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An Ethnographic Account of Reiki Practice in Britain

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Abstract

Reiki practice is a hands-on-healing method with spiritual foundations that travelled from Japan to the West in the 1930s. Since that time it has rapidly grown in popularity and has taken root in many countries around the world. This thesis is the result of 14 months of ethnographic fieldwork intended to develop a detailed understanding of what Reiki practice means to participants in Britain. I focus on three groups: Reiki practitioners, Reiki clients and medical professionals. First, I introduce important Reiki terms and concepts. Second, after a discussion of methods, I explore a specific method for researching spirituality and the role that interiority has in this approach. A disciplinary practice grounded in spirituality, Reiki is considered as a technology of the self. I apply a triadic analysis of *doing—becoming—being* in order to examine the ways in which practitioners processually embody the Reiki practice in their lives. In the following chapters I delve into the meaning of Reiki practice. Central to this is the link between spirituality and well-being. This link is investigated through discussions on how subjective spirituality derives meaning through practice and an ethical imperative for care in Reiki practice. Additionally, as it pertains to the health care market, I critically discuss Reiki practice as a commodity. In maintaining a detailed, anthropological focus, the complex nature and diversity of meaning underpinning Reiki practice in Britain begins to emerge. This comprises of the diverse journeys of this study's participants, including myself, each aiming for an embodied well-being that transcends common understandings of spirituality and health and is often characterised in terms of a peaceful and harmonious life.

An Ethnographic Account of Reiki Practice in Britain

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PhD Thesis

Anthropology

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List of Abbreviations

- ASA: Advertising Standards Authority
- CAM: Complementary and Alternative Medicine
- CAP: Committee of Advertising Practice
- CMA: Competition and Markets Authority
- CNHC: Complementary and Natural Health Care Council
- CPD: Continuing Professional Development
- EBM: Evidence Based Medicine
- FHT: Federation of Holistic Therapists
- GP: General Practitioner
- NHS: National Health Service
- NOS: National Occupational Standards
- OGM: Office of the Grand Master
- RCT: Randomised Control Trial
- RJKD: Reiki Jin Kei Do
- T&CM: Traditional and Complementary Medicine
- TRA: The Reiki Association (not to be confused with the Reiki Alliance)
- UK: United Kingdom
- UKRF: UK Reiki Federation
- USR: Usui Shiki Ryoho
- WHO: World Health Organization

Statement of Copyright

The copyright of this thesis rests with the author. No quotation from it should be published without the author's prior written consent and information derived from it should be acknowledged.

Foreword

Describing the complexity of Reiki practice and *reiki* energy has been a challenge throughout this thesis. However, in the analysis, I found a way to provide insight into one aspect of meaning for the Reiki practitioners involved in my study. The narrative, given by Reiki practitioners below, describes this meaning and is provided as an introduction to Reiki practice.

You know, it came down and I don't know what, like my master gave me a little piece of heaven. It is bubbles in champagne. It has a sense of humour; it makes me giggle sometimes. My first experience was a feeling of coming home, feeling like it was something I remembered, something that was so natural to my being that it was part of me, that it was right, that it was warm and safe, a warm cup of tea. It feels loving, blessing healing and consoling, spacious; it feels right – whatever that means, trustworthy. It feels like an arrow goes right to the spot, warm friendly loving, embracing, safe - really safe. Like a huge sigh, here I am again, coming home, brings me into the present, and it is my own present, instead of all over the place. One of the things I love about it is that it is apparently physical. That feeling you get, like sinking through layers when it begins to flow, congruence, like the wheels in the cogs of a watch they fall into the right places and things flow smoothly. Hands on, I want to feel you; I want to be in my body, if I am here I am present I am now, it brings all the bits together. Sometimes it feels cold it is desperately painful - but totally to be trusted. It feels hallowed and protected and consoling, physically it feels tingly, electric, and it has an electric feel to it, you feel the heat as well as emotional warmth. A kind of love energy, you can feel heat sensations, cold sensations, and flowing sensations, the feeling that I am not on my own in the Universe. The huge impact of the power never ceases to amaze me that I can make a gesture like that and feel the energy leaving my hands, radiating out, without thinking this is going to happen. You can be speaking to somebody and the energy comes out... the words are being drawn from me because that is what that person needs to hear. That does not make me responsible for how they are received, but I am the grateful servant with my hands there. I am just there. You become the energy, hands move about to 'find' the energy. We are straw and the client is the magnet, the client draws the energy

through you. I can feel it in my body and so for me it is a kinaesthetic thing as well, it is the practice that can just allow me to let go of my body as well as to let go and surrender everything else. But that is what it feels like; it feels like surrender...when you surrender you get that feeling of, very Zen, again, that space of is and is-not. I want to be connected to reiki.

Thesis Introduction

Development of Reiki Practice

The western narrative consists of the following development of Reiki practice. After 21 days of strict spiritual training using meditation and fasting, Mikao Usui (1865 -1926) came down from Mt Karuma in Kyoto Japan. He brought with him *Usui Reiki Ryoho* or the Usui Method, a healing practice that he had learned during this ascetic training. Four years later, Usui passed away leaving behind his teachings with those he had trained, such as Chujiro Hayashi, a retired Japanese Naval Officer. In a span of fourteen years from 1925-1940 Hayashi taught this practice to others. One student, Hawayo Takata, was a widowed Japanese-American woman from Hawaii who received Reiki training from Hayashi from 1936-1937. As a consequence of the devastation of World War II it was thought that the Reiki practice had been lost in Japan, however this was not the case. Meanwhile, in the West from approximately 1937-1980, Hawayo Takata was active in Reiki practice in Hawaii, mainland USA and Canada. In the later years of her life, she had trained 22 Reiki Masters. Takata was the only Reiki Master at that time who was permitted to teach other Masters. After her death, her successor and granddaughter, Phyllis Lei Furumoto acting as Grand Master of Usui Shiki Ryoho (USR) in the West, endorsed the training of other Masters by these 22 individuals. As a result, the training of Reiki practice exploded, locally as well as globally. Reiki practice found its way to countries such as Turkey, Thailand, France, Greece, Germany, Russia, the Netherlands and the UK.

This thesis is an ethnographic account of Reiki practice in Britain, where it first appeared in the early 1980s.¹ During the span of twenty years, from the early 1980s to the early 2000s, Reiki practice has grown exponentially, globally and more locally, in Britain. In 1992 the first Reiki membership organisation in Britain was established and by 1999 Reiki practice was on offer at the University Hospital in London oncology ward. It is estimated that there are over 10,000 Reiki practitioners in Britain based on the membership numbers of the organisations that register practitioners. When I spoke with the UK Reiki Federation (UKRF), they suggested that there are four or five times more trained Reiki practitioners than are

¹ In 1981, Reiki practice was exhibited at the Mind, Body and Spirit Festival in London. In addition to this festival, some individuals among my research participants went from Britain to the US to learn Reiki while some Reiki Masters came to Britain from the US to offer Reiki training.

registered. There are countless more that never register with membership organisations and professional bodies as they may only practise Reiki privately for themselves and family members. To produce a more precise estimate of who has been trained in Reiki practice and who participates in Reiki practice as clients exceeds the scope of this thesis. However, this rise in popular growth of Reiki practice in a span of twenty years with its first appearance on U.S. Primetime television on the Dr. Oz Show in 2010, does point to how quickly this number has grown and will continue to grow as people carry on training and offering Reiki.

Another means of demonstrating this escalation of interest can be found in the amount of clinical trials conducted on Reiki practice. For instance, using Google scholar and the keywords 'reiki clinical trials' while filtering the time range from 1980-2014, resulted in 4,690 scholarly articles. Nearly half this amount, 2,300, was published between 2010 and 2014 indicating a surge in research interest in Reiki practice during the last four years. In spite of this growth of Reiki practice in Britain, popularly and in clinical trials, there is limited qualitative academic literature to offer insight into what this practice is about and why interest in it has grown so quickly. This research is aimed at adding to this literature with an in-depth, qualitative look into the meaning behind Reiki practice in the British context, specifically amongst those groups involved in this study. I make no reductionist claims about Reiki practice in a global sense. More specifically, I explore the following key questions:

1. What does Reiki practice mean for Reiki practitioners as well as Reiki clients?
2. Is Reiki a form of spirituality, if so, what kind of spirituality is Reiki practice?
3. To what extent and in what ways are spirituality and health thought to be linked by research participants?
4. How is Reiki practice perceived by those working in conventional medicine?

After interviewing over 30 Reiki practitioners from a range of Reiki teaching, 11 Reiki clients and six medical professionals all within Britain (Figure 2: Interview Locations), this study began to take shape and the meanings of Reiki practice began to emerge, and each chapter in this thesis addresses an aspect of these meanings.

I discovered that Reiki practice has a complex demography; the diversity of practitioners, the practice and its expected trajectory are not fixed. This is due in large part to the fact that there is more than one pathway into Reiki practice. Some practitioners have preferred to think of

Reiki practice as a folk healing art while others are actively working to professionalise the practice to ensure that it is accepted as part of an integrative medicine. Reiki practice is taught in both amalgamated and isomorphic forms and defining what constitutes ‘mainstream’ Reiki practice proved to be impossible.

At the same time, what unites my research participants’ discourse on Reiki is that they most often describe it in terms of spiritual experience. Moreover, these descriptions often revealed Christian undertones. This led me to consider the way narratives of spiritual experience intersect with narratives of healing in the rhetoric of British Reiki practitioners. The traditional religious language as it is used in the West, is a necessity in discussing spiritual life (Hay 1998: 58). Language is a self-referential system (Turner 1995: 11), and as this is a study of individuals in the West, the language reflects a socio-historical and predominantly Christian identity. In this way, ‘the language of religion has been co-opted in a way that provides common meaning for individuals’ (Pesut *et al.* 2008: 2806).

My research was undertaken using what is often called the ‘ethnographic family of methods’ (O’Reilly 2005: 26) consisting of participant observation, informal interviews, a focus group and surveys. I also explored a relatively new approach in researching spiritual practice with a focus on interiority. As an ethnography grounded in phenomenology these methods and the analysis of the data collected have been undertaken with an eye for the nature of lived experiences as a means of illuminating the meanings behind those experiences (van Manen 1990: 9) within Reiki practice.

My position in this research was two-fold; I am a Reiki practitioner, trained to Level 2 in Eastern and Western Reiki and also a researcher. On the one hand, the insider position lends itself to a particular category of ethnography, that of autoethnography. On the other hand, this creates challenges due to the complex and contentious nature of the insider/outsider debate as well as the problematic notion of membership in the field (Hayano 1979: 100). It can be argued that the position of “insiderhood” provides just one point of view, nevertheless, it is one view which is better than no view (Brewer 2000: 62). Furthermore, the insider position places me at the centre of the research, providing a form of validity to the acquired knowledge as my position is contextually relational (Maher and Tetreault 1993: 118) with Reiki practice, practitioners and clients. However, the notion of “insiderhood” is limiting in that the entirety of any one person’s identity within a complex social setting is more

multifaceted than the insider/outsider debate allows for. In crafting and weaving together the multiple identities between my professional life and personal life (Kondo 1990: 24) I am obligated to address the issues and criticisms of autoethnography in producing the knowledge acquired in the field as a member and further presented within this text. Therefore, I argue that the idea of researcher identity is never fully fixed; rather it is marginal, always moving betwixt and between domains such as the field, academia and one's personal life.

Additionally, these reflections on the marginality of identity weave into what I would characterise as a journey of self-discovery (Foltz and Grffin 1996: 301) that has been influential in this work. For instance an influence on my attitude regarding fieldwork, where I will no longer take group membership and language use, even when it is my own language, for granted. Additionally, in consideration for data collection methods I have discovered the high value of participant observation and not assuming *a priori* knowledge.

Structure of the Thesis

This thesis comprises a detailed ethnographic account and analysis of Reiki practice in Britain, involving an approach that includes practitioners, clients and medical professionals. Each chapter of this thesis considers a facet of Reiki practice that emerged during the course of fieldwork. Furthermore, each chapter includes one or more ethnographic vignettes which serve to contextualise the theme and scope of the ensuing discussion.

In the first chapter I introduce specific terminology and concepts that apply to Reiki practice. This is meant to help orient the reader to Reiki terminology and ideology presented throughout the thesis. I will first clarify the terms I encountered in the field, such as *reiki*, *session*, *client*, *directing*, *lineage*, *precepts* and *form*. I then discuss how they are used and how and why I use these terms in the thesis. Concepts such as “medical system” and “medical culture”, “the Reiki paradigm” on health and well-being and the ways in which Reiki is practised are also discussed. These sections help to place the ethnography within the context of medical anthropology where ‘medical anthropologists explore culturally situated ideas, norms, and practices related to health and illness, natural and supernatural’ (Ross 2012: 13).

In Chapter 2, I discuss data collection methods and research ethics. This anthropological study of Reiki practice took place in Britain (Figure 2: Interview Locations) from June 2013 to August 2014. Within that time I used a variety of ethnographic methods to illuminate the

meaning of Reiki practice for participants. ‘The ethnographic family of methods’ (O’Reilly 2005: 26) includes participant observation, informal interviews, focus group and surveys. I also explore the consideration for a method that works to discover what is taking place in a spiritual practice with an emphasis on interiority. After a discussion of my use of thematic analysis in examining ethnographic data, I outline my consideration for research ethics.

In the third chapter I discuss Reiki practice considered as a way of life, the first discernible theme that emerged during interviews and participant observation. Reiki practitioners were often heard to use the refrain ‘Reiki is a way of life’ or that it is ‘their life’. In order to explain the meaning behind this refrain I use the life experiences of the Reiki milieu (taken to include both practitioners and clients) as the foundation for my analysis. Given the focus on meaning, I have found it useful to draw on phenomenology in order to describe certain phenomena in the way they are experienced (Moran 2000: 4), in an attempt to understand who we are and how we act within those phenomena (van Manen 2007: 13). I develop a triadic process of *doing — becoming — being* in order to describe a shared meaning on a continuum of experiences, not necessarily as separate stages but as one totality (Todres 2011: 113). I show how during this triadic process mind/body duality shifts into a co-dependent plurality (Todres 2011: 148) involving the physical, the emotional, the mental and the spiritual. It is within this process, grounded in plurality, that an embodied spiritual practice is mediated by emotions (Lutz and White 1986: 406) and transfigures individuals into well-being.

In chapter four I introduce the Reiki training story. It was this that led me to reflect further on the use of narrative within tradition. Training as narrative connects practices and beliefs from the past to the present in the form of tradition. This narrative can be summed up in the statement often heard in the field, ‘I am *reiki*’. Tradition is presented not merely as an object passively handed down but as an active process of symbolic construction transmitted through storytelling. I demonstrate the ways in which Reiki practitioners develop this narrative over time as a mode of distributing this constructed tradition through storytelling. These stories are framed by the lives of the Reiki lineage bearers in each *form* and through narrative link the past to the present with a regard for the future. Within this narrative the projected tradition offered through Reiki training is considered ethnographically in the way it engages with broader social information, known, experienced and manipulated.

In Chapter 5, I consider this research as ethnographically positioned. Ethnography, as a method of knowledge production, has undergone many shifts within anthropology over the last 30 years (Marcus and Pizarro 2008: 1). Various critiques suggest that anthropologists are still addressing the notion of researcher position in the field and the influence of this positioning on data and analysis. Ethnographic research has historically been conducted amongst cultures and geographic regions other than those in which anthropologists have been raised. To conduct research among ‘one’s own people’ poses significant methodological and theoretical challenges (Hayano 1979: 99). In consideration of these critiques, I engage with the notions of reflexivity, voice, membership and experience. In addressing these notions I draw on my personal experiences during fieldwork to identify the “auto” aspect of this ethnography. Additionally, I critically engage with the autoethnographic understanding of membership in a group or subculture. This is a journey of experience not only for me as researcher, but also as Reiki practitioner. By exploring aspects of selfhood and identity, voice and authenticity and exile and displacement in the field, I expand on the traditionally ethnographic standpoint of “insiderhood” and consider the implications of multiple identities and marginal positions.

