energy flow within the body. Unlike the dominant medical models that largely tilt towards the utilization of invasive treatment methods such as medication, physical therapy, and surgery, Reiki therapy draws heavily from Eastern philosophical and metaphysical realms in which the fundamental biological mechanism upon which the human body operates differs from that of Western medicine. Given the fact that the underlying mechanisms of how Reiki works are not observable and scientifically provable, Reiki therapy is considered a pseudoscience in the eyes of many, though the term does not necessarily carry a degrading sentiment, nor have Reiki practitioners claimed that the method itself is science-based (Semple & Smyth, 2019). However, being an allegedly “pseudoscience” does not equate to the absence or underdevelopment of coherent and interrelated theoretical underpinnings.

Complementary, alternative medicine has many subcategories. Out of all the complementary, alternative medicine seen in both Eastern and Western medicine, Reiki therapy falls under the subcategory of energy medicine, which is a term “coined by the International Society for the Study of Subtle Energy and Energy Medicine which studies the science of medical and therapeutic applications of subtle energies” in 1989 (Ross, 2012, p. 1). Therefore, it is essential to explicate energy medicine, as this category shapes much of how both experts in the field of medicine, psychiatry, and psychotherapy and laymen view Reiki therapy through a lens that is scientifically and socially relevant.

At the core of Reiki therapy is the belief that subtle energy, a term that often varies from one school of thought to another, flows through a chakra system located along the spine, and it is through this flowing process that the mental and physical state constantly fluctuate,

resulting in either positive or negative health outcomes. The following sections will be dedicated to explaining how this process takes place in detail based on overarching theories in Reiki.

2.1 Reiki as an Energy Medicine

The emergence of energy medicine has not only enabled medical professionals and therapists to take into consideration the role that physics plays in restoring and maintaining physical, mental, and spiritual well-being but also opened up a whole new avenue for psychotherapists to explore and experiment (Ross, 2012; Srinivasan, 2010). Energy medicine can be categorized into two kinds: veritable and putative; the former encompasses mainly diagnostic and treatment methods within Western medicine, and the latter includes therapeutic practices found within Eastern medicine (Guarneri & King, 2015). It is worth mentioning that physics is essentially the study of energy. When analyzing the human body through the lens of physics, each and every subsystem, be it the nervous, respiratory, digestive, or muscular system, carries, diverts, and circulates energy. The energy within the body system, when strictly using terminologies derived from Western medicine, is manifested as the electricity of neurotransmission, forces produced through the exertion of different muscle groups, and the generation of various types of gas and heat; such dynamics occur at the cellular level as well, which is demonstrated by cell osmosis and diffusion (Liu, 2018). Thus, combined with biochemistry, physics propelled the advent of technologies like Computerized Tomography (CT) and Magnetic Resonance (MRI), both of which can be categorized as veritable energy medicine.

On the other hand, in Eastern medicine or medical and therapeutic practices that are influenced by metaphysical thinking and transcendental human experience, concepts like Qi (Chi), prana, and subtle energy account for basic energy entities found both within and outside the human body (Rosch, 2009). These energy entities, though not materialized, dictate human consciousness, spirituality, perception, and health (Liu, 2018; Srinivasan, 2014; Ross, 2012). Nevertheless, the differentiation between these three quintessential energy entities is of utmost importance because they are rooted in fundamentally different therapeutic practices, namely traditional Chinese medicine, Yoga, and Reiki, all of which are putative energy medicine. Traditional Chinese medicine (TCM) involves a wide variety of medical practices, and some of them that are considered energy medicine include acupuncture, Tai Chi, and Qigong. Yoga proposes that mindfulness, spirituality, and health are achieved through certain body movements, breath patterns, and meditations. To some extent, Reiki resembles energy medicines that belong to TCM or Yoga in that it systematizes the human body, just like the meridian system in TCM, and theorizes that through manipulating the flow of subtle energy and the interaction between subtle energy and chakra, various therapeutic effects are achieved.