Chapter 6 contextualises spirituality within Reiki practice. “Spirituality”, much like New Age, appears to have become a catch-all term connoting various meanings (Rose 2001b: 193). In this thesis I attempt to contextualise spirituality as a complex and diverse practice. I demonstrate that there is no single Reiki spirituality, rather many spiritualities informed by mainstream culture or ‘occulture’ (Partridge 2012: 116) that coalesce with Reiki practice. I want to emphasize that this falls in line with a study of New Spiritualities (Jespers 2013: 203), rather than with the ubiquitous New Age spirituality or alternative spiritualities. As a consequence, this study does not align with a New Age construct. This outcome is primarily motivated by the research participants, who when asked, said they were not participating in a New Age practice. This prompted me to look more deeply into the spiritual practice which is, I discovered, the core feature of Reiki. This revealed two consistent themes that characterise the meaning of spirituality for Reiki practitioners as derived from practice. These themes are connection and love as practised in everyday life. In addressing this matter, I found that in context of my research group the New Age label is inadequate to describe what is happening in spiritual practices (MacKian 2012a: 7) such as Reiki, particularly when understood in terms of connection and love.

In Chapter 7, I discuss healing and care from the perspective of the Reiki milieu. I begin by distinguishing the differences between well-being and health, necessitated by the fact that Reiki practitioners often invoked the term well-being as the aspired outcome of healing and care. I discuss and conceptualise healing as a process (Ostenfeld-Rosenthal 2012: 9) that elicits well-being as an outcome within a particular mode of care. This mode of care has two considerations for the Reiki milieu. In one sense, care is qualified as an imperative imbued with an ethical quality. In the second sense, care is characterised as a subjective and intersubjective experience. I refer to Alfred Schutz's concept of 'tuning in' wherein the practitioner and client are experiencing a 'vivid present together' (Schütz 1951: 96). The process of healing and care reflected within Reiki practice characterise the social and cultural values of well-being (Adelson 2009: 109) for the Reiki milieu. In this chapter I illuminate love as a value in the healing process of well-being and how it underpins the moral imperative to provide care. This imperative becomes a practical ethic when knowing what the right thing to do means actually doing it (Aristotle and Crisp 2000: xxvii). Love, as it is used in the West, is problematic however in that it leaves little room for understanding what is going on (Oord 2008: 135). I work through this problem by discussing love analytically, aligning it to the term *agápē* understood as an intentional response to promote well-being (Oord 2005: 934). Therefore, within Reiki practice as healing and care, it is demonstrated that love is a foundational value of well-being.

Chapter 8 encompasses a discussion of Reiki practice as commodity. Scholarly discussion surrounding spirituality as a commodity (York 2001: 367; Leibrich 2002: 156; Carrette and King 2005: 170) abounds, however the relevance of these discussions to my ethnographic data was unclear. In understanding Reiki practice, spirituality is a foundational feature, an integral part of the life of the practitioner. Reiki as a commodity serves as a platform in which to highlight tensions and current issues that face Reiki practice. These tensions and issues concern the wider public domain, specifically the political and ethical interests of public safety as a matter of risk. My examination of the relation between *reiki* and risk is interpreted through Mary Douglas's concept of an ambiguous event, where an anomaly is labelled dangerous and unclean, as a matter out of place that must be brought to order (1966: 40-41). Consequently, Reiki practice is undergoing a dynamic process of definition amongst the Reiki community and regulatory bodies. Attempts to define the practice apply contrasting points of "framing" and "valuation" and the processes of "entanglement" and "disentanglement" of Reiki practice.

This thesis closes with an overview of the chapter conclusions and develops an argument for the contributions this work has made overall to anthropology. While the thesis fills a gap in the literature it has also contributed in novel ways to the anthropology of well-being, medical anthropology and the anthropology of religion. I contribute to the anthropology of well-being by providing an ethnographic portrayal of a particular group's understanding of this complex concept, which can add to further comprehension of well-being in a broader sense (Mathews and Izquierdo 2009: 2). As a contribution to medical anthropology, this thesis explores 'culturally situated ideas, norms, and practices related to health and illness, natural and supernatural' (Ross 2012: 13). In addressing the aspect of Reiki practice as it concerns religion, spirituality is seen to have broken free of the religious boundaries and perhaps is capable of its own anthropological inquiry. I have demonstrated that there are many spiritualities, therefore it is not individualistic in a narcissistic sense. Spirituality within Reiki is intersubjective where each person becomes tuned-in to the other through practice. The distinctions of this tuning-in would be specific to culture and environment. These specificities have the potential to broaden the way in which spirituality is conceptualised in future research.

Unexplored Themes

Surrender, symbols and ritual are themes that are not explored as they exceed the scope of this thesis. The theme of surrender for example, while relevant to my study (see Foreword) remains hidden in scholarly representations of this spiritual practice. Academic literature characterises spiritual surrender as letting go and having trust in a higher power (Fukuyama and Sevig 1997: 238) with 'benevolent intent' (Duckham and Greenfield 2009). Letting go is a common refrain amongst some of my research participants that involves agency on the part of the Reiki practitioner whereas the control or responsibility is given to the 'higher power' also acting as an agent (Hanegraaff 1996: 300). This hidden variable, when revealed, transcends the idea of a single authority. Surrender, within the Reiki context is indicative of a religious, external authority and source of significance. Therefore, there is not one authority, rather an uncontested collection of internal and external authorities prevalent in Reiki practice, whereby *reiki* is seen to have agency. In discussing *reiki* as a thing, a thing as agent and exuding agency (Gell 1998: 17-18; Latour 2005: 71; Holbraad 2011: 13), there is a chance of shedding light on this paradoxical tension that exists within academic discourse

regarding the source of significance for Reiki practitioners that informs practitioners sense of self.

Similar to surrender, to adequately address symbols and ritual would require another study. While I do explore Reiki symbols in Chapter 1, there is much unsaid. These aspects of Reiki practice would require that I undertake training to the Reiki Master level. This would allow me to understand and negotiate all the symbols based on the quality of attention placed on them (Firth 1973: 28) within ritual, such as the *attunement* or initiation process. Depending on the form of Reiki, I might also become familiar with the *Reiju* ritual and then be better informed to discuss it from personal experience. The sacred nature of Reiki training imbues a Reiki Master with an ethic whereas they are not inclined to discuss these things with an untrained person. Therefore, rather than asking another Reiki Master to break their training ethic, once trained I would be in a position to attend events that are reserved for only Reiki Masters, allowing for further insight and membership into this level of Reiki practice. I anticipate that the ‘enactment’ of these practices would allow for a particular aspect of efficacy as it pertains to the ability to effect transformations through ritual (Bowie 2006: 145). As the performance of the Reiki *attunements* is meant to effect a transformation through connection to *reiki* energy, an exploration of efficacy in context of ritual would be possible.

Chapter 1: Reiki Lexicon

Chapter Introduction

In this chapter I introduce and discuss specific terminology and concepts that apply to Reiki practice within the specific groups that I worked with during fieldwork. This is necessary in order to orient the reader to these items as they are presented throughout the thesis. I will first make it clear which terms I have encountered in the field, such as *reiki*, *session*, *client*, *directing*, *lineage*, *precepts* and *form*. I then examine how they are used and why and how I use these terms in the ensuing text. Concepts such as medical system and medical culture, the Reiki paradigm on health and well-being and the ways in which Reiki is practised are discussed. This will help to place this ethnography of Reiki practice within context of medical anthropology where ‘medical anthropologists explore culturally situated ideas, norms, and practices related to health and illness, natural and supernatural’ (Ross 2012: 13).

Vignette – Reiki and *reiki*

Tony: It's life. There is no Reiki session. There is just reiki. [...] Like right now, just being with you and connecting with another human being that wants to have more likeness in this world already we are doing Reiki. For example, that is one way of saying it; yesterday I was giving somebody a treatment. I didn't know what they wanted; they walked in I wanted to hold their neck; I started to massage the neck and I said, actually you need some needles in your shoulders. So before I know it, after massaging their neck there was needles in their shoulders and then I was holding their brain and giving them reiki.

Dori: So it is a little bit of everything. Trying to bridge this gap between Reiki as a spiritual practice with Reiki as life, what is it – what is in the middle, what is connecting these things – is it reiki with the little ‘r’ the energy or is it that feeling of connectivity that heals us, in your own version of explaining that how would you approach that concept that idea of the bridge between those two – what makes it happen?

Tony: A quote I want to use, it is a yoga quote: ‘The true yoga cannot be seen.’ So when you see people now in the very watered down version of yoga, you see a yoga mat

and they are making shapes with their bodies and then going home and kicking their cat or arguing with their spouse, or whatever... living it is a completely different thing. It is absolutely embodied.

Important Reiki Terms

Terminology, when used without question, can be misleading. In the interviews I conducted it never occurred to me that there should be a question as to what a Reiki practitioner refers to when using the term ‘*reiki*’. Conversation simply carried on with the term *reiki* being used without elaboration. It was not until after I had conducted several interviews, such as the one above, that I began to detect a particular use of this term and then began to question research participants in a new light. In fieldwork, when speaking the same language, it can be easy to forget that words may still be used in different ways even when one is considered a member of the group using those words. Therefore terminology began to take on new importance, I began to question not only the use of *reiki* but also terms such as *God*, *client*, *energy*, *directing* and *session*. This insight also motivated me to look at the overall concepts being used and how this impacts their views on health and healing.

Beginning with basics, the word ‘Reiki’ comprises two ideas: *rei* and *ki*. *Rei* has many meanings depending on the Japanese kanji² used. This translation is taken to mean spirit or universal and is not a direct translation of what Usui meant when he used the term *rei*; however this interpretation is commonly used by British practitioners. *Ki*, like *rei*, has many derivations such as air, mood or atmosphere. However, most commonly *ki* is used to denote energy. Much like *chi* and *prana* broadly meaning life force and *mana* broadly meaning sacred universal force, *ki* is considered a form of energy that infuses the body with life.

An important distinction is contained in the word *reiki* itself and the two ways in which it is used. Reiki, or Reiki-*ho*, spelled with the uppercase ‘R’ will hereafter refer to the practice, discipline or technique of Reiki. Reiki will be classed as a Complementary and Alternative Medicine (CAM) modality as well as a pursuit in one’s *nonformative* and subjective spirituality. The term *nonformative* I take from theologian Matthew Woods who suggested the term to describe a situation where a phenomenon ‘eschews any scholarly encapsulation’ (2007: 9-10) of that phenomenon. The term *subjective* is ‘loosely used by anthropologists to

² Kanji are logographic Chinese characters used in the modern Japanese writing system.

refer to the shared inner life of the subject’ (Luhmann 2006: 345). My use of these terms, *nonformative* and *subjectivity* will be further elaborated in subsequent chapters.

Spelled with a lowercase *r* – *reiki* – will be used to refer to the *reiki* energy itself, also referred to earlier in the description of Reiki as universal or spirit energy. This is important as *Reiki* and *reiki* refer to quite different things and I have found that this distinction, if not made, can cause confusion and misunderstanding. For instance, when a practitioner states; ‘Receiving *reiki* can assist in alleviating stress and pain,’ what the listener inevitably hears is: ‘A Reiki practitioner can assist in the alleviation of stress and pain,’ when in fact what the practitioner is saying is: ‘The universal life energy known as *reiki* can help to alleviate stress and pain while I, the practitioner, merely act as a vehicle for directing this energy.’ This distinction draws attention to the point that there is more underlying these statements than first appears. It also leads one to believe that a practitioner is capable of relieving the stress and pain, when in fact the Reiki paradigm, as some practitioners demonstrated, does not support that belief. For example, within a focus group I conducted, practitioners felt uncomfortable being described as healers.

When one hears the word *reiki* the structural context is missing and some practitioners do not consider that newcomers, and even researchers, when first shown the Reiki practice may not be aware of this distinction between the practice and the energy. When I had conversations with practitioners it was often the case that they were not even aware that a distinction had to be drawn as for them, it was clear that there was a contextual difference in the way in which they were using these terms.

Holism and Vitalism

CAM practices and therapies are more diverse in their approach than they are similar (Pizzorno 2002: 405), therefore it is useful to be clear about these distinctions when possible. As practised in the West, Reiki is a complementary treatment that has a belief in *vitalism* and an approach to healthcare characterised as *holistic*. Vitalism is defined as a belief in the body’s ability to heal itself utilising some sort of *bioenergy*, *chi* or *prana*: chiropractic is a therapy that shares such a belief (Pizzorno 2002: 406-407). Holism is the approach that diverse practices make use of and considers a range of varied causes pertaining to health and illness which interact with physical, mental, emotional, spiritual, social and environmental factors (Williams 1998: 1195). The generally accepted ideology of Reiki practice is that the

body has the ability to heal itself and seeks to restore balance to the four elements of a person's life; body, mind, emotion and spirit. In Reiki, it is understood that if one or more of these four elements is out of balance for a prolonged time, it can lead to myriad consequences, such as those pertaining to both illness and disease. Reiki practice does not allow for a medical diagnosis, nor does it set out to discourage clients from undergoing conventional medical care. It is a curious situation that while Reiki is receiving attention through clinical trials within medical science and where Reiki practitioners are allowed a vocational presence in the National Health Service (NHS) (Appendix 4: NHS Trusts and Reiki) Reiki terminology, as considered here, can be seen to be distancing the practice from conventional medicine.

The results of my ethnographic fieldwork suggest that a practitioner's particular use of terms within the practice can determine whether or not they are supportive of Reiki being accepted into the biomedical framework. For instance, my use of the term *treatment* as opposed to *session* was sometimes met with a curious look from other Reiki practitioners. While some were not bothered about the difference in the use of these two terms in describing the experience of *directing reiki* to a client, others felt that *session* was more suited. The term *treatment* has several meanings, the first relates to the manner in which one person deals with another while the second, also commonly used in the medical field, refers to the application of therapy to remedy a health problem (Oxford English Dictionary 2014g). The second definition tends to imply that a remedy is achievable through the application of Reiki. Some Reiki practitioners I interviewed were concerned that the use of the term *treatment* was perhaps inappropriate as it implied a potential outcome on behalf of the client. The term *session* seemed to them more neutral, suggesting fewer complications and implied outcomes. This is unsurprising since the term derived from the word 'sessional', meaning a specified time dedicated to a specific activity (Oxford English Dictionary 2014d). An implied outcome resulting in health is absent in the use of the term *session* over the term *treatment*. As this thesis is not about efficacy, I will continue to use the term *session* to refer to that experience of meeting with the intent of *directing reiki*. However, I am aware that by using the term *session* here, I am contributing to this tendency of distancing Reiki practice from conventional medicine.

Client or Patient?

Individuals seeking a Reiki session are considered by Reiki practitioners to be *clients* as opposed to *patients*. This is an important distinction that provides an understanding of the relationship between the practitioner and the client in this domain. For example, as a client, the individual is perceived as taking part in the healing alongside the work of the practitioner (Goldstein *et al.* 1988: 853). In holistic approaches the client is empowered (Williams 1998: 1194), whereas in conventional medicine the doctor takes control of the process. This concept of the client taking part in the healing has been supported by Reiki practitioner Simon, who said ‘clients become more receptive to *reiki* when they allow, are open to or accept the healing’. From one client’s perspective and their understanding of a Reiki *session*, one comment was that it is a ‘true patient experience as well as an expectation and realisation of deep relaxation that marks the beginning of the process of recovering a sense of balance within the body’.

The activity of providing *reiki* as part of a self-treatment or public treatment is commonly referred to by Reiki practitioners as *channelling*. This term describes the activity of intentionally connecting with the *reiki* energy in order to provide it to oneself or others. In this capacity the body of the practitioner acts as a vessel in which *reiki* energy travels to the recipient. While this term is accurate mechanistically, it does inaccurately align Reiki practice to another sort of practice. The practice of channelling began in a movement dating from over 130 years ago in upstate New York and consists of channelling spirits with the intent to send a message from the deceased to the living (Klimo 1998: 60). The term ‘channelling’, as used within the Reiki milieu, should be contextualised so as not to confuse it with this practice of channelling messages from beyond. Instead, ‘channelling’ is meant to highlight the belief that *reiki* is external to the practitioner and is drawn inward for the intention of transmitting *reiki* to the recipient. This is an important distinction as it immediately points to the externality of *reiki* energy. The *reiki* being channelled is not internal, or part of one’s individual body, and it is not related to messages from spirits that have gone beyond.

In order to distinguish the movement associated with channelling messages from beyond from what is occurring in Reiki practice, another term that is helpful and often used by the Reiki milieu, is *directing*. The expression *to direct reiki* is generally used by practitioners synonymously with *channelling reiki*. However, the term *directing* eliminates any ambiguities on the part of the practitioner and their participation in the process. This

participation is limited since to *direct reiki* implies that *reiki* does the healing work as practitioners *direct reiki* in context of caring for the client. *Reiki* energy is the external element that is directed with its own intelligence. In order to remain authentic in terminology, I will continue to use the term *directing* as opposed to *channelling*, as they are both used in the field and by preferring one over the other, it might eliminate the confusion of these two terms and their significance to the Reiki practice.

Demystifying Lineage

Lineage is a term used within Reiki that has a familial and kinship meaning as well as having similarity with martial arts practices. Having originated in Japan there is some expectation for a familiarity between martial arts and Reiki terminology. When trained in Reiki, a student is taught by someone classed as a Master, Master Teacher or *Shihan* and the lineage then becomes part of the identity of a Reiki practitioner. This title of Master was explained to me during the *Gendai Reiki-ho* training that I received as ‘an honorary title showing respect for someone’s professional level of knowledge’. In this explanation ‘professional’ can be thought of as a particular skill or knowledge that is recognised through certification. The form of Reiki that a Master will be teaching was handed down through a lineage of previous Master teachers, and can be traced all the way back to Mikao Usui (see Introduction). A Master’s or Teacher’s lineage reflects the different techniques, philosophies and understandings of *reiki* that the teacher passes on to the student in a face-to-face, private setting. Therefore, different lineages will disseminate and pass down different information and some lineages will even pass down different traditions (Chapter 4).

While interviewing research participants I asked for their Reiki lineage. This diagram contained what can best be described as a family structure depicting a kinship system that acts as a social formation that resembles biological kinship (Strathern 1992: 3), except that instead of a pair of parents, there is only one person on each branch of the family tree (Figure 2: USR Sample Lineage). Previous kinship studies might refer to this structure as fictive kinship, first introduced by Mintz and Wolf (Mintz and Wolf 1950: 341) in their study of Latin American families and the relationship called *compadrazgo*, loosely defined as “godfamily”. Fictive kinship has been described as the ‘adoption of non-relatives into kin-like relationships’ (Ibsen and Klobus 1972: 615). Of concern to these studies are where non-relatives are used as a form of replacement kin, where terminology is used as a form of address that expresses familiarity and where terminology is used as a public validation of a

special relationship. Similarly, the fictional, ritual kin system provides a ‘framework for integrating the activities of a group of people engaged in a common activity’ (Ishino 1953: 697). While these concerns of fictive and ritual kinship align to the discussion of Reiki lineage, the use of ‘fictive’ in kinship studies has been challenged as it creates a precedence for a ‘true’ kinship based on biological, ‘blood’ relations and as the foundation for all types of kinship (Stone 2002: 55). What concerns my study of Reiki kinship is not whether this kinship is true in the biological sense but with identifying those “things” or activities that constitute this special Reiki relationship.

Unlike “blood ties”, kinship can be considered to be brought about by a variety of things (Carsten 1997: 12) such as relatedness. In this sense, ‘kinship’ refers to those traits that distinguish being related within a particular social context (Carsten 2000: 4). Similar to the initiation process of Cuban diviners, or *babalawos*, who become godchildren of their initiating *babalawos* (Holbraad 2012: 81), Reiki practitioners become related to their Reiki Masters and fellow training practitioners. It is a relationship that can last a lifetime where an initiating Master will be someone’s Reiki mother and those who have trained together with the same initiating Master will be Reiki brothers and sisters. This use of kinship terminology offers an interpretation for a meaningful relationship (Ibsen and Klobus 1972: 616).

However, I have found that this relationship is not developed for the purpose of replacing relatives. Family is for life, and like family in that sense, so is a Reiki Master and the lineage that stands behind that individual. Reiki kinship is a process of *becoming* (Chapter 2) and the Reiki training and the initiation is at the centre of those activities that bring about relatedness to others, creating a sense of Reiki kinship and *spiritual genetics*.

It is through Reiki specific activities and initiation that Reiki practitioners progressively become kin and exhibit traits that I have come to refer to as *spiritual genetics*. This term came about from a conversation with Barbara, a USA Reiki Master, who was able to identify someone’s training Master by observing their mannerisms and the *reiki* radiating from their hands. This idea of *spiritual genetics*, was further clarified by Patricia, another USA Reiki Master, as she recounted meeting Barbara for the first time,

...she said to me in a dreamy hazy voice, “I know who you have been initiated by, I know those hands, and I would recognize those hands from anywhere!” And that is a very typical expression of our family. You have family, you have *genetics* and

somehow in the Reiki lineage, in our family I know that touch. For me, lineage that personal lineage is family, they are the branch of my Reiki family that I know, I know them energetically, I know them personally.

According to this account, Barbara has the ability to identify the qualities that serve as genetic markers of Reiki *spiritual genetics*. Similar to human genetics, these energetic markers remain with practitioners for life and therefore bind them to their training Master, a “thing” in relatedness that can further distinguish a trait within Reiki kinship. In this way, family means to be in relation to somebody and to “know them energetically”.

Based on this information, I asked if lineage, as a symbol for kinship, could be considered as a pedigree in Reiki training as I was trying to understand the relationship between lineages. In other words, does one kin group have any sort of privilege over another (Schneider 1984) as it pertains to the particular knowledge underlying Reiki training? Patricia answered;

I think when all the other forms of Reiki were beginning to develop, I think there was a sense from many people in Usui Shiki Ryoho, there was a sense – we have the right Reiki, we have the best Reiki, we are the real McCoy. It has been a humbling process... So we are standing on the shoulders of the people behind us and behind them and behind them. Going back to Takata’s day ... we have at least that all over the world for us to sort of to get the measure of...

This response to my question regarding the meaning of lineage suggested historical tensions resulting from the changes that occurred as Reiki began to grow and splinter (Melton 2001: 80) into other Reiki *forms*.

While Patricia indicates that there was initially a great sense of privilege for practitioners in the *USR form* as being the only Reiki, this has been evolving into a deeper appreciation for and recognition of tradition as a point of commonality. This appreciation and recognition of tradition has served to re-establish, in the place of privilege, a distinct honour for the past lineage bearers, and lineage in general, as a foundational meaning for this *form*. Where they may have initially questioned other Reiki *forms*, they now embrace the variations of practice with vigour. The lineage, contextualised by the connection to Takata, in a sense, is a major component that distinguishes *USR* from other Reiki lineages.

The way in which the individuals are presented on the lineage diagram has significance. For instance, within the USR lineage, the spiritual lineage bearers are represented on a horizontal line designating their status as recognised lineage bearers of their Reiki *form*. However, individuals initiated by those Masters are placed under them in a direct line (Figure 2: USR Sample Lineage). Four recognised spiritual lineage bearers of USR, with Furumoto still living and those beneath them as current Reiki Masters (Figure 2: USR Sample Lineage). However Reiki Masters are not lineage bearers. Lineage bearers are the designated successor of the person who previously led the practice as a source of connection back to Usui. In the case of Usui, it is said that he named Hayashi as his successor and Hayashi it is said, named Takata as his successor (Chapter 4). In the case of Takata’s passing, there was some debate over who was to be successor as it was felt by some that Takata had not been very clear in her intention for succession, Furumoto, her granddaughter or Barbara Ray Weber. This debate led to a division within the USR *form* (Albanese 1991:187 ; Melton 2001: 80), where Weber left and established Radiation Technique, her own Reiki *form*, while history has shown that Furumoto is the recognised lineage bearer. Furthermore, and specific to USR, there is a distinction between a training lineage and a spiritual lineage.

...spiritual lineage, which is the four lineage-bearers who held the practice and brought it into the world. So for me, that is Usui, Hayashi, Takata who brought it here, and now it is her granddaughter Phyllis Lei Furumoto. So for me and people who practice USR, Phyllis is the lineage bearer as part of the spiritual lineage

This denotes a relationship based on matters of spirituality rather than training. This can happen in the event that a Reiki Master receives training and then their training Master passes away or leaves the Reiki practice. In this case, a Reiki practitioner might seek someone to act as their Master in spiritual matters (e.g. Linda Howard in Figure 2: USR Sample Lineage), hence a spiritual lineage.

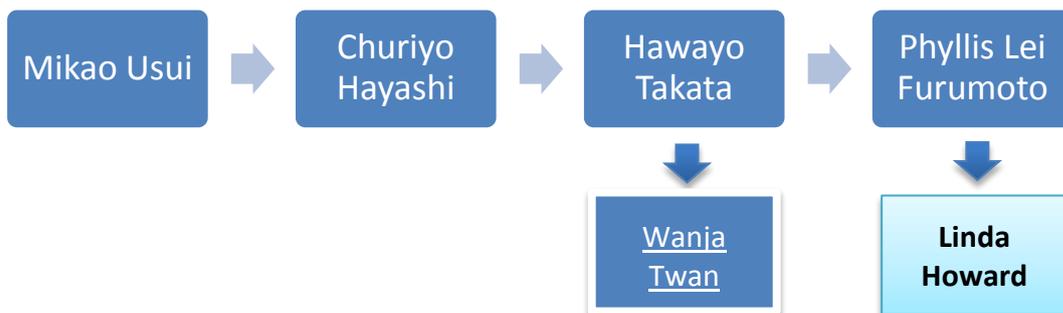


Figure 2: USR Sample Lineage

Reiki Training Levels

When an individual is trained into a specific *form* of Reiki, the first level of training is referred to by some *forms* as Level 1 and by USR as First Degree, the next level is Level 2 and Second Degree and then they diverge. For instance, within USR, the next level is Master and mastery is for teaching, it is felt that the two are inseparable. When I spoke to Patricia about training for a Mastership, she asked me if I wanted to teach. When I replied maybe, she then said that there is not much point in doing Master training as that is one of its primary aims. This is one distinct variation between the Second Degree and Master level in the USR *form*. She further elaborated that any other aspect of the Reiki practice can be achieved in Second Degree, including the furthering of one's connection to the spiritual component as that is achieved through self-practice. Within Reiki Jin Kei Do (RJKD), the next level would be Level 3, broken down into three individual modules: 3a for the foundation of the Master level, 3b for the completion of the Master level and 3c for the obtainment of the Reiki Master/Teacher qualification. Within the Gendai *Reiki-ho* lineage there are four levels; *Okuden* (Level 1), *Shoden* (Level 2), *Shinpiden* (Deepening the Spiritual Connection) and *Gokuikaiden* (Teacher Level). Lastly, the term *Shihan* is used in Jikiden Reiki to refer to those people trained beyond Level 2.

With these variations in mind one can anticipate, generally speaking, learning how to conduct one's self-practice and provide *reiki* for others in Level 1, how to practise Reiki publicly as well as how to do distance treatments in Level 2, and lastly how to provide Reiki *attunements* to others in the last levels, Master, Master/Teacher or *Shihan*. These *attunements* signify rituals that take place after each level of training and have been described as an alignment to the energy that is always present (Albanese 1991: 189). This has also been explained as a joining of 'the human mind and body with the first cause of the universe, whether described as God, Spirit, Universal Force, or otherwise' (Graham 1990: 214). While one explanation for this term is no more correct than another, the latter speaks more clearly to the information I obtained from research participants where it has been described as a connection to the divine, the community and the *reiki* energy. If a Reiki student does not receive an attunement, then it would be said that they had not completed their training. This term, *attunement*, which is used to designate the completion of each of the stages of Reiki training, can also be used differently by each Reiki *form*. Within USR the preferred terminology is *initiations* as this was the term originally used by Takata. Patricia offered the following insight into the term *initiation*,

We don't have many initiations here in the West, [...] we don't have life initiations, and we don't mark them. ...my experience in the understanding of the practice in Reiki, with the use of initiations, we enter a new way of being ourselves in our lives. So it is like a rite of passage. And it is almost as if it is divine to take us into these places that we have been disconnected from, and it is part of the healing process. So the word initiation is very important in my practice...

Terminology is important for how Reiki practitioners understand their personal practice. Patricia, in her interpretation of initiation as a rite of passage simultaneously reveals the void in Western living as it pertains to the transition through stages of life. She added that, '...we are born, we have babies, and we die'. This 'disconnect', as she phrased it, is corrected through the initiation process of Reiki, connecting the individual back to life.

RJKD, not having Takata in its lineage uses *attunements*, and in Reiki Evolution, also lacking a connection to Takata, it is *empowerments*. In *Gendai Reiki-ho*, a *form* of Reiki with both Western and Eastern influences as well as the Eastern *form* of Jikiden Reiki, the term used is *reiju* 靈授 — which is clarified by Jikiden Reiki *Shihan* Sandra to mean,

Reiju is to help people connect with what's already there and it's just a [...] process of cleansing out the stuff that stops us from feeling that connection that is always there and will always be there that's in our innate nature.

Each *form* of Reiki named above has its own terminology which serves to differentiate them, yet they all share the concept of connection, a link to Mikao Usui and the use of Reiki symbols and precepts.

[Reiki Symbols](#)

Any discussion of Reiki practice necessitates a discussion of Reiki symbols. Great importance is placed on the symbols and with this comes tension about the level of agreement between how they are used, what they look like and where they originally came from. These symbols are considered sacred and confidential by most Reiki practitioners. In USR training these symbols are not offered in a manual and once written on paper must be destroyed.

Therefore memorisation plays an important part in the original training. It is considered inappropriate to share them or display them with the public or more specifically those not trained in Reiki practice. When participating in a Reiki Share³, organised by USR practitioners, where there were multiple Reiki *forms* and levels represented, we were asked not to draw the symbols but to visualise them. This was so that the sacredness would not be compromised. In Reiki, sacred can be considered synonymous with secret, therefore to compromise the symbols and their sacred nature would be to expose them to those not trained in Reiki practice. Students learn the primary three symbols during the Level 2 or *Okuden* training. The fourth symbol, used in Western Reiki forms as well as *Gendai Reiki-ho*, is taught at the third levels, for instance Master level in USR and *Shinpiden* in *Gendai Reiki-ho*.

Until recently, it was uncommon to see these symbols in the public sphere. This has changed in that they can now easily be found not only on the web, but also commoditised as jewellery and clothing, and exhibited in popular books on Reiki. While I would not have been so cavalier as to discuss these symbols amongst the untrained, due to their current availability in the mainstream, I find it is now easier to discuss them openly. If someone wants to find them, they need only go to the internet. Generally speaking there are four symbols: *chokurei*, *honshazeshonen*, *seiheki* and the last is the contested Master symbol which is *daikomyo* meaning great bright light. The contestation of the fourth symbol is grounded in the debate of its origination; as Eastern Reiki *forms* do not have this symbol in their training. Therefore some Eastern Reiki practitioners feel it is not authentic to the teachings of Usui. These symbols are said to derive from ancient Sanskrit texts⁴ (*seiheiki*) as well as from Japanese kanji, as in the case of the *honshazeshonen* symbol. In the *Gendai Reiki-ho* training, the symbols were referred to as “training wheels” to aid in developing the practitioners’ ability to utilise the energy in different ways and for different purposes. Once the practitioner feels in tune with *reiki*, the *Gendai Reiki-ho* Master added, they no longer need to continue to use them.