2.2 Subtle Energy

Subtle energy is oftentimes used interchangeably with terms like Qi and prana (Belal et al., 2023), but these terms essentially refer to the same thing in the therapeutic context: a universal life force. Subtle energy exists both inside and outside the human body. It does not take any physical forms, is not measurable, and is regarded as the “basic fabric of everything in the physical world” (Belal et al., 2023, p. 1). In a metaphysical sense, the subtle energy

travels through both the non-physical and physical world and operates based on the law of resonance. We, as humans, attract and receive subtle energies that are in a similar range of frequencies of our consciousness, thoughts, emotions, and body. From there, the subtle energy flows through the chakra, a system made up of seven different locations along the spine. Negative, undesirable subtle energies can sometimes gather in one or more chakra, causing blockage, which in turn produces negative health outcomes. Aside from blockage, negative or impure subtle energy can also taint one or more chakra, rendering the mind, body, and spirit susceptible to illnesses and diseases.

Instead of trying to define what subtle energy is, energy medicine practitioners, particularly Reiki therapists, are supposed to feel it, channeling and attuning themselves to the invisible, subtle manifestation of this energy, which includes but is not limited to tingling, heat, itchiness, a certain affective state, trance state, and nothingness, so to speak. Developing an intuition of sensing the subtle energy, a benign intention towards making therapeutic transformations, and an ability to determine the placement of hands directly on, above, or near the body of the person undergoing therapy in accordance with the flow and blockage of the subtle energy is essential for Reiki practitioners.

2.3 Chakra

In Sanskrit, the literal meaning of chakra is wheel. The early Yogis and believers of Hinduism, Buddhism, and other Indian religious and philosophical teachings built and expanded the concept of chakra system upon the literal meaning, setting forth that there are 7 major ever-spinning chakra systems located at 7 different locations throughout the spine, from the bottom to the top, and that each of these chakra systems corresponds to a set of

internal organs and mental functions (Best, 2010). Notably, the chakra system or other bodily energy systems can be found in a wide array of indigenous cultures including Native American, Hindu, Chinese, and Egyptian (Best, 2010).

As noted before, there are 7 major chakra systems: 1) Sahasrara located at the top of the head, 2) Ajna located at the center of the forehead, 3) Vissudha located at the center of the neck, 4) Anahata located in the center of the chest, 5) Manipura located at the solar plexus, 6) Svadhithana located just below the navel, and 7) Muladhara located at the base of the spine. The corresponding mental function of each chakra system can be seen in Figure 1 below:

Figure 1

Name, location, and the mental function of seven chakra systems

SEVEN MAJOR CHAKRAS SYSTEMS		
Name	Location	Corresponding mental function
Sahasrara	Top of the head	spirituality, wisdom, enlightenment
Ajna	Center of the forehead	Intelligence, Intuition, self-awareness
Vissudha	Neck	faith, communication, expression, inspiration
Anahata	Chest	love, attachment, trust, compassion
Manipura	Solar plexus	ego, anger, and aggression
Svadhithana	Below the navel	sexuality, creativity, and self-worth
Muladhara	Base of the spine	survival, stability, ambition, and self-sufficiency

It is worth mentioning that each chakra system also corresponds to different organs and bodily systems within the scope of Western medicine, as McMurray (2005) points out. The Sahasrara system possesses the same function as the upper brain, specifically the pineal gland. The Ajna system operates as a neuro-system that oversees the pituitary gland. The Vissudha system corresponds to the head and neck in general, adjusting the functioning of the thyroid gland. The Anahata system coincides with the circulatory and respiratory systems in which the thymus gland plays an indispensable role. The Manipura system is the equivalent of the gastrointestinal (GI) system and manages the functioning of the pancreas. The Svadhithana system is the counterpart of the reproductive system. Lastly, the Muladhara system equates orthopedic system and is in charge of the functioning of the adrenals.

It becomes quite apparent that the chakra system not only oversees the mental and spiritual well-being but also the physical health of a person. The chakra system does not function independently of subtle energy; it is intertwined with subtle energy in the sense that it regulates the flow of subtle energy and is affected by subtle energy. Whenever there is a blockage in any of the chakra systems, disruption in physical, mental, and spiritual well-being occurs. This is where Reiki therapy comes into play. Through sensing the blockage or stagnation of subtle energy in one or more chakra systems, Reiki therapists then utilize their hands to unblock or facilitate the flow of subtle energy in certain chakra systems, restoring the normal functioning of that system. Nonetheless, the normal functioning of the chakra system of a person is also dependent upon various mental and physical processes transpiring within a person because a particular type of thinking, perception, feeling, or lifestyle can

attract similar types of counterparts, thus maintaining the status quo of chakra system or furthering the disruption.

Importantly, the chakra system serves as a portal, a vortex, a point of connection that enables humans to connect with divine power and the universe (Meadow, 1993). For that, it goes beyond serving the function of maintaining health and strengthening the components of musculoskeletal system or connectivity of neurons, which are fundamental aims of Western medicine, to where it can potentially aid a person in achieving spiritual awakening and enlightenment (Drapkin et al., 2016), though some past research have ascribed such spiritual developments to the manifestation of neurological mechanisms (Maxwell & Katyal, 2022; Mohandas, 2008; Newberg & Walfman, 2018). Ferrer (2008, p. 8) sets forth that embodied spirituality, one of the central focuses of transpersonal psychology, propels us to become complete human beings that are “firmly grounded in spirit-within, fully open to spirit-beyond, and in transformative communion with spirit-in-between.” The chakra system, as a conduit between the energy within and the universe, resonates with embodied spirituality and embodies what spirituality is about in essence, that is, a constant exchange between our inner self and the external world.

Transpersonal psychology views chakra as something capable of affecting consciousness (Cortright, 1997). Whenever a chakra system opens, a specific type of consciousness expands, which in turn affects how we think, perceive, and feel. Through cleansing each chakra system, Reiki therapists are able to help the client achieve physical, psychological, and spiritual well-being.

2.4 The Link Between Reiki and Transpersonal Psychology

Transpersonal psychology is a field of psychology that encompasses the study and application of both modern, conventional psychology and spiritual traditions (Cortright, 1997). The fundamental premise of transpersonal psychology rests on the holistic contention that the quintessential theories focusing on nature and nurture are not always and entirely capable of accounting for the intricacies of human experience and life, and that it is through the combination of analyzing human nature, nurture, and spirituality that we can comprehensively understand our experience and life to a greater extent. Obviously, transpersonal psychology resembles the features of conventional psychology but goes beyond the scope of conventional psychology, constituting as a psychospiritual discipline.

The early theoretical foundation of transpersonal psychology draws heavily from the theories proposed by Ken Wilber, Abraham Maslow, Carl Jung, and Stanislav Grof (Cortright, 1997). Eastern philosophy and religions around the world also helped shape transpersonal psychology as a discipline. As time went on, transpersonal psychology developed to a point where it was no longer the juxtaposition of existing theories; it became a synthesis, a fusion of many disciplines that were, some still are, outside the scope of psychology, namely metaphysics, spirituality, Eastern medicine, and many others. For that, transpersonal psychology as a discipline echoes the linguistic features that the term itself carries because transpersonal psychology requires a person to not only develop himself but also transcend. For that also, transpersonal psychology has attracted certain criticisms and skepticism that are largely rooted in the epistemological concerns of transpersonal psychology as a scientific discipline. The transcendence that transpersonal psychology requires a person to achieve, on a microscopic level, is manifested through embracing the novelty, abnormality, and

alternative of individual consciousness, professional or everyday, casual practices, mind, body, soul, and spirit. The macro level of this transcendence can be demonstrated as humans becoming willing to think outside the box of conventional science, thus contributing to a paradigm shift in terms of how we perceive the world and issues surrounding us and what we choose to do in response.

Now, this is rather an interesting point of view. Conventional science only gives us the closest truth instead of the absolute truth, provided that there is indeed one. For example, the law of gravity, a theory that pretty much everyone agrees to be a truth, is not necessarily a truth; it is constantly being proved through experiments and observations that are either infinite or finite in numbers, depending on whether we ever encounter anything defying it. This ever-evolving nature of all matters in this world features transpersonal psychology and encourages us to constantly transcend and renew our understanding of current science and psychological practices in order to achieve the best results possible.