While an account of the nature and origination of these symbols would be interesting in its own right, it exceeds the intended scope and interest of this study. However, their meaning

³ An event where Reiki practitioners of varying forms gather in order to provide each other *reiki* as well as discuss their individual Reiki practice and spirituality.

⁴ The corpus of the Sanskrit texts encompasses poetry, drama and rituals from ancient India as well as scientific, technical, philosophical and dharma texts. They date back to c. 1000 B.C., therefore are among the most ancient religious texts in existence. Each vowel and consonant is a distinct symbol in written Sanskrit.

and usage have overall relevance to this ethnography. Depending on the *form* under discussion, the symbols are used in various capacities during treatments and training and can be drawn either in the air with one's finger, visually in the mind, written on a sheet of paper or spoken as *kotodama*. *Kotodama* is a specific tradition in Japan described as:

...the spiritual power that is contained within words, but also refers to the conception that spiritual power can be manifested through the intonation of words. [...] There is also the view that this way of thinking is one of the special characteristics that define Japanese culture.

(Teruyoshi 2007: Basic Terms)

Individuals practising a Reiki *form* aligned to the Eastern tradition may use the *kotodama* variation of the symbols as opposed, or in addition, to drawing them. Robert, a research participant practising an Eastern variation of Reiki stated,

The result is a more powerful connection with the energy.

Speaking these words in the form of *kotodama* for Robert creates a more powerful connection to the *reiki* energy when he intentionally connects to it through the use of the symbols as spoken words. Therefore as offered in the definition of *kotodama* as well as Robert's statement, there is a certain power in the words themselves. In addition to *kotodama*, there are other spoken activities within Reiki practice that require discussion, the *precepts*.

Reiki Precepts

The last of the Reiki lexicon to be introduced concerns the Reiki *precepts*, principles or ideals. These are simple statements that make up one type of refrain within the Reiki practice. Loosely defined, *precept* means 'a rule for moral conduct' (Oxford English Dictionary 2014c). They are used as guidelines to living an honest and good life. Practitioners in some cases suggest that these *precepts* were written by Mikao Usui as a means to guide ones path in life in order to live a happy and content life through spirituality. They are accepted as the underpinning values of Reiki practice demonstrating what is important for Reiki practitioners on a daily basis. These *precepts* have been found on the gravestone of Mikao Usui (Appendix 1: Translation of the Memorial Stone) as written by his students after his death. What follows

is not a direct translation of the Japanese version, rather the way in which the *precepts*, or principles as they are sometimes called, are presented by various Reiki *forms*. The first example is presented by Gendai *Reiki-ho*, a Reiki *form* developed by Hiroshi Doi, a Japanese man who has had training in both Eastern and Western Reiki:

Just for today
Do not worry
Do not anger
Be grateful
Be kind to others
Work hard

Similarly, USR offers the following:

Just for today, do not anger.
Just for today, do not worry.
Honor [*sic*] your teachers, your father and mother, and your neighbors [*sic*]; count your blessings; and show appreciation for your food.
Earn your living honestly.
Be kind to everything that has life.

Whereas in RJKD practitioners are taught the following:

Observe throughout the day, with all your effort, the arising of anger, then look deeper for its true cause.
Observe throughout the day for the arising of worry and restlessness, look deeper at their roots.
Be mindful, each moment of your day, appreciating the gift of life, find the right livelihood for yourself and be honest in your work.
In your day, as you appreciate your life, be kind to yourself and to all beings.
Your mind and body will truly transform with the power of Reiki, practise daily, connect to the universal nature of the mind, and develop these Reiki ideals every day.

Each variation of the Reiki *precepts* ultimately has similar meaning: to reflect on one's own emotions of anger and worry, not to suppress them as much as to be aware of their hidden meanings, to be grateful in life and to respect others and to be honest in the work one does.

This notion of ‘honest work’ was elaborated by my Gendai *Reiki-ho* Master to refer to the self-practice of Reiki taught at Level 1. Honest work she said was the commitment to do the internal work and to work on improving yourself rather than using Reiki as a quick fix or as she referred to it, as a ‘hangover cure’. These *precepts* are meant to help guide individuals in living a happy and content life. This process takes place subjectively in that the *precepts* are further interpreted in context of what a happy and content life looks like for each individual. There is a paradox, however, in that to be involved in Reiki is also about connection (Chapter 6), therefore this subjectivity is less about individualisation and more about relationality (Heelas and Woodhead 2005: 11). This relationality demonstrates an interpretation of spiritual ideals that stretch into the domain of the social. This is indicative of the way in which Alfred Schütz articulates the structuring process of meaning at the level of the individual human experience to the total social world (Neuman 1982: 120).

The teaching of and further use of the *precepts*, both individually and socially, suggests another aspect of this subjective endeavour. The modes of subjective-life, or the subjectivization thesis (Heelas and Woodhead 2005: 96-97), offers insight into this idea of how individual experience can turn toward the social. The subjectivization thesis offers a third option to the debate surrounding the secularisation thesis by suggesting that the sacred and the secular are occurring simultaneously (Heelas and Woodhead 2005: 10). One mode considered within the subjectivization thesis is the relational mode, whereby relational subjectivism allows the individual to go deeper in discovering selfhood through the relations they establish within the practice. Therefore, while these *precepts* are meant to be individualised in that they have different meanings for individuals, they are discussed openly and variously amongst practitioners at Reiki Shares and training. They are tools within relational subjectivism allowing the individual, through relationships with others, to go deeper into their subjective selfhood. As each person in a relationship goes deeper into their subjectivism, they are in fact acting in a social way in the open discussion of and relational reflection on the use of the *precepts*.

Another consideration for the *precepts* is that they are used as performativity discourse. Usui initially created these, according to the translation of his memorial epitaph located in the Saihoji Temple in the Toyotama district of Tokyo, with the intention that they would engender ‘a pure and healthy mind would be nurtured’ (Appendix 1: Translation of the Memorial Stone). The belief is that they will produce consequential affects upon the

thoughts, feelings or actions of the one speaking them in alignment with the original intent of when they were initially produced (Austin 1975: 101), a healthy mind is nurtured. These discourses, the *precepts*, are being used by the practitioners to produce effects, or as elaborated by Reiki Master Julie:

...when I am up against something; I go to the Reiki principles to see if there is some kind of solution there. I always find more in them; I am also finding that they are guidance for a lot of different things...

Julie states that by using the *precepts* in order to find a solution she is in fact using them to produce an effect in her behaviour. In this example, Julie adds that she uses them often when she must work with the public and that the first *precept*, '*Just for today do not worry*', allows her to mitigate her worry and the stress it creates for her mind and body. This mitigation of worry in the situation of public speaking allows Julie to affect her own behaviour and align herself with the intention with which the *precepts* were originally produced. She is able to nurture a healthy mind in light of a worrisome situation.

Furthermore, performativity used in this capacity with respect to discourse 'gives us important ways of understanding the local contingencies of identity formation' (Pennycook 2004: 8). These *precepts* regulate how individuals conduct themselves in such a way that they transform themselves into a certain state of perfection, a state that is characterised as being pure and healthy in the mind. This pure and healthy mind affects in turn the health of the body and the spirit. Furthermore, it points to the way in which practitioners identify with themselves as being respectful, grateful, honest and thoughtful about the effects and source of worry and anger. These *precepts* are meant to be recited every morning and evening and as the Gendai *Reiki-ho* training states,

To say the precepts in Japanese with your own voice connects you to the essence of the precepts and the energy of all the others who have said it before you.

The result of this connection to all practitioners past and present is a product of history while still creating history. It is an action that brings out a person's greatest potential in light of the history of others who came before them (Chapter 4). It also helps develop the awareness of that third layer of identity of the self that Last (2007: 9) suggests lies in the unknown,

protected only through remaining undefined. This concern for being undefined is grounded in the act of reflection; one reflects on the concern of worry and anger as a means of always assessing one's situation and response to situations. This performativity discourse produces consequences for an identity that is grounded in the unknown, as a journey of self-discovery through reflection. The original intention of the precepts, the belief that they produce consequential affects for the practitioner, is accomplished in that individuals are affecting their behaviour in order to nurture a happy and productive life within spirituality.

As there are different ways in which the terms *reiki*, *directing*, *clients*, *form*, *attunement* and *precept* are used, so there are different *forms* of Reiki that require discussion. I use the term *form* to refer to those variations of Reiki practice, tradition and lineage. These *forms* are distinguished by how the various practices of Reiki are taught, the historical tradition or lineage and in some, where diversified, the philosophy of healing. These *forms*, some introduced previously, are Usui Shiki Ryoho (USR), Reiki Jin Kei Do (RJKD), Usui Reiki, Gendai *Reiki-ho* and Jikiden Reiki. Each of these Reiki *forms* was explored within this fieldwork, either by means of personal practice, interviews, a focus group, participant observation and training or a combination of these. Particular details of these *forms* will be drawn out as I proceed.

Reiki: System or Form?

Throughout fieldwork, it was common to hear people refer to their specific Reiki lineage as a system, for instance one might ask, "What system of Reiki do you practise?" From the emic or practitioner perspective, this use of the word system distinguished their Reiki training and practice, such as USR, from other training and practices such as RJKD. A definition of system contains the following: 'A set or assemblage of things connected, associated, or interdependent, so as to form a complex unity' (Oxford English Dictionary 2014e), where *form* is defined as: 'A set, customary, or prescribed way of doing anything; a set method of procedure' (Oxford English Dictionary 2014b). According to these definitions, the generalised use of the word system is applicable; Reiki practitioners are an assemblage of things connected, or people, forming a complex unity. However, Reiki lineages can also be understood as a *form* in the sense that Reiki techniques, or procedures, are a set way of doing things determined by custom within each of the groups involved in this research. This custom is found within Reiki training.

While the above definition of system does allow one to easily fall into the habit of calling Reiki a system, in the context of this research and an interest in the medical applicability of Reiki practice, what constitutes a system necessitates further consideration. This consideration requires a more critical analysis since it is easy to fall into the habit of referring to something as a system (Lewis 2007: 29) without addressing or understanding what that means. Determining a system from a non-system further helps to distinguish the Reiki paradigm from the conventional medicine system.

The framework for a system consists of a group of practitioners who ‘clearly adhere to a consistent body of theory and base their practice on a logic deriving from that theory...patients who recognize existence of such a group and accept its theory and logic as valid and ...theory is held to explain and treat most illnesses that people experience’ (Last 2007:5). Last also defines *medical culture* as, ‘all things medical that go on within a particular geographical area’ (2007: 2). ‘Geographic area’ is important for medical culture as it emphasizes the fact that language and acceptance of medical knowledge differs from place to place and can change quickly. Last (2007) refers to Katsina State in Nigeria as an example of a medical culture, where the variety and diversity of traditional medicine and conventional medicine converge. He likens this diversity and variety as working as a sort of cultural camouflage, enabling one to survive in situations where it is not a matter of ‘alternative’ medical care, rather of what is appropriate for where one is located. Therefore, it is important to consider a medical culture as opposed to system to take into account the variability of language, accepted knowledge, and subsequent actions (Last 2007: 7-8), where Reiki might be considered important based on where someone is located in the trajectory of their well-being as a complement to conventional medicine.

If the criteria for a medical system given above are applied to the Reiki practice, it can be seen that there are some limitations in being classed as a system. The breadth and width of the types of things that Reiki practitioners would treat is a reflection of their theory and logic, yet this theory and logic is not consistent across all practitioners, even within the same lineages. Furthermore, the second criteria, which specifies that patients would recognise such a group along with the theory and logic, is not necessarily the case with Reiki — as will be shown in Chapter 7. Specifically, there is the problem of the term ‘patient’ versus ‘client’. As previously mentioned, those who seek a Reiki practitioner are described as clients, not patients. These clients will seek out or be referred to Reiki practitioners for different reasons

and for different expected outcomes, based on that practitioner's practice or training and credentials. So to refer to the Reiki lineages as systems is problematic in this analysis. It would be more applicable to refer to the complex whole that comprises the lineages, training and ideology of practice as Reiki *forms*. This allows us to address Reiki practice as a social organisation with a concern on the one hand for tradition and, on the other hand, an ideology centred on well-being.

Reiki as a Medical Culture

Well-being is one accepted ideology of Reiki practice. Another widely accepted belief is that the body has the ability to heal itself while restoring balance to the four elements of a person's life; body, mind, emotion and spirit. In some Reiki *forms*, this balance is restored to the chakras. Derived from Sanskrit texts, chakras are loosely defined as running parallel with the spine and consist of seven or more wheels or centres that act as storage facilities for an individual's bodily energy. They can be affected negatively when that energy is out of balance and positively when restored. In the popular book written by one of Takata's students, *Reiki: Hawayo Takata's Story* (Haberly 1990), however, there is no reference to *chakras*, only 'certain inner centers [*sic*] of the body' (51). This could be referring to *meridians* as the meridian system contains centres that run along the meridian pathways as well. The meridian system, in contrast to chakras, is derived from Chinese medicine and is widely accepted within Japanese culture.

All the Reiki manuals that I have from the training I have conducted refer to chakras, a western conceptualisation (Hammer 2001: 184) popularly circulated in the West through the work of Leadbeater (1927), a leading Theosophist in the early 1900's. As a means of differentiation, what served to separate Reiki practice from conventional medicine, the chakra system, was assimilated into the practice (Fadlon 2005: 23). Differentiation in this sense is what Fadlon characterises as 'low acculturation and high assimilation' (2005: 23). Instead of acculturating the Japanese traditions and worldview of *ki* energy and meridians, Reiki training assimilated a familiar cultural concept found within the American metaphysical movement and New Age (Albanese 2000: 29, 36; Hammer 2001: 140). This resulted in Reiki practice continuing to be popular and yet still maintaining separate philosophies from biomedicine. Despite this assimilation of chakras to Reiki practice, when asked, most practitioners in this study either don't know the difference or they don't care.

This phrase *medical culture* is applicable to Reiki in the sense that many Reiki practitioners reflecting on those qualifiers of a system would agree that they do not know how or why Reiki works. On this note, Hugh said,

Reiki is all about something deeply mysterious...the unknowable...and yet the very knowable...for me...

Additionally, most do not agree, or in some cases even care, which bodily system is being healed, for instance the *chakras* or *meridians*. When I asked Harris, a Reiki Master, 'Chakras or meridians,' his reply was by way of quoting his Japanese Reiki Master who said,

If you want to use chakras for example, use chakras it's not a Japanese thing, we don't do that in Japan we tend to use oriental medicine, well if you want to use chakras, use chakras carry on but what's the big deal.

Considering Reiki has its roots in Japan and with their use of oriental medicine I was surprised to see, even in my original training, that the bodily system discussed as being treated is the chakra system, not meridians.

As a *medical culture*, Reiki is a type of medical practice that lacks the common criteria of a medical system. There is no consensus in Reiki regarding a consistent body of theory and logic deriving from that theory. Therefore, the discussion of not knowing or caring about the cultural significance of the bodily system that *reiki* energy is applicable to suggests that Reiki can be thought of as a medical culture rather than a system. While Reiki practitioners realise they are unable to determine how *reiki* energy works and where exactly it comes from, this position creates a secrecy surrounding the practice where this place of not knowing and not caring touches on Last's (2007: 9) idea of a third layer to the self. He suggests that where originally individuals have two layers of identities, one grounded in the physical and the second in the social, the identity of the third layer of the self lies in the unknown or the undefined. Which aspect of the third layer best characterises Reiki practice; is it the unknown or undefined of the bodily theory that underlies the treatment? Or, is it that illness is perceived as 'endless, shifting states of being, to be alleviated but never cured, not even ultimately diagnosed' (Last 2007: 9) by Reiki adherents? Is this third layer of the self, the unknown or undefined the factor that creates secrecy, uncertainty and scepticism? Interviews

certainly point to the fact that despite many *sessions* and results provided to clients, rarely will practitioners suggest that Reiki is directly and independently responsible, in its entirety, for the recovery. Instead they will say they don't know if it was Reiki or something else, or even a combination of factors. All they know, they say, is that the person has achieved a state of balance and well-being. Despite the experiential evidence of the results they still retain what sounds like a level of scepticism. However this perceived scepticism is not rooted in whether the results are questionable rather this perception is rooted in the not knowing and not caring of what exactly is the physiological effect. Reiki practitioners instead will abdicate that result to the will and agency of *reiki*, which might be due to modesty, rather than scepticism. This idea of *reiki* as agency is discussed as a separate work as it exceeds the scope of this work.

The Reiki Paradigm

As Reiki practitioners don't know definitively *why* someone gets ill, or even *why* in specific details someone becomes healthy, they will say, 'why not try a Reiki session?' After all, practitioners suggest, a Reiki session can't do any harm. As Hugh, a Reiki Master explained to me and I paraphrase here, illness is either used as a metaphor for some neglected underlying meaning for the individual or there is the simple reference to an unbalanced energy field. Someone may break an arm, or sprain a wrist, or fall on a tiled kitchen floor, as Hugh did. These acts are really secondary to something else, they point to the body's need to communicate to the mind, to bring to the person's attention that there is something spiritually, emotionally or mentally being ignored overall; a lesson learned or an emotion unresolved. After all the interviews, Reiki Shares and training I conducted I heard statements that suggested that Reiki places us back in the now; it connects us to the authentic self, and allows for the energy to go where it is needed. The illness or condition is not the primary concern as such, rather an emphasis on a return to balance. This might be a potential explanation for why Reiki practitioners say the energy goes where it is needed; yes, someone is ill, they have contracted a disease, broken an arm, experience chronic headaches, but these conditions are secondary to the authentic, underlying need. The first cause was the imbalance between the current state and the authentic self. This may happen as the result of stress, emotional distress, or psychological trauma: the physical condition is a result of the other elements of well-being having been neglected. The physical condition can and may be treated, however not to the exclusion or neglect of the other factors.

Is this attempt at analysis used to substantiate Reiki? I would argue no, rather it is pointing towards the underlying belief in illness and how illness, or more importantly well-being, is conceived by Reiki practitioners. The specifics of how the energy operates are an unknown factor for Reiki practitioners, as so many research conversations included the statement,

It simply goes where it needs to go. It has intelligence. I do not have any part in telling *reiki* where to go. It just goes.

Reiki energy just goes without the practitioner having any input on the destination. As a practitioner I can place my hands on your arm and *reiki* will travel through my hands to your body and continue to where it is needed once it reaches your skin, or as some would say your aura. This helps identify a deeper activity taking place and that is the abdication to an external entity or authority, the *reiki* energy, while simultaneously highlighting the practitioner's concern for and intention to provide care through healing. Furthermore, this helps point to the Reiki practitioners' meaning making within the domain of health and illness as grounded in Eastern beliefs as well as psychological theories of the self and relationships of the self and other. This relationship and how it is negotiated with external factors is the cause of illness, or the imbalance of one's personal energy. *Reiki* restores that balance, helps the body to begin its own healing processes, as one research participant, Tony suggested,

Reiki returns the body to homeostasis.

This is where the spiritual connection of Reiki becomes apparent. In order to connect with the third self, the personal identity rooted in the secret or unknown, people practise spirituality, in the form of Reiki, allowing one to become self-aware. This self-awareness allows one to move from the indeterminate to the determinate within the third identity. This place of determinacy, what is referred to by some Reiki practitioners as 'the now', allows them to maintain homeostasis spiritually, emotionally, psychologically and physically. The actions of practising a healing method cannot be separated from the practitioners' beliefs, these beliefs, linked to action, are embodied (Dein 2007: 47). In effect the spirituality that is practised by Reiki practitioners is in fact embodied, linked to their disciplined actions of reciting daily *precepts*, practising methods of purification through self-practice and directing *reiki* for others with the effect of attaining a certain state of well-being. This ethnography will explore

this idea of embodied spirituality and the meaning embedded in the embodied nature of the Reiki practice and this inextricable link between spirituality and health.

Reiki Practice in Action

There are several ways in which *reiki* is enacted, or directed, for the benefit of the one receiving *reiki*. These methods are directly linked to the training level of the individual. For instance, at Level 1, a person can direct *reiki* to themselves, referred to as a self-practice, and friends and family only, without knowledge of the symbols. In the Gendai *Reiki-ho* tradition, this level is characterised as the obtainment of the Reiki healing ability. It is the basis of all training. This training to Level 1 can be quickly learned, sometimes in as little as two or three days as the point of this self-practice is to ‘just do it’, as Patricia proposed, the *it* meaning self-practice.

As I suggested above, in the previous discussion regarding the subjectivization thesis, the doing of self-practice creates a space for an activity that is based on secularisation and sacralisation (Heelas and Woodhead 2005: 10). Within the USR lineage, Reiki Masters such as Patricia and Julie suggested that an individual practise this self-treatment, as a discipline, for at least a year before they consider moving on to Level 2. Phyllis Lei Furumoto has been quoted to have said that she would rather receive a treatment from a Level 1 practitioner who has been disciplined in self-practice than a Reiki Master of 20 years who has neglected this daily discipline. The ability to direct the *reiki* energy grows with regular discipline, as my Gendai *Reiki-ho* Master stated,

By doing self-work, we are cleaning our own pipes and then we are capable of channelling more energy.

In other *forms* of Reiki, Levels 1 and 2 are offered over a four or five day period, as was the case in my initial training. At Level 2, an individual is able to practise publicly, and it is at this level, as suggested in the Gendai *Reiki-ho* tradition that the Reiki healing ability is improved. This training can take place over a two to three day period as well, however in the RJKD training, as Master Regina explained, one does not obtain a certificate until a 21 day process of reflective work and public practice has taken place and confirmed by the training Reiki Master. This 21 day period is meant to confirm that the practitioner is engaging with and understands in a practical sense, the material that was learned.

At Level 2, the individual learns the symbols which are in effect meant to strengthen the practitioner's connection to *reiki* or the individual they are directing *reiki* to. They can also strengthen an individual's ability to direct *reiki* energy through time and place. It is with the symbols that practitioners can provide *reiki* in a distance treatment as well as a one-on-one treatment with the public, in addition to continuing with the self-practice. It is also common that at Level 2 practitioners will engage with the wider community by participating in Reiki "Shares". These events afford practitioners time to connect with their community, discuss pertinent topics as they pertain to the practice as well as provide and receive *reiki* from one another. Reiki Shares take place in people's homes and at larger Reiki conferences and can last up to 3 hours depending on group dynamics. As a practitioner begins to engage in providing treatments to the public and requires liability insurance, they will most likely join one of the membership associations such as The Reiki Association (TRA), the UK Reiki Federation (UKRF) or the Federation for Holistic Therapists (FHT) where applicable insurance is offered at a premium. By joining an association they will also potentially participate in the Reiki gatherings for those groups and where Reiki Shares commonly take place.

While this is an outline of where and how the various types of Reiki sessions and actual practice are engaged, this is not a limit to how *reiki* is shared. For instance, as was demonstrated by Aaron, I was told,

The ideal is to be a healing presence.

Therefore healing is relational and intersubjective, this was further exemplified by Aaron when he explained,

This drippy nose that I have had, I went through I don't know how many packets of tissue before meeting you yesterday, this morning, and even while waiting for you. Have I used one since meeting with you?

My response to this question was, "no", and he continued,

Right, because, when we speak at this level, our consciousness goes to another level. And the illness does not manifest in the same way.

Therefore, by speaking of Reiki, by relating to one another in this meaningful way, it is suggested that healing can occur as *reiki* is shared as a healing presence.

The Master Level has its own usages of what I have termed 'Reiki practice in action'. In this level teaching Reiki practice is a focus. Therefore a Reiki Master will engage with the discipline differently from Levels 1 and 2. Since I have not been through this process of training, I am unable to offer much insight. However I can offer that during my term in the field, I came across several conferences that were exclusive to Reiki Masters within specific *forms*. For instance, USR had a meeting of Reiki Masters in Britain that was meant specifically for Reiki Masters of that lineage. I know of several individuals who participated but I have not been told what transpired in this meeting.

Chapter Conclusion

In this chapter I have presented and discussed in some detail the terminology, ideology and foundational paradigm of Reiki practitioners within Britain. There is a degree of diversity in the usage of these concepts depending on the practitioner's particular Reiki training. The terms *reiki*, *session*, *client*, *directing*, *lineage*, *precepts* and *form* are all important to aligning Reiki to specific meaning making while also separating the practice from misalignment with other practices. Interestingly, the Reiki *precepts* afford insight into a set of principles that are both individual and social. Furthermore, the performative nature of this discourse demonstrates an intention for a certain consequence of selfhood and identity within the group. With respect to Reiki practice and the Reiki milieu within this research, it has been characterised as a medical culture, whereby there is no agreed upon theory or logic amongst all practitioners. They most commonly have a feeling of not knowing or not caring what, for instance, the bodily system is that is treated and a degree of ambiguity regarding how well-being is achieved. Furthermore, when Reiki clients first experience a Reiki *session* they do not necessarily know or understand what the underlying theory or logic of the practitioner or the practice is. How practitioners obtain training and then come to embody their beliefs through action are a crucial discussion to the larger question of the thesis as it pertains to the meaning-making of the Reiki practice alongside the link between spirituality and well-being. The next chapter provides a better idea of who the research participants are and the methods used to collect their accounts of Reiki practice.

Chapter 2: Methods and Ethics

Chapter Introduction

This anthropological study of the Reiki practice took place in Britain (Figure 2: Interview Locations) from June 2013-August 2014. Within that time, I employed a series of ethnographic methods to illuminate the meaning that Reiki practice holds for participants. I combine two methodological approaches, phenomenology and autoethnography. It might be said that this is ‘insider research’ in so far as it draws on my own experiences as well as those reported by the research participants. However, I am aware that the notion of ‘insiderhood’ is both complex and contentious (Collins 2002: 80). Despite the timeframe referenced as fieldwork, and while I have stopped collecting data, I have not left the field as I continue to practice Reiki, both for myself and for others. The following is a discussion of my use of what has been described as the ethnographic ‘family of methods’ (O’Reilly 2005: 26) consisting of participant observation, informal interviews, focus group and surveys. I also describe a process for discovering what takes place in a spiritual practice with an emphasis on interiority. As an ethnography grounded in phenomenology these methods and the analysis of the data collected have been undertaken with an eye for the nature of lived experiences as a means of explicating the meanings behind those experiences (van Manen 1990: 9) within Reiki practice. I will present the ways in which I analyse the data collected from these methods with an emphasis on theme analysis. Lastly, I discuss relevant concerns relating to research ethics. I begin with a vignette of a Reiki Share that captures the essence of participant observation.

Vignette: a Participatory Event

Journal, May 14

At the Reiki Share in Ferryhill, there are seven of us; however I only know Howard and the hostess. We begin with a group meditation and then speak about nature and Reiki as a business while others listen, largely not commenting on the discussion. Next, with the tables in place, comes the Reiki session the last segment of the evening. Howard, Kari and I, in silent agreement, work on a table together. I am the first one on the table and feel quite relaxed; in fact I became acutely aware of a tension headache at the top of my forehead that has gone unnoticed before.

As Kari places her hands on my head I notice that she has a heat very similar to someone I had met at a previous Share in March. I can just barely feel her hands and yet the heat her hands generate are going deep under my skin and leave lingering traces as she changes positions; it is an all-encompassing, velvety warmth. It is quite different from the heat that Howard generates. His hands are very present, as a pressure on my body. However, this pressure feels nice over my forehead, relieving my tension headache. The heat he generates was more 'gooey,' it does not have some invisible bounded presence like Kari's; rather it expands out from under his hands and around surrounding areas. As I get up from the table I feel relaxed and groggy, better for the experience.

Howard is next on the table and now my hands are quite warm with reiki energy. I notice that my hands have changed appearance, all the veins in the back of my hand and my wrists are quite pronounced, protruding from the surface of my skin. As I direct reiki to Howard I am working at his feet and he asks me to be careful as he had just had a toenail removed, his toe was very sensitive and prone to pain. I am now very conscious not to touch or get too close to his toe. Working my way up from his feet to his abdomen, I can feel his heart pounding under his skin. It was so strong; it feels as if it is directly under my hands. As we finish the allotted time for Howard, he says that he can still feel my hands on his feet, even though he knows they are elsewhere. He further explains, 'By the time you reached my upper legs, I could feel small bursts of energy shooting up my leg from my toe and then it moved in repeated wavelike undulations from my hip down to my toe.' All this activity is taking place on his left side, the same side where his injured toe is.

In speaking with Howard days later, he informed me that the wavelike undulations of energy in his leg had continued after that Reiki Share and he felt it was a sign that his toe was healing through reiki energy.



Figure 2: Interview locations.

Red arrows indicate general location of Reiki practitioner interviews.

Participant Observation

Participant observation was a major component of data collection. This method, while crucial to ethnography, is limited to the extent that it tends to focus on a single view of the phenomenon in action (van Manen 1990: 31; Brewer 2000: 6). However, this is an important perspective as the existing literature pays little attention to modes of participation within Reiki practice. Most of the literature on Reiki practice that does exist falls within the domain of New Age studies which is problematic in that this term has become what Possamai refers to as a metonymy, a single descriptor for a wide range of beliefs and practices (2005: 1). Furthermore Wood points out that research methods used for spirituality require a dynamic approach that is lacking in New Age literature (2007: 3). I would consider participant observation to be such a dynamic approach. With respect to this method, I participated as a Reiki Level 2 practitioner in Reiki Shares, those planned by others and those planned by myself, Reiki retreats, personal Reiki sessions, offering Reiki to others as well as Reiki training in RJKD and Gendai *Reiki-ho*. While this insider participation can be considered just one view into the Reiki milieu that is autobiographical in nature, it is one view which is better than no view (Brewer 2000: 62). It also places me at the centre of the research in context of positionality, providing a form of validity to the knowledge acquired as my position is in a relational context (Maher and Tetreault 1993: 118) with Reiki practice, practitioners and clients.

The 'Insider' Position

The positionality of 'insider' is not an optional aspect of data collection, it is instead considered an integral aspect (Chiseri-Strater 1996: 116). In one sense, my position as Level 2 practitioner has a direct impact on the type of data I am able to collect. For instance, I am not able to address the aspect of Reiki practice as it applies to the Master/Teacher level. Furthermore, I consider that positionality or researcher identity is never fully fixed; rather it is marginal, always moving between and betwixt domains such as the field, academia and the personal. This recognition of positionality renders reflexivity possible and helps to shape this ethnographic thesis (Robertson 2002: 791). Through the research experience and in the writing of this thesis, my 'insider' position allows for reflexivity such as Jay Ruby (1982: 30) envisioned, where one is able to see oneself anew through the ethnographic experiences of the other. However, this idea of 'insider' position, or member, is at best contentious and the duality of insider/outsider does not help to clear this contention (Chapter 5). For instance, the insider/outsider position produces a dual experience (Motzafi-Haller 1997: 196) within the

consideration for a dual identity (Reed-Danahay 1997: 3). This is limiting in that the entirety of any one person's identity within a complex social setting is more multifaceted than dual. As Collins (2002) articulates so well, 'We all experience multiple belongings, each of which may be used to gain a purchase on understanding others' (2002: 81) and I will add, understanding ourselves in turn. Therefore, while my positionality can be characterised as 'inside' the group and field, I argue that it is an identity that exists on a fluid continuum. I contend that transcending this understanding of an insider or outsider position is needed. The reality of the complex nature of identity and belonging is neglected in the attempt to orient ourselves as researchers existing inside or outside the group (Nesbitt 2002: 135).