Reiki shares many similarities and even corresponds with the fundamentals of transpersonal psychology because its theoretical framework is deeply rooted in Eastern philosophy and medicine. At the same time, Reiki is regarded as an alternative, complementary medicine in Western medicine alongside modalities such as Qigong, yoga, and acupuncture. Its potential is yet to be fully proven in the time to come. Rather than taking a dismissive stance against it because of its allegedly “pseudo-scientific” status and the scarcity of evidence in favor of its effectiveness, we can probably take a step back, consider its potentiality, and prove its effectiveness in various settings and populations. Regardless of the social and cultural context that equips Reiki with more or less relevance to transpersonal

psychology, the fact that Reiki is somehow marginalized and novel in Western medicine alone is enough for us to put in effort to explore its effectiveness. As Cortright (1997) points out, transpersonal psychologists are to be open-minded, not confining themselves to a single therapy method, and interested in understanding and implementing various therapy methods while respecting their values.

3. Literature Review

Again, the aim of the current study is to explore the therapeutic effects of Reiki therapy on mental and emotional disorders, including anxiety, depression, and trauma-related disorders. The subcategories or variations below the threshold of clinical significance criterion of each of these focused mental and emotional disorders are also within the scope of this study. To put it into perspective, the subjects of past studies involving Reiki therapy as an intervention may be diagnosed with anxiety, depression, or trauma-related disorders, according to diagnostic criterion of Diagnostic and Statistical Manual of Mental Disorders (DSM), a dominant model or 'Bible' for psychiatric assessment currently (Lafrance & McKenzie-Mohr, 2013), but there are also participants who do not meet the diagnostic criteria of these disorders or are not clinically depressed, anxious, or traumatized. Such participants are also within the scope of this study. Hence, it is crucial for readers to keep in mind that when words like anxiety, depression, and trauma-related disorders appear, they do not necessarily mean that the participants are clinically diagnosed with these emotional distresses.

In the absence of primary data, the present study therefore reviews past research studies done to examine the effects of Reiki therapy on anxiety, depression, and trauma-related

disorders. The search of past research studies is conducted using keywords including Reiki, anxiety, depression, and trauma in a total of 5 databases: Google Scholar, PubMed, Embase, BMJ, and Cochrane Library.

The inclusion criteria is that the research identified using the aforementioned keywords has to incorporate Reiki therapy as its intervention or treatment method and have at least one control group. Moreover, only research using self-reporting scales to measure anxiety, depression, and trauma disorders are included.

Interestingly, as the search process went along, it was discovered that several studies done to examine the effectiveness of Reiki therapy include more than one dependent variable, such as pain, mood, spirituality, and symptoms of chronic illnesses. The studies that solely focus on the association between anxiety and Reiki therapy, depression and Reiki therapy, and trauma and Reiki therapy are virtually non-existent. To date, nearly all studies that explore the efficacy and effectiveness of Reiki therapy take on a multifaceted approach where more than one association is examined.

3.1 Reiki & Anxiety

Reiki therapy has been adopted as an intervention or treatment method in a number of randomized controlled trials (RCTs). Dressen and Singg (1998) conducted one of the first RCTs to examine the effect of Reiki on pain, mood, personality, and spirituality. In their study, a total of 120 participants were recruited and randomly assigned to one of the four groups, including 1) the Reiki group where participants received 10 sessions of Reiki therapy, 2) the progressive muscle relaxation group in which participants received 10 sessions of relaxation therapy, 3) a control group without any intervention, and 4) a placebo group that

received inauthentic Reiki therapy. While pain, personality, and spirituality are three of the four main dependent variables of this study, the participants' mood was yet another important focus as well as the dependent variable of this study, and the mood was measured using the Beck Depression II Inventory and State-Trait Anxiety Inventory (STAI), the latter of which directly addresses the symptoms of anxiety among participants. It is important to note that trait anxiety refers to the anxiety that is inherent to a person based on personality and gene expressions while state anxiety is the transitory anxious state that a person experiences (Endler & Kocovski, 2001). Compared to baseline scores on STAI, the post-test scores on STAI indicate that Reiki therapy is an effective treatment for both trait and state anxiety (Dressen & Singg, 1998). Although a statistically significant result was found, this study does not implicate a clinical significance of Reiki therapy in relation to anxiety because it does not compare Reiki therapy with other treatment methods for anxiety. Nonetheless, Dressen and Singg (1998) pioneered the field of research on Reiki therapy's effect on anxiety, for its utilization of RCT design, the gold standard of research, confirmed the significant effect of Reiki therapy on reducing both state and trait anxiety compared to placebo.

Fast forward to 2010, Bowden et al. (2010) carried out a randomized controlled single-blind trial to test the impact of Reiki therapy and positive imagery on mood and salivary cortisol among 35 university students, who were randomly assigned to one of the six groups, three intervention groups receiving Reiki therapy and three control groups receiving sham Reiki therapy. Both baseline and post-experiment anxiety levels were measured by the Depression, Anxiety, and Stress Scale (DASS). The results indicate that while Reiki therapy significantly improved anxiety within the groups that received real Reiki therapy, Reiki

therapy did not prove to outplay placebo by a significant difference (Bowden et al., 2010). Just a year later, Bowden et al. (2011) constructed another randomized controlled single-blind trial, somehow replicating the study they had done in 2010 to investigate the effectiveness of Reiki therapy on improving mood and well-being. A total of 40 university students were recruited and randomly assigned to 4 groups, including two treatment groups (high mood and low mood) receiving Reiki therapy and two control groups (high mood and low mood) receiving placebo Reiki. Baseline and post-test anxiety levels were evaluated using DASS and the Hospital Anxiety and Stress Scale (HADS). The results reveal that Reiki therapy was not able to reduce anxiety levels among high mood treatment and control groups nor had it been able to reduce anxiety levels among low mood treatment and control groups (Bowden et al., 2011), a finding that conflicts with both Bowden et al.'s (2010) study prior and the study done by Dressen and Singg (1998). The small sample size and homogeneous demographic factors embedded in the sample of both studies done in 2010 and 2011 respectively undoubtedly reduce the generalizability, validity, and reliability, leaving the results open to examination by future research.

3.2 Reiki & Depression

Past research have shown inconsistent patterns in terms of the effectiveness of Reiki therapy on depression. Beard et al. (2010) studied the effects of complementary therapies, including Reiki therapy and relaxation response therapy, on anxiety, depression, and overall quality of life among 54 men with prostate cancer. Randomly assigning participants into 4 groups, two control groups and two intervention groups that consist of a Reiki therapy group and a relaxation response therapy group, the study used the Center for Epidemiological

Studies Depression (CES-D) scale to measure the pre- and post-experiment levels of depression among participants. While within-group and between-group anxiety levels were significantly reduced, only three participants reported a statistically significant reduction in CES-D scores both in the Reiki therapy and relaxation response therapy groups (Beard et al., 2010). However, a trend of decreasing CES-D scores was found in the Reiki therapy group with a p-value of .10 (Beard et al., 2010). The less promising effectiveness of Reiki therapy on depression compared to its effectiveness on anxiety could partly be attributed to the prevalence of prolonged depression among cancer patients and the causal relationship between cancer-related therapies and depression, both of which can undermine or offset the effectiveness of Reiki therapy on cancer patients (Chhatre et al., 2023; Duarte et al., 2022; Watts et al., 2014).

The same year, Richeson et al. (2010) explored the effects of Reiki therapy on anxiety, depression, and other physical challenges faced by community-dwelling older adults. 20 participants were randomly allocated to an experimental group and a control group. Measuring the level of depression using the Geriatric Depression Scale (GDS), the experiment yields a finding that suggests a significant difference between the pre-and post-study GDS scores, concluding that Reiki therapy is effective in reducing symptoms of depression among community-dwelling older adults (Richeson et al., 2010). The finding bears divergence with Beard et al's study (2010), but it may propel some of the future studies examining the effectiveness of Reiki therapy to take into account demographic factors and the medical condition of study participants given that these two factors made the findings dramatically differ from one another with the design of both studies being similar.