There is an aspect of this study that made me unavoidably aware of being, at the least, on the insider continuum of identity. For instance, in some cases, events required a treatment table and I found I became invited to events as I had my own table and was willing to transport it. Reiki can be provided in any situation; seated, standing or lying down, and as most practitioners do not necessarily practise publicly, not everyone has a treatment table. I found very quickly, however, that having a table was not necessarily a benefit. While most were happy to come along with their tables, I found it restrictive and burdensome. Treatment tables are heavy and awkward to carry and it is not likely that anyone would attempt to carry their treatment table on public transport. I found that after carrying my table any distance I potentially needed chiropractic treatment to address my aching back. The table is not the only consideration, as one generally also brings along a blanket and pillow in order to aid in the comfort of the client during a Reiki *session*. When I finally stopped organising Reiki Shares, I was disappointed, but also relieved that I no longer had to transport my table up and down stairs and in and out of the car. Others agreed that travelling with a table caused difficulties, especially where public transport was involved.

Furthermore, as the word spread around my social group that I was not just researching Reiki practice but also a Reiki practitioner I found it interesting how many individuals began requesting Reiki *sessions* of me. This afforded me an opportunity to participate further with Reiki practice and, reflecting on those experiences, added to my informed position as researcher.

In order to gather additional data from the client side of a Reiki experience I organised and executed a Reiki Taster Day within my academic department. Two Reiki practitioners from

different Reiki *forms* came to the department in order to offer 20 minute Reiki *sessions* to people who had signed up in advance. The people who had signed up had done so using an online survey system to indicate which time of the day suited them best. Allocation of practitioner was not disclosed in the scheduling except in those cases where the practitioner and client knew one another. I tried to ensure that they were not paired together in order to allow for health confidentiality as these were student/supervisor relationships. Each participant client was asked to sign a consent form before participating in the *session*. The set-up of the room consisted of portable treatment tables with blankets and pillows, low lighting, quiet music and drinking water when the *sessions* were complete. In total, 15 Reiki *sessions* were provided that day and after each person completed a *session* they were asked to fill out a questionnaire (Appendix 2: Survey) recording their experience.

Participation Criteria and Informal Interviews

As I began to reach out to Reiki practitioners I knew in Britain, I was introduced to a Reiki Master through a common acquaintance who was incidentally also doing a PhD on Reiki practice in the Netherlands. He was instrumental in introducing me to Phyllis Lei Furumoto, the lineage bearer and Grand Master for USA and granddaughter of Hayawo Takata. After speaking to Phyllis she offered to introduce me to three Reiki Masters in Britain who she felt could articulate Reiki practice. The question arose; did they have to come from the same lineage? As it turned out, she offered names of three individuals from two different Reiki *lineages* and that set the pace for the following months during which I remained open to meeting anyone from any *form* of Reiki. This allowed for a more in-depth discussion of not only the practice itself, but also the inherent challenges that arise from these various *forms* working side by side. Phyllis suggested I contact experienced practitioners who had knowledge of organisational developments in British Reiki, as well as an interest in its spiritual and healing elements. This set a precedent for establishing contact with members from as many Reiki *lineages* as possible in addition to considering the level of training they had obtained as well as their length in the practice as criteria for research participants. Therefore, a considerable proportion of Reiki research participants are either Reiki Masters who have practised for at least ten years or Level 2 practitioners. This length of activity in the practice was instrumental in the findings of my thesis. It also serves as the differentiating factor of the results found by Matthew Wood (Chapter 6) on his study of three Reiki healers who had only relatively recently begun Reiki practice (2007: 130).

The initial contacts provided by Phyllis facilitated a snowball approach. This entailed the use of my research participants and their social networks in order to find a small sample of people within a large population (Bernard 2011: 147-148). This was also helpful in that I knew in advance that these individuals had met the participation criteria I had established. Additional Reiki practitioners were found by participating in Reiki events as well as by accessing the publicly displayed contacts listed on the UK Reiki Federation website. Over 30 practitioners were contacted via email and from that group, five responded. Furthermore, from the initial three participants interviewed, those contacted through the UK Reiki Federation website, and through participation in Reiki events, the remaining research participants were secured through a dynamic process of conversation, participation and referral. Of the 30 Reiki practitioners interviewed (Appendix 3: Research Participants), 21 are Reiki Masters and Teachers for a minimum of 10 years; nine are Reiki Level 2 practitioners or Reiki Masters in training. Of this group the following Reiki forms are represented; Usui Reiki, Usui Shiki Ryoho (USR), Reiki Jin Kei Do (RJKD), Jikiden Reiki and Gendai *Reiki-ho*. As I am also a practitioner, these interviews were not merely a mode of collecting information but also a source of profound experiences with individuals who afforded me unique personal insight and reflection into my own practice in addition to and as a consequence of my research. That is, they contributed directly and indirectly to my own Reiki practice.

Each interview was like a lengthy workout in the gym, where after hours of anaerobic and aerobic exercise on the treadmills and weights one is both exhausted and exhilarated by one's accomplishments. The interviews not only facilitated the interrogation of the form and meaning of the interviewees' Reiki but also my own, and for this reason they were tiring affairs. Interview questions were predominantly open-ended and were meant to offer avenues for a diversified conversation between practitioners. That many of these interviews are qualified as profound experiences is further supported by my personal experiences following each event. After having spent a day with a Reiki Master as research participant, I would wake the next day feeling *reiki* energy in my hands. I had never experienced this before. These interviews seemed to act as impromptu initiations in that they each generated the familiar sensation of energy and reinvigorated my connection to *reiki*.

Where I was unable to meet the practitioner in person I conducted the interview over Skype. This created a much more flexible situation as extensive and expensive travel was eliminated. However, using this technology also presented challenges, such as how to record the

interview for subsequent transcription. I located a plug-in that allowed for recording Skype calls, both audio and video. However, I did not anticipate the occasional loss of connection which caused the recording in some places to cut out. I have, where needed, followed up with those individuals in order to 'fill in the gaps'. In some cases it has not been possible to replicate the conversation and so there are parts of interviews that have simply gone missing. In the future, I would use the handheld recording device to record the conversation through the computer rather than rely on an application based plug-in exclusively.

Alongside the practitioners, it was important for me to interview Reiki clients. The clients offered further insight into how Reiki practice is perceived and why people seek a holistic and vitalistic CAM modality. Furthermore, literature on Reiki practice (Melton 2001; Sutcliffe 2003; Macpherson 2008), with the exception of the clinical trials, does not address the client side of the practice. One exception to this is the work by Catherine Garret who discusses the use of Reiki on herself as the client in addressing chronic pain (2001: 331). Concomitantly, Csordas and Kleinman (1996: 16) point out that most anthropological work has focused on the healer.

As I have indicated, this thesis attempts to connect accounts of both practitioner and client in order to get a more rounded perspective of the practice. Connecting with this group proved to be challenging in that practitioners were unwilling to share their client's contacts with me, despite having developed friendships over time. They felt there could be a potential breach of trust and ethics on their part as a practitioner and were therefore hesitant to allow me direct access to clients. In the end, through conversation with friends, and some practitioners who understood what was needed for my research, I was able to secure some interviews with clientele. I completed eleven informal interviews with Reiki clients (Appendix 3: Research Participants). The interviews were significantly different to those undertaken with practitioners and generally lasted half the time. These individuals were located throughout the areas of the NorthEast, Yorkshire and Wiltshire. I improved my understanding of the wider domain of medicine by interviewing six medical professionals working within the NHS. Like the Reiki client interviews, these were difficult to arrange. My aim, in this case, was to document health professionals' views on CAM and Reiki in particular, with respect to what it may be able to offer conventional medicine. These individuals included General Practitioners, ward nurses and an anaesthetist (Appendix 3: Research Participants). In a few

cases; the Reiki practitioners I interviewed were also medical professionals. Out of the 30 interviewed, two people were NHS employees.

After completing these interviews I carefully transcribed each one. After transcriptions were complete they were sent to the research participant for confirming factual details and to identify information that they wished to remain private. In most cases, the research participants were happy with the transcriptions and in limited cases I received feedback detailing exactly what part so the interviews were to remain private. This was very useful as it did encourage me to consider more carefully how I presented their participation in this thesis.

Focus Groups

The focus group consisted of Reiki practitioners who had already been through the interview process and they enabled me to investigate the ways in which participants discussed Reiki practice among themselves. My aim was to discern why individuals who became practitioners have an interest in the practice (Bernard 2006: 175). Focus groups encourage the revelation of subtle nuances of meaning through dialogue amongst their own peers (Stewart *et al.* 2007: 42). The group size was six individuals with the discussion focused on Reiki and its therapeutic use. While simple interest might have sufficed to ensure involvement on the day, as well as demonstrate gratitude for participation, a buffet lunch was provided. I also had an assistant taking note of verbal and non-verbal interaction while I acted as moderator and remained focused on the conversation. The focus group was videotaped and recorded for further analysis. As the day unfolded, I found that I rarely needed to ask the group any direct questions, the conversation flowed and the time quickly passed.

I was pleased that upon completion of the focus group there was a feeling amongst the majority in the group that they would like to continue associating with one another through some sort of activity. This allowed me to offer the option of planning and implementing Reiki Shares for the group so that we could continue to share our views and practices of Reiki. After this focus group I organized and implemented at least half a dozen Reiki Shares for this specific group and their colleagues, although the group was clear that they did not want it to be closed off to others, rather to build off the camaraderie and openness all felt with one another despite the differences in Reiki *form* and training.

A Method for Exploring Spiritual Experience

What is it about Reiki that makes it spiritual and what methods are available to the researcher interested in what a spiritual practice is/does? This spiritual practice, while not aligned to any dogma, privileges experience over rhetoric. Is there a middle ground to the polemic extremes of the secular and the sacred and if so, what method can be used to capture or observe that? These concerns have taken me to review literature within a certain niche most prominent within Theology, in order to determine which actions can be interpreted as spiritual, or rather how within a phenomenological framework I can begin to analyse the links between spirituality and practice. This link between spirituality and practice has been suggested to signify the way individuals live their faith through meditation, piety and mysticism (Sudbrack 1982: 1627). Spiritual experience, a product of spiritual practice, is seen as the foundation for religious reflection and action (Farina 1989: 18). Therefore, the action of lived faith is of concern for a method attending to spirituality. Mary Frohlich (2001) a Professor of Theology, provides some insight into the challenge of discussing spiritual experiences and how they can be engaged with through an academic discipline. In adopting this as a unique approach to analysing the spiritual practice of Reiki, I am better able to address what is taking place, why and for whom. I can address the what, or experiential aspect of the Reiki *session* along with the why, or the understanding aspect of a Reiki *session* and for whom this practice has purpose and meaning.

Frohlich describes what is happening when we study spirituality. For her it is to observe the '*human spirit fully in act*' (2001: 71, italics original), referring to persons being, living and acting 'in the fullness of interpersonal, communal and mystical relationship' (2001: 71). The meaning behind the activity of spirituality is of academic interest, Frohlich suggests, in so far as persons do or do not lend themselves toward that kind of activity alongside other considerations such as the rhetorical structure, psychological and sociological characteristics and/or cultural heritage of that act, or in the case of my research, in the practice. What is of interest here is the meaning attached to the practice of Reiki not only for the individual, but also in the way that it has impact for society. One tool to help interpret potential meaning is to focus on those actions and recognitions that occur and eventually transform us, in realising an identity for oneself, a subjectivity that is reflected in our actions and is relevant in providing insight into our actions while having import for others. When the Reiki practitioner and/or client are engaged in the specific act of on the one hand directing *reiki* while on the other receiving *reiki*, the actions and transformations that take place will be the defining

moment of the spirit fully in act. This methodological approach, Frohlich suggests, ‘involves reclaiming both medieval and contemporary insights into “interiority”’ (2001: 73).

Interiority Explored

Interiority is a complex, mobile concept and is the quality of recognising the definition of an interior while also realising the elasticity or potential of that interior and the danger of becoming clichéd (McCarthy 2005: 112). In this view, interiority makes the exterior possible. While Frohlich (2001: 73) describes a medieval insight into interiority, experienced as presence or communion in traditional prayer, when interiority encroaches on the social sphere it becomes applicable to forms of contemporary spiritual practice. Interiority has been further described as a cultural experience, the joining of two distinct realities, the inner and the social, that moment that exists between the experience and one’s reflection on or forgetting of that experience (Zittoun 2007: 194). Interiority can, in this way, best be described as that moment in between, after the experience and before the expression or manifestation of that experience. It is that moment when there are an infinite number of possibilities where something is first internalised and then becomes externalised. It is in this effort of externalising that an understanding begins to form of “both our awareness and our engagement with the world” (Rapport 2008: 332). The goal of interiority is, first, self-appropriation (Frohlich 2001), where insight is achieved through the attention given to one’s experience, the understanding of oneself in that experience and the affirmation of the self through that experience (Lonergan *et al.* 1980: 37); and second, the attainment of inner consciousness and an ‘experiential human truth’ (Rapport 2008: 332). Both self-appropriation and individual human truth can be seen as one and the same as they both point to self-knowledge and a sense of identity. As a result of the insight gained from experiential understanding, through a process of interiority one can come to realise an identity or selfhood. The value of this self-appropriation and individual human truth is that it provides a reference in which one can begin to externalise or ‘pour themselves out into the world: it is an elemental vector of existence that individuals project interpretations of identity...into ...social-institutional practices’ (Rapport 2008: 337).

Therefore, by reclaiming this concept of interiority with a focus on the ‘*human spirit fully in act*’, where a person is ‘being, living, acting according to their fullest intrinsic potential’ (Frohlich 2001: 71), researchers may be better able to identify qualities of a social-institutional practice grounded in spirituality. This practice provides a reference for the point

in which spiritual selfhood or identity of the individual, another and the divine coalesce in a pouring out into the world.

Theme Analysis

The phenomenological perspective outlined above, with respect to analysis, reflects on the themes which exemplify the phenomenon (van Manen 1990: 30). I therefore use theme analysis in order to recover the motifs that 'are embodied and dramatized in the evolving meanings and imagery of the work' (van Manen 1990: 78). Since a large and significant part of the data was collected through interviews this process can be characterised as:

...a process of getting at the essence of the meaning expressed in a word, phrase, sentence, paragraph or significant non-verbal communication. It is a crystallization and condensation of what the participant has said, still using as much as possible the literal words of the participant. (Hycner 1985: 282)

This essence of meaning is a reduced representation, a distillation of the statement using the actual words of the research participant while retaining the context within which the statement was made. Throughout the interviews and Reiki events, the structures of experience that generated themes that evolved into meaning pointed to broad concepts of spirituality, authenticity, love, surrender, connection and knowledge and belief -- the last two broadly conceived. Discussion of these themes is not meant to define concepts such as love or authenticity as such, rather the discussion is meant to be a description of the meanings behind these concepts and how the research participants derive meaning from these concepts. These structures of experiences, or themes, are at best reduced representations of experiences; their meanings are not fixed. This thematic approach provides the means by which the meaning of the experience can be grasped (van Manen 1990: 87-88).

Thematic analysis has involved hand coding interview and focus group transcriptions in order to find units of meaning, with due regard for the context, which can be used to describe the conceptual themes. This process of coding through thematic analysis helped ensure that this was not an imposition on the data on my part. A process of first level, descriptive coding confirmed the identification of basic topics consistently present within the data (Saldaña 2009: 88). Second level coding confirmed links found between themes presented in the first level (Saldaña 2009: 208). This process helped to identify the following themes which will

be descriptively discussed in detail in the following chapters: spirituality, concepts of love, connection and healing. These concepts, present in their different iterations, pertain directly to spirituality and well-being, and crucially to the link between the two. These two concepts, spirituality and well-being will be discussed in the context of their meaning for Reiki practitioners, with a focus on interiority. This focus on interiority helps to understand the spiritual experience as a point in which spiritual selfhood, another and the divine coalesce into a life world grounded in well-being.