Systematic reviews and meta-analyses, alongside randomized controlled trials, provide us with the most reliable and concrete evidence (Niforatos et al., 2019). A systematic review by Zadro and Stapleton (2022) included six RCTs examining the effect of Reiki therapy on depression and other mental or emotional disorders. In spite of the fact that one study was deemed as flawed in its methodological design and the other five studies exhibited potential biases, Zadro and Stapleton (2022, p. 12) ultimately conclude that “Reiki is effective in reducing clinically relevant symptoms of depression compared with placebo...”. On the contrary, a systematic review conducted by Joyce and Herbison (2015, p. 1) sets forth that “there is insufficient evidence to say whether or not Reiki is useful for people over 16 years of age with anxiety or depression or both”. Being more recent and reviewing a larger number of RCTs, Zadro and Stapleton’s (2022) systematic review can be considered more reliable and valid compared to Joyce and Herbison’s review (2015). Moreover, the systematic review done by Joyce and Herbison (2015) only reviewed three studies, which limits its validity. Again, the proof of the clinical significance of Reiki therapy on depression needs to be furthered with future studies that compare Reiki therapy with other complementary, alternative medicines or dominant medical modalities, though the study on the latter may be subject to ethical issues and rigorous methodological design, considering that Reiki therapy is not yet a widely accepted therapeutic practice that attracts a substantial amount of attention by controlled clinical trials. One could also argue that the reason for the scarcity of clinical trials on Reiki therapy is that the funding of most of the controlled clinical trials comes from self-interested pharmaceutical companies that promote invasive medication treatment

methods over non-invasive treatment methods like Reiki therapy (Gazendam et al., 2022; Schott et al., 2010).

3.3 Reiki & Other Domains of Mental Well-Being (Stress, Burnout, and Trauma)

Stress and burnout go hand in hand. While stress is a normative part of human life, being overly stressed can lead to burnout and detriments to mental well-being. Burnout is known as the result of work-related overload and is comprised of three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Díaz-Rodríguez et al., 2011). In a randomized control trial conducted by Díaz-Rodríguez et al. (2011), 21 participants, who are care professionals with burnout syndrome, were assigned to a Reiki treatment group and a placebo group. Participants were asked to attend two Reiki sessions with a one-week interval in between and were measured a variety of physical indicators of stress level before and immediately after the Reiki session, including cortisol level, heart rate variability (HRV), and body temperature. The findings suggest that Reiki therapy was effective in reducing symptoms of burnout syndrome among the participants by modulating the activities of the parasympathetic nervous system (Díaz-Rodríguez et al., 2011).

Congruent with this finding, Rosada et al. (2015) again confirmed the effectiveness of Reiki therapy on burnout among mental health clinicians. While Díaz-Rodríguez et al. (2011) mainly used biomarkers to quantify the stress level and burnout syndrome among the participants, Rosada et al. (2015) measured burnout using self-reporting scales. Both measurements contribute to the holistic view of the effectiveness of Reiki on burnout, but it may be advisable for future studies to incorporate both self-reporting scales and biomarkers to assess the effectiveness of Reiki on burnout and other domains of mental well-being.

Aside from burnout, the association between Reiki therapy and stress has also been one of the central focuses of past research. As seen previously, Bowden et al.'s study (2010) confirmed the positive effect of Reiki therapy on reducing anxiety and stress levels. Two separate RCTs offered consistent findings (Vasudev & Shastri, 2016; Shore, 2004). In addition, Bukowski's study (2015) shed light on how self-Reiki, a form of Reiki therapy that can be used on a person's own without the presence of a therapist, contributes to reducing stress and facilitates relaxation among college students. Past research has also nullified the hypothesis that Reiki therapy has a positive effect on stress reduction. For example, a double-blinded RCT incorporating Reiki therapy as the intervention by Bat (2021) did not find a significant reduction in stress levels among participants. However, the study done by Bat (2021) only had participants undergo four 10-minutes Reiki therapy sessions in four days, which may explain why the study did not find Reiki therapy effective in reducing stress because normally Reiki therapy would have to be performed at around one hour per session and for an extended period of time in order to show significant effects on certain people. The small sample size (n=48) also undermines its validity and reliability to a certain extent.

Past research aiming to examine the association between Reiki therapy and trauma-related emotional distress remains rather scarce, and the results are inconsistent. While Reiki has proven to be helpful in healing trauma among survivors of torture in one study (Kennedy, 2001) and among intimate partner violence survivors in another (Hoppe, 2022), it was seen as ineffective in mitigating the risk of secondary traumatic stress among mental health professionals (Novoa & Cain, 2014). Novoa and Cain (2014) discuss that the ineffectiveness of Reiki therapy in their study may be attributed to the short duration of each

hand position that lasted only two and half minutes. Although each session was 50 minutes in total and consisted of 25 hand positions in total, the limited duration of each hand position can perhaps explain why Reiki therapy was ineffective in this study because deliberately choosing hand positions used in Reiki therapy according to energy flow is required for positive outcomes, whereas using a universal approach where the therapist chooses to use as many hand positions as possible is certainly not what Reiki therapy is meant to be.