It is important to point out that while this description of analysis sounds like a flowing and gradual process, it is actually cyclical, and constantly loops back to the initial processes of research (Saldaña 2009: 58). Therefore, during coding and thematic analysis there is a constant shifting back to the research as a whole in context of applying theory and description. Throughout this process, I (the researcher) remain vigilant for the ethical concerns of research participants.

Research Ethics

Ethical considerations are not concluded by completing a set of forms but are part of an ongoing process of negotiation and renegotiation throughout and after the lifetime of a research project. The Association of Social Anthropologists of the UK and the Commonwealth (ASA) guidelines are a starting point for these considerations while reflecting on which aspects pertain to any research design. For example, ASA guidelines recommend checking with research participants continually throughout the process to guarantee the continuity of consent (Association of Social Anthropologists of the UK and the Commonwealth (ASA) 2011: 2). Considering fieldwork can take place over a significant length of time, a research participant's position can and almost certainly will change, potentially resulting in withdrawal of consent. It has also been suggested however, that a primary concern for all research ethics is the potential harm, both indirect and direct, for participants and the intrinsic rights of participants (Murphy 2001: 339-340). Consequently, while consent was initially requested from all research participants it did happen that some individuals opted to drop out of the research process. As a consideration of their intrinsic rights and their express request not to have their information included in the final analysis, I have upheld that request and will not include the data collected. The one case that was most difficult came about as the individual, due to previous experience, felt that her testimony, experiences and voice would be ridiculed by academics. Even though I insisted that the

anonymity of the data would lessen that chance, she was adamant that she did not want to continue in the research and I was obliged to concede.

Having considered the matter of personal harm carefully, this research project did not result in harm being caused either to research participants or to myself. All methods were nonthreatening; therefore Reiki research participants were in no way implicated through political or legal actions. While this project was in essence benign, I am aware of the right to privacy for those who took part in this research. Anticipating that research participants may divulge details of personal medical conditions and lifestyle, information protected in the UK by the Data Protection Act of 1998, anonymity has been maintained for all who participated. For instance all real names have been changed, and where an informant requested private information remain omitted, this request has been honoured. In many cases, I have shared the transcriptions of interviews to allow the research participant an opportunity to make explicit which information they wish to have eliminated from analysis. Additionally, where it concerns the names of organizations or groups that are not primary to this research, these names have also been anonymised.

When seeking the views of healthcare professionals, their confidentiality and privacy has also been maintained, as these views may impact their employment. Therefore, to establish their anonymity this thesis does not disclose any details that would make research participants recognisable. This level of anonymity was not granted only to the healthcare professionals within the NHS. All research participants have in fact been anonymised as several have other vocations where disclosure might have negative ramifications. There are only minor cases where people have not been anonymised and this is due to the fact that their names and positions within the Reiki milieu make it difficult at best to preserve anonymity. For instance, in the case where I refer to the lineage bearers of the various *forms* of Reiki practice it is impossible to anonymise as these facts are widely known and no attempt at preserving those identities would prove useful. While ethics are typically approved by an appropriate committee before commencement of research, I believe that the negotiation of ethical considerations is a constant obligation and responsibility of the researcher during and after the project. These obligations and considerations include the ways in which data is handled and secured after the project is completed.

At the beginning of the focus group, a participant posed a question asking if my study was in any way linked with the association bodies of Reiki or any other governing agency. I replied no, that I was self-funded and had no institutional affiliations aside from my University. This raised a concern about the confidentiality of the recording and that it should not be posted to any social networks or on any other public presence. I assured the group that the recording was for my purposes of analysis only and would not be made public. This created an awareness of further ethical considerations surrounding researcher affiliation and data security. While the Data Protection Act allows for the processing of data for purposes other than those in which they were originally obtained (Parry and Mauthner 2004: 143), that will not be my intent in the future. It is in my best interest as a researcher to maintain the anonymity and security of my research participants' personal views and practices and not share them with associational/governing bodies or social networks. This is a reflection of my ethical competence as researcher. This competence relates to how I distinguish between ethical concerns in the field and the procedures of ethics and responding to them accordingly (Guillemin and Gillam 2004: 269).

NHS ethics approval was not required for this research project as in no instance was the NHS system used as a means of recruiting research participants. Rather, recruitment was a process of referral through other participants and colleagues throughout the fieldwork. There is one case, however, where this concern for NHS ethics was raised. At one point I made contact with Reiki practitioners through a Reiki association website that publically displayed contact information for those looking for a Reiki practitioner. I had noticed that there was a disclaimer on the site that the contact information was not to be used for marketing purposes. I took this into consideration before reaching out to individuals. As I was not involved in a marketing endeavour, I felt my contacting any individual was ethical since I was legitimately looking for Reiki practitioners without the aim of making a profit. As I attempted to widen my net of potential participants, I began emailing each person within my geographical region. I introduced myself, presented the nature of my research and requested to share more if they were interested. I did receive several positive replies which created enthusiasm for my research prospects that I had to date been lacking. One reply came back with a request for a phone call to discuss an interview date and location. Part of this phone conversation included a discussion of whether or not NHS Ethics had been obtained and a concern that my research might set out to disprove Reiki. My response regarding NHS Ethics was that it was not required. I explained that I was engaged in an ethnographic study, in order to better

understand the socio-cultural phenomenon called Reiki. After this, a line of questioning ensued concerning my ‘spamming’ the association website as a means of obtaining contacts, despite the fact that my attempt at contact was not for marketing purposes. Consequently, this person asserted that approval from her affiliated associations was necessary before she would fully agree to participate.

In my desire to achieve ethical transparency, it was an awkward moment as initially this person was very excited about the portent of my request and quickly, as a result of a discussion of ethics, this enthusiasm slipped into alienation. This alienation was significant and I felt the need to contact her on more than one occasion to be certain that she was agreeable to the interview. This becomes an ethical concern where I had to rethink the boundaries between what is considered public versus what is private in the electronic or internet domain (Elgesem 2002: 203). Despite the personal contact information being available online and in the public domain, this individual felt her privacy had been invaded. My use of the information was not directly related to the desire for a Reiki *session*, therefore my actions were considered potentially unethical.

Chapter Conclusion

In this chapter I have presented the methods and ethical concerns pertaining to this fieldwork on Reiki in Britain. After 14 months of ethnography, including participant observation, informal interviews, a focus group and a Reiki taster day, I analysed the data in order to develop this thesis. This chapter also includes a comprehensive discussion of a relatively novel method used in researching spirituality. The key aspect of a spiritual act is to identify the moment of interiority, the very moment when one recognises the potential of their interior selves and the implications of their identity on the exterior or external aspects of their lives. The interviews and focus group were transcribed and alongside the collected material, these items were analysed using theme analysis and a first and second level process of coding that generated relevant themes amongst the data. The themes that were coded in this process pointed to broad concepts which make up the contents of this thesis. They consist of tradition, journey, Reiki practice as a way of life, spirituality, healing and care and commodity and commodification. Each of these key themes will be explored in turn beginning with the next chapter which discusses Reiki as a way of life.

Chapter 3: Reiki as a Way of Life

Chapter Introduction

This chapter will explore what Reiki practitioners mean when they say that Reiki is a ‘way of life’ or that it is ‘their life’. I focus on the triadic process of *doing — becoming — being*. This prevalent theme relates to the body and concepts of embodiment including body as metaphor (Douglas 1970), Csordas’s paradigm for embodiment (1990), the three bodies of Scheper-Hughes and Lock (1987), techniques of the body (Mauss and Schlinger 2006) and body-self (Van Wolputte 2004). In order to demonstrate the meaning of Reiki as a way of life, the life experience of the Reiki milieu is the foundation for my analysis here. Therefore, I draw on phenomenology in order to describe certain phenomena in the way they are experienced (Moran 2000: 4), in an attempt to understand who we are and how we act (van Manen 2007: 13).

A common criticism of phenomenological approaches is that they overlook issues pertaining to power and domination. These issues certainly emerge from my data and that relating to Complementary and Alternative Medicine (CAM) research more generally. Scholarly studies of CAM have often been linked to concepts of power; analysed as a power within the labour market (Baer 2001: 46), power within the hegemonic practices of biomedicine (Cant and Sharma 1999: 91), empowered identities (Macpherson 2008: 86) and the power to repair society after the fall of communist rule (Ross 2012: 136). I will explore the Foucauldian concept of power, as he conceives of it as *relations of power*: ‘...relations that exist at different levels, in different forms; these power relations are mobile, they can be modified, they are not fixed once and for all’ (Rabinow 1997: 294) and further explored through his concept of governmentality, discussed further below. This makes room for the relations of power that are experienced and acted upon at different levels such as the individual, the community and society, as it pertains to Reiki practice.

In outlining a history of knowledge, Foucault says that ‘contact between the technologies of domination of others and, those of the self I call governmentality’ (1988: 19).

Governmentality, then, will be explored as technologies employed by others and the self in order to address embodiment, lived experience and power, in this triadic process. Through a

consideration of the concept of governmentality, this chapter will refer to the technologies of domination of the self as an embodied experience. Furthermore, the triadic process will provide insight into the experience of well-being and spirituality through practice.

In developing the scope of this triadic process, I will first present the initial aspect – that of *doing* – through Michel Foucault’s technologies of the self, where the “knowledge of bodies and the techniques involved in disciplining bodies are important aspects” (Samuelsen and Steffen 2004: 9). I will then discuss the second aspect – that of *becoming* – explored as tacit understanding (Todres 2011: 146) as a result of the subjective and intersubjective experiences of the practitioner and client. This concept of tacit understanding will be articulated later in the chapter. Moreover, these experiences will be explored through a mode of embodiment mediated by spiritual practice. It is in this process of *becoming*, where the body and the Reiki practice, through experiential knowledge, begin to take on new meaning in relation to well-being. The third aspect of the triad – *being* – will be explored as an achieved state of well-being and identity culminating in a transfiguration of the self and where consequently, Reiki is embodied in the practitioner’s life.

Woven together, this process describes a shared meaning on a continuum of experiences, not necessarily as separate stages but, as one totality (Todres 2011: 113). In other words, these processes of experiences do not happen independently of one another. Rather, there is a fluidity, the fluid nature of culture and life as lived relationally (Todres 2011: 113). I will demonstrate how in each stage of this process there is a return to the *doing* of Reiki. This fluidity and return to *doing* is further encapsulated in the nature of Reiki practice as self-practice, demonstrated by the statement Julie made:

...the importance of self-treatment...I now find that the daily self-treatment helps to keep me resilient on all levels. I noticed that, we all go through things that are tough in life... I find Reiki helps me through that, I bounce back more quickly and more easily due to my Reiki practice. It helps me to stay centred and be happy and balanced.

Even as a practitioner reaches the continuum of *being*, they will return to *doing* through self-practice. Furthermore, this chapter explores the experiences of the living body steeped in subjectivity while transitioning into intersubjectivity. From a phenomenological standpoint

‘...the living body is considered the existential null point from which our various engagements with the world—whether social, eventful, or physical—are transacted.’ (Desjarlais and Throop 2011: 89). I will demonstrate how in the triadic process, through intentionality, the mind/body duality shifts into a co-dependent plurality (Todres 2011: 148), a plurality of the physical, the emotional, the mental and the spiritual. It is within this process grounded in plurality where an embodied spiritual practice is mediated by emotions (Lutz and White 1986: 406) and transfigures individuals into well-being.

Vignette – Living Reiki

Journal Entry March 23

At this point in my research, I am experiencing extreme fatigue from long hours travelling and conducting fieldwork, participating in my department and my college while maintaining my household which includes the erratic sleep patterns of my two year old son. At the behest of a research participant who recognises my fatigue I have accepted her offer for a day of Reiki. I spent this day with a fellow practitioner in her home, in order to participate in reiki and an attunement session. She has suggested that I might benefit from this as a means of supporting my connection with the reiki energy.

In preparation for the day, the Reiki Master provided an outline of suggestions for detoxifying my body three days in advance of this session. This detoxification is meant to condition the body in advance of the attunement so that it is in as pure a state as possible, without the influences, for example, of caffeine, alcohol or meat. The practitioner’s body acts as a conduit for the reiki energy during a Reiki session. I found that some practitioners understood that in order to direct reiki in an effective way, they must maintain a very clean, clear or pure body. Therefore, some Reiki practitioners will place a level of importance on managing a particular diet that helps to keep their bodies in a pure state. This state is characterised as being clean of things such as caffeine, alcohol, drugs or meat.

I am eager to experience a rejuvenation of body, mind and spirit. After arriving at the practitioner’s home, we participated in a series of meditations which helped me to achieve a very relaxed state. Anticipating the treatment I was to receive, I took account of the blankets and pillows she had spread on the treatment table. They looked very comforting and I had become anxious that I might fall asleep during the session and

lose all opportunity for any memory of the experience and for data collection. At the Reiki Master's behest, despite having voiced my concern, I settled onto the treatment table and as the session began, I lingered in that strange area between awake and asleep. I experienced a sensation that was perplexing and brought me back to a more hyper aware state so that I could be certain of the moment and what was transpiring. What had become apparent was that I could not, in that brief moment, feel the table underneath me. What I could feel was a cool breeze brushing lightly across the underside of my body where the table should have been. As I attempted to mentally ground myself and intellectually address this experience, I began to feel the table again, although not as formidable as before. Between my body and the table was the distinct sensation of waves of energy oscillating beneath the entire length of my body. It was as if I was lying on a mechanical massage chair that was sending oscillating bars underneath me. As I became quite aware, all these sensations began to melt away and all that was left was the sensation of the Reiki Master's hands on my right arm.

Vignette Reflections

Later, in discussion, the practitioner disclosed that her hands were not on my arm, that what I was feeling was the *reiki* presence. Practitioners often speak of *reiki* energy having ability to act; therefore it lingered on my arm under the direction of its own will and intuition. After this attunement and *session* experience I began to realize that the daily self-treatments I had not been practising were a potential key to my ability to maintain a balanced connection to *reiki* alongside a busy schedule with large demands on my time and attention. It was then that I put more import into how I engaged with the *reiki* energy on a daily basis, through attitude, self-practice and treating others when those opportunities were made available. The reality is that it would still be some time before I managed to find a way into this concept of 'living Reiki' on a daily basis.

Prologue to the Process of doing-becoming-being

This vignette presents many aspects of the concept of 'living' Reiki. Considering these aspects the overarching theme of a triadic process attempts to weave diverse ideas to illuminate a delicate and complex thread of meanings within Reiki practice. To accomplish this task, I lean on the phenomenological tradition as a means of identifying the significance of meanings that are attached to experiences (Becker 2004:126), such as those encountered in Reiki practice. Reiki practice, categorised as a CAM modality, is characterised as having a foundation in spiritual practice (Barcan 2011: 28), however, the meaning of this spirituality is

not well understood with respect to a transition from illness to well-being. Interestingly, there was a time when the understanding of and implementation of medicine was through the domain of the Church. Nevertheless, the Scientific Revolution in the 17th Century brought the segregation of medicine and religion, with medicine becoming a scientific enterprise. Despite the secular characterisation of Britain (Bruce 2002: xiii; Warner 2010: 14), the current growth of popular CAM practices including Reiki, steeped in spirituality, demonstrates a return, *broadly speaking*, to the unification of religiosity and medicine.

Reiki, as practised in the West and moreover within Britain as demonstrated by research participants, is characterised as a healing method with spiritual underpinnings. The question of how spirituality and health are linked is still being asked (Hill and Pargament 2003: 64; Levin 2009: 126), despite the diversification of science and religion. The descriptions of experiences and the meanings attached to these experiences of spirituality and well-being that follow, will offer insight using a particular mode of embodiment. This mode of embodiment will be characterised as an experience that is acted through and on the body (Bakker and Bridge 2006: 15), expressed and resulting in well-being and further in transfiguration. The origins of the term transfiguration is from the early 13th century, from the Old French *transfigurer* meaning to ‘change, transform’, and more directly from Latin *transfigurare* ‘change the shape of’ (<http://www.etymonline.com/>). I have provided the historical context of this term in order to make clear that I am not drawing on Christian ideology, rather the idea that Reiki practitioners change their lives and transform their behaviour and identity as an outcome of *being* Reiki. The spirituality of Reiki therefore, is an act where individuals ‘practise a new art of attention to the inner rhythm of our days and lives’ (O’Donohue 2008: 83). This transfiguration is the consequence of an embodied practice that offers meaning for those involved.