3.4 Summary of Evidence

A total of 16 studies are examined and given critiques in regards to their methodological design, sample size, demographic factors of participants, and other potential confounding factors influencing validity, reliability, and generalizability. The findings of majority of studies reviewed support that Reiki therapy is effective in alleviating anxiety, depression, stress, burnout, and trauma.

4. Application, Significance & Implications

4.1 Applicability

Despite the inconsistency found in past research studies, the potentiality of Reiki therapy is not to be ignored. A substantial amount of research has found that Reiki can reduce anxiety, depression, stress, burnout, and trauma, which insofar supports the view that Reiki therapy can be used as an alternative or complementary therapy modality alongside counseling, medication, and other typical therapy methods. When using Reiki therapy as an alternative, complementary therapy method, it is crucial for therapists to monitor the progress, assess the outcome, and determine if Reiki is really the right choice for certain clients. Therapists using Reiki can get a general picture of whether the continuation of Reiki therapy is ideal

depending on if the client reports positive outcomes that ensue after a certain number of sessions, but in order to achieve the most optimal progress and results, therapists may consider basing their judgment not only on the subjective feeling of a client but self-reporting scales or other instruments that can quantify and actually demonstrate the therapeutic effects of Reiki as well. For example, if a client is experiencing depression or depressive mood, it may be important for the client to regularly fill out self rating scales and track the level of neurotransmitter release while receiving Reiki therapy. The same goes for anxiety, stress, trauma, or other mental health issues because clearly relying on more than one assessment method enhances reliability.

Clients who suffer from depression, anxiety, stress, burnout, or trauma are certainly the targeted groups that can be treated with Reiki, given there has been evidence proving the effectiveness of Reiki on these mental health issues. Furthermore, the applicability of Reiki therapy is immense because of the inherent attributes of Reiki. There is no communication needed to conduct the therapy, which is particularly salient to those with cognitive impairment, speech impediment, and unwillingness to talk. Cognitive impairment sometimes can limit one's ability to produce comprehensible utterances (Bellini, 2022). Likewise, speech impediments, hearing problems, and unwillingness to communicate are hindrances to therapeutic transformations. Reiki therapy not requiring communication may be more suited to the needs of clients of these particular types, but knowing the specific needs from either the clients' significant others or other sources is a must, needless to say. At the same time, those who are diagnosed with certain mental disorders that are severe enough should probably not only receive Reiki therapy as the only treatment. To prevent certain mental

health issues from deteriorating, Reiki therapists ought to make referrals when they sense that things are out of their control.

The application of Reiki therapy coincides with the tenets of transpersonal psychology because transpersonal psychology tends to encourage therapists to get to the bottom of the cause of a particular illness using a holographic point of view in which causes are multifaceted, stemming from neurological causes, psychological causes, blockages within the chakra system, imbalances of certain energies, and last but not least, spiritual causes (Cortright, 1997). As noted in the theoretical framework section, Reiki therapy operates based on a series of intertwined mechanisms between subtle energy and chakra systems, which is particularly salient not only in the context of complementary, alternative medicine but also in transpersonal psychology. Reiki therapy serves as an alternative treatment method for the mental health issues discussed above, but it does not directly provide an explanation of what causes these mental health issues. Some may be eager to reverse engineer the etiology of a certain mental health issue, concluding that an illness is the result of disruptions in chakra systems and subtle energy.

For example, depression or depressive mood is often thought to be the result of psychological, social, and biological disruptions (Remes et al., 2021). If therapists performed Reiki on a client with depression and were able to observe positive outcomes, some of them might jump the gun, solidifying their belief that the depression was indeed the result of chakra system blockage or disruptions of subtle energy. In reality, the progress might also be the result of other changes, including medication adherence, improved interpersonal relationships, a strong social support system, and alternations in perception and thought. This

is where transpersonal psychology comes into play, as it reminds therapists that we should always approach certain issues holistically and realize the dangers of narrow-mindedness. Therefore, approaching the application of Reiki therapy with major tenets of transpersonal psychology in mind enables therapists to discover other possibilities for the cause and treatment of certain mental health issues.

More importantly, Reiki therapy is a reciprocal process. Therapists and clients both benefit from the therapeutic process in many ways. For instance, self-Reiki therapy is the type of Reiki therapy that can be applied on the client's own without the presence of a therapist after the training. In the process of self-Reiki, the clients can obtain spiritual well-being and development that are less achievable when they are passive recipients of Reiki therapy because self-Reiki involves active meditation, which can help them achieve spiritual well-being (Buttle, 2015). The training can be provided by the Reiki therapist or people providing Reiki training through referrals made by the therapist, which may establish a benign therapeutic alliance between the client and the therapist, contributing to the overall dynamics and tapestry of the Reiki community. Reiki practitioners are also able to benefit in terms of improved experience, sensitivity towards energy flow, and personal spiritual development through self-Reiki. Due to the heavy emphasis that transpersonal psychology places on spirituality, Reiki therapy coincides with transpersonal psychology again. Meanwhile, Reiki practitioners should be well aware of the boundary between a spiritual guide and a therapist, refraining from leading the client in a particular direction with a spirituality-infused agenda in mind.

4.2 Significance & Implications

To date, research on the effectiveness of Reiki therapy on mental health issues is still in its infancy (vanderVaart et al., 2009). Thus, the current study may bear significance for its contribution to the present understanding of Reiki as a therapy method and the effectiveness of Reiki therapy in addressing mental health issues. The current study compiles past research evidence and makes clear to what extent and how Reiki therapy alleviates depression, anxiety, stress, burnout, and trauma. Moreover, analysis and critiques were made as to how the included research evidence could improve in terms of generalizability, reliability, and validity, and more importantly, how the effectiveness of Reiki therapy should be proved clinically significant as opposed to solely statistically significant compared to placebo. For that, the current study is significant to both laymen and researchers interested in the effectiveness of Reiki therapy on mental health issues. The applicability explained in the previous section may also help therapists utilizing Reiki make informed decisions and avoid using Reiki as the only therapy method at the expense of compromising the client's therapeutic progress and outcome.

The implications of the current study are not limited to the exploration of Reiki therapy per se. The current study can potentially raise awareness among medical professionals and divert some of their attention to complementary, alternative medicine. Reiki therapy is just one of the many types of complementary, alternative medicine. Complementary, alternative medicine such as art therapy, Qigong, Yoga, meditation, and Tai Chi may also act as facilitators for certain populations with certain health challenges. This is not to suggest that the utilization of complementary, alternative medicine may cause a paradigm shift in the field of medicine and psychotherapy in any near future; rather, considering that so many people

suffer from side effects of psychiatric or other kinds of medication, it may be advisable for doctors and therapists to adopt a holistic, comprehensive approach and incorporate complementary, alternative medicine into prescription and medication regimen.

5. Conclusion

Aiming to explore the effects of Reiki therapy on mental health issues, the current study endeavored to explain the category of medicine in which Reiki falls and the intricacies between the subtle energy and chakra system. Moreover, in the majority of the research evidence reviewed in this study, Reiki therapy is deemed effective in addressing mental health issues including depression, anxiety, stress, burnout, and trauma. It is safe to conclude that Reiki therapy is a promising therapy method.

However, limitations also exist. Unlike systematic reviews that get down to the nuts and bolts of methodological design and statistical mechanisms of past research studies, the present study yields its findings through the method of literature review without a rigorous examination of methodological design and statistical mechanisms of past studies. Future researchers attempting to investigate the effectiveness of Reiki therapy may consider conducting RCTs with larger sample sizes or systematic reviews with a large compilation of research studies in the past to extract the strongest evidence hierarchically. Triangulation may also be utilized where both qualitative and quantitative data are collected to render the findings more reliable.

Einstein (2000) once said:

The most beautiful thing we can experience is the mysterious. It is the source of all art and science. He to whom this emotion is a stranger, who can no longer pause to wonder and stand rapt in awe, is as good as dead; his eyes are closed. (p. 191)

Like transpersonal psychology, Reiki therapy is still an infant that deserves attention, care, and love. Meanwhile, its development is also dependent upon the collaborative dedication and effort by Reiki therapists, clients, researchers, and society at large.

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