Is embodiment the only way into this development of a process through practice and into a discussion of spirituality as it pertains to health? While this study does not consider biological processes, it has been suggested that ‘...it is appropriate to think of biology and culture as in a continuous feedback relationship of ongoing exchange, in which *both* are subject to variation’ (Lock and Kaufert 2001: 503). In light of the Cartesian legacy of mind/body duality, consideration of the soul in relation to illness and health has been largely neglected due to the emphasis on the biological body in science (Scheper-Hughes and Lock 1987: 9). The Reiki philosophy, as Patricia demonstrates below, shifts the Cartesian legacy of duality

to a consideration of well-being as a co-dependent plurality. This concept of co-dependent plurality is based on the idea of ‘and’ rather than ‘either/or’ where synthesis is not the task, rather an ongoing tension that seeks harmony (Todres 2011: 148-149). In the Reiki worldview, it is a tension held between four factors: emotional and mental and physical and spiritual (extra ‘ands’ intentional in order to highlight the point of plurality),

That is the whole point of the Reiki story is to demonstrate it will facilitate, initiate, increase the speed of the immune system in a physiological healing process. It was his [Usui’s] journey and those after him, he really got that it is not just about physical healing; it is about healing the whole person emotionally, spiritually, mentally.

In this statement Patricia makes it very clear that Reiki practice does not exclude or neglect one element for the other; the physical, emotional, mental and spiritual aspects of health are held together in order to create harmony or balance. This philosophy is embedded in the teaching stories of Reiki training. These four aspects are plural rather than dual, and they are co-dependent. Paradoxically, this suggests that Reiki practice acknowledges the need to address those conditions and ailments of the body as they pertain to conventional medicine, such as cancer and broken bones, which have been relegated to science.

This study offers, among other things, supplementary look from the opposite point of illness to a subjective focus on well-being (Helliwell 2007: 435). This approach is motivated by Aron Antonovsky, a sociologist who sought to identify how individuals maintained health rather than focusing on how they became ill. Antonovsky asked, ‘what are the causes of health?’ (1987: 3) and similarly this chapter asks ‘what are the causes of well-being?’ In taking this approach, I begin by resisting the duality of Descartes and suggest that Reiki experiences demonstrate ‘a plurality that is co-dependently supportive’ (Todres 2011: 148). Therefore, the four aspects: mental, emotional, physical and spiritual are supportive of one another and equally necessary in the Reiki worldview on healing. This is exemplified in the following comment by Patricia as we discussed spirituality and health,

It is not the healing as complementary therapy; we are just going to stick plasters on your body, no. The healing is one of the four aspects of our practice and so yes; you can actually separate them I think. The healing, the spiritual development, all

of those things together, is the form of Reiki we practise. [...] Reiki is not a skill, because it has four aspects that Phyllis defines, and you cannot have Reiki without having these other aspects...you cannot have, with this form of Reiki, without finding that you have entered into personal development training.

Patricia suggests that Reiki practice, as hands on practice and through touch, mediates spirituality through the body. The knowledge of the practitioner is an experiential form of knowledge developed through a mode of training and modification of behaviour to achieve physical and emotional healing alongside spiritual development. These aspects are inextricably linked. As Patricia explains, the physical, emotional, mental and spiritual aspects of Reiki are inseparable, or co-dependent; you cannot have one healed without the other receiving healing. This behaviour expressed through daily discipline leads to healing alongside spiritual development. It is also a plurality of aspects involved in the experience of well-being enacted through the body. These aspects support one another co-dependently and begin to shed light on what it means to live Reiki. Before proceeding, a sojourn into academic literature will help to expound on how experience is considered to be a form of knowledge within Reiki practice.

Reiki Experience as Knowledge

A review of the literature on Reiki highlights three features of spirituality within Reiki practice: subjectivity, experience as knowledge and nature. Considering these points, Heelas and Woodhead (2005), while researching the potential for a spiritual revolution in the small town of Kendal, place Reiki within the context of a wider study of the holistic milieu. They offer a classification of spirituality as *subjective-life*, whereby one lives their life in connection with one's own subjective experiences (Heelas and Woodhead 2005: 2-3). The caveat to these subjective experiences is that the individual acts on those experiences by way of altering their life to suit their 'relationalities' and unique needs, thereby turning away from any external expectations (2005: 3). This alteration is suggested to be the 'how' individuals become involved in spiritual activities (Possamai 2005: 24). Individual involvement is not a matter of conversion where religious boundaries and religious identities are drawn (Lynch 2006: 26) and subsequently crossed. Rather it is a matter of what Possamai calls *alteration*, suggesting that changes in life grow out of already 'existing patterns of behavior' (2005: 24). This suggests, in the case of Reiki practitioners, that individuals are already involved in some pattern of behaviour that relates to aspects of Reiki practice: energy work, CAM or

spirituality. Based on the research participants involved in this study, approximately two-thirds were involved in some similar vocation or lifestyle before coming to Reiki. The remaining research participants knew someone who was involved in some similar vocation or lifestyle.

Along a similar line, spirituality within Reiki practice has been classified as holistic whereby individuals align their experiences with some outcome of personal growth (Jonker 2012: 309). This alignment of personal growth to spirituality has been characterized as a preference for knowledge of the self, achieved through experiential knowledge rather than taught knowledge (Possamai 2005: 75). Alternatively, knowledge taught through lectures, reading materials and formal learning more generally, is suggested to be an aspect of Reiki spirituality (Albanese 1991: 188).

I would suggest knowledge, as a feature of spirituality within Reiki practice, to be a combination of formal learning and esoteric knowledge located within a particular dimension of secrecy. This esoteric knowledge is unknown, or kept secret from those who want to find it and through the experience of finding it, they have in fact attained it (Possamai 2005: 77 and 82). This contemporary esotericism thrives within a particular social condition pertaining to experience (Partridge 2012: 114) rather than being a secret, in a strict sense, kept from the public domain. Therefore, within Reiki practice, experiences nurture a spirituality that is grounded in both experiential and taught knowledge. This tends to support the claim that Reiki is a *process*. Reiki practice is not a polemic extreme but fluctuates on a continuum between taught knowledge and contemporary esotericism. This continuum can be further described as purpose driven experience for the attainment of taught knowledge, located in the domain of contemporary esotericism.

[A Note on Suffering](#)

The experience of suffering has also been suggested as a pathway into embodied spirituality, particularly in relation to healing. Catherine Garrett (2005), who suffers from severe chronic pain and sought help by receiving Reiki training for self-practice, suggests that individuals come to spirituality as a result of being unable to ‘make sense out of what is happening to us’ (2005: 43-44). In this view, suffering becomes spiritual when it is regarded from the standpoint of having faith in something other than the human self (Garrett 2005: 44). In this capacity, spirituality occurs in what Garrett calls the ‘moment,’ where one has ‘experiences

of awakening, awareness and enquiry' (2005: 55). The moment echoes the concept of interiority discussed in Chapter 2, a moment when there are an infinite number of possibilities and where something is first internalised before becoming externalised. The 'moment' or experience of interiority as an outcome of practice offers an opportunity to focus on the process of *doing*.

The *doing* of Reiki: an Embodied Experience

To understand the experience of interiority and the meaning of Reiki practice for practitioners begins with the process of *doing*, or the technique of the Reiki discipline. The first step in this triad – that of *doing* – can be approached through Michel Foucault's concept of governmentality, where the "knowledge of bodies and the techniques involved in disciplining bodies are important aspects" (Samuelsen and Steffen 2004: 9). The concept of technologies of the self is one aspect of governmentality and in this Foucault (1988) suggests:

...technologies of the self permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state-of happiness, purity, wisdom, perfection, or immortality.
(Foucault 1988: 18)

Foucault (1988: 18) went on to specify that within the concept of governmentality there are four types of technologies and there are two represented together at any one time, therefore technologies of the self and technologies of power are inseparable. Technologies of the self are those specific operations that one conducts on oneself as a means of dominating the self with the aims of transforming oneself in order to attain a 'certain state of happiness, purity, wisdom, perfection or immortality' (Rabinow 1997: 224). Whereas, technologies of power 'determine the conduct of individuals and submit them to certain ends or domination, an objectivizing of the subject' (Rabinow 1997: 224). Therefore, this thesis will make use of these two aspects of embodied experience in sequence, exploring individuals' practice of Reiki as a case study for operations of the self as well as the process of experience characterised as *doing* within the triad of totality in this chapter. By widening the scope to the level of society, consideration will be given for the cultural submission of the overall practice of Reiki to certain ends of domination within the social and cultural domain, further considered in Chapter 8.

The concept of technologies of the self therefore, is the beginning of an understanding of how our own bodies, through discipline can help achieve a certain kind of knowledge. This knowledge allows individuals to transform themselves in order to attain a state of embodied well-being. This concept of well-being as it pertains to Reiki is conveyed by Patricia, a USR Reiki Master,

[Reiki] is a model of health and well-being, not a model of illness...our mental and emotional and physical health is all wrapped up together and that certainly became even clearer in Reiki. [...] our well-being is inextricably tied up with how we think and feel...it felt to me as if disparate parts of my being come together. I felt in touch with parts of myself that I hadn't, that I obviously felt connected to before, I felt myself more deeply. [...] And I thought the potential of my own healing. In our practice it was really clear, the foundation was a self-treatment.

Patricia offers four important points in this statement: that Reiki is a model of well-being, that well-being is inextricably linked between thoughts and feelings, that the practice connects and unites parts of her being, and lastly this well-being is tied or, rather embodied in the self-treatment. The practice of Reiki as a daily discipline, as a model of well-being allows Patricia to connect to her self, allowing thoughts of well-being to transform and become inextricably felt — or embodied.

Matthew, a USR Reiki Master in training, offers a different, yet similar viewpoint on the *doing* of Reiki as a technology of self,

...there is something so fundamental about it you know, that I am actually with immediate effect drawing Divine energy into myself which is transformative and completely natural and always there anyway. So, Reiki brings a peace, which is I would say, is a peace that passes all understanding. It takes me completely out of myself bypasses any emotions or thoughts or reactions, or fears or tensions, or stress and for a while... It is like I went away for a holiday and don't you know I have been away for fortnight and I have had the most wonderful weather, I have been in southern Italy, and all I did was lie down for a half hour.

The key points that Matthew offers pertain to his personal Reiki practice and consist of the external authority of *reiki* energy, further considered in Chapter 6, and an embodied peace characterised as well-being. This creates an understanding for the connection between the divine energy, also understood as *reiki* energy, and his subjective well-being. His body and his hands constitute a technology that allows him to experience this connection to the divine energy. The *reiki* energy that serves as an external authority pertaining to his health allows him to embody a state of peace that takes him away from the stress, as if he has been on holiday. He is in effect conducting a disciplinary practice on himself as a means of dominating the self with the aim of transforming himself into a state of peace. Despite Patricia and Matthew presenting diverse aspects of Reiki practice as a technology of the self, they both share experiences of embodied well-being as a connection to their being.

Interviews with practitioners suggest that the Reiki worldview pertaining to spirituality and healing and the reiki experience are not captured in a single moment, a single Reiki *session*, in a single reading of a book or in a single visit to a Health and Wellness Faire. I must add that it is also not necessarily captured in a single weekend of Reiki training. Rather, it is a process rooted in an embodied experience and a discipline of the body. Matthew stated this concept of process within Reiki training when he offered the following,

... I didn't really get Reiki to the point of being passionate about it until I got to Second Degree. Because I think what you get in Second Degree is what I actually wanted, that you can send it and it has some sort of connection to prayer for me. [...]
That is when I got gob smacked by Reiki, or fell in love with Reiki and began to use it in daily practice.

Matthew, a member of the USR lineage experienced a one-year interval between First Degree and Second Degree training. This is meant to allow the First Degree practitioner time to conduct the practice in order to become familiar with it on a deeper level. In the case of Matthew and his training, his moment of interiority took place when he identified Reiki practice to have a connection to prayer. His personal worldview and pattern of behaviour, as an Anglican priest, is centred on spirituality. When he was able to connect these patterns to his Reiki training his practice became a technology of the self. While his moment of interiority is just that -- a moment, the process which brought him to this moment took place

over a length of time, at least one year in fact. Therefore, a Reiki worldview and experience is a process of fluid transition over time, a subjective endeavour that appears individualistic on the one hand, yet on the other is achieved through intersubjective activity. An example of this intersubjective activity is offered by Patricia as she reflects on her initial Reiki training,

I just felt a very deep connection with this person who was transmitting this practice. I felt like I knew who she was on some level. And in fact we were deeply connected; she became a very dear friend. [...] A deep connection right from the word go; I knew I wanted to practice right from the start.

This shared connection is indicative of both the subjective and intersubjective nature of Reiki practice. The intense, ‘face-to-face relational nature’ (Heelas and Woodhead 2005: 87-88) that Patricia describes with her experience of Reiki training has been offered as a common quality within an overall holistic milieu. The deep connection to prayer offered by Matthew’s experience in Reiki is for him a profound subjective quality. The Reiki worldview is grounded in experiences that are at one end a process of subjectivities and on the other intersubjective (Kleinman and Fitz-Henry 2007: 64) in that it involves a personal practice that simultaneously connects with others. Even so Patricia’s connection to the practice was instantaneous while Matthew’s awareness of connection took more time; they both connect to the *doing* of Reiki, one in a relational connection and the other as a connection to the act of prayer. This concept of connection is discussed further in Chapter 6.

This subjective well-being culture is a pathway into the holistic milieu involved in Reiki practice, a pathway qualified as *alteration* (Possamai 2005: 24) discussed earlier. Those that pursue Reiki but do not continue the practice will not move into this *alteration* and will not fully come to terms with this acquired knowledge through experience. Most scholarly work on Reiki starts and finishes here, where the researcher has pursued Reiki to a point but not continued further. Similarly, the detached Reiki student, as demonstrated below by Robert, has read popular books and reviewed websites however has not continued further with the practice. In both cases, the scholar and the student have missed that experience of *alteration*, where their patterns of behaviour relate to aspects of Reiki practice. These examples of those that do not move beyond *doing*, demonstrate the private nature of the subjective well-being culture as opposed to the relational nature of the holistic milieu (Heelas and Woodhead 2005: 88). When I spoke to Robert, he had previously been active in reflexology and was therefore

already involved in the well-being culture. This aspect of Robert's background is reflective of the majority of Reiki practitioners in my study who are, or were, involved in some alternative derivative of CAM or other healthcare practices before training in Reiki. With respect to Robert, before he found Reiki, he did not know what he was looking for. He began looking at books, listening to CDs and then became inspired by a poster advertising Reiki training. Eventually he went to the Level 1 training; he did not get much out of it and in fact did not even know what he was doing when he walked away. Robert continued his reading, this time specifically on Reiki, and became very conflicted and confused. The many exercises and routines in Western Reiki, as he refers to them, just didn't make sense to him. Even after learning how to *do* Reiki, he still lacked the connection to the practice, that is, until he found *Reiki Direct*, a newly established form of Reiki. At this stage, he made the transition through *alteration* and into the relational nature of the holistic milieu as he moved further into his Reiki practice.

Holly, similar to Robert in some ways, is different in that she had a profound experience in her Level 1 training. When we spoke of her training experience she offered the following,

...it was such a profound experience. I thought "I am never going to be alone again." [...] It was profound...the message was to trust. I know that is a common message; a lot of people get that message. My Reiki guide was present before the meditation called for it. The meditation said to sit down on a bench with your Reiki guide and my guide had already invited me to sit on the bench before everyone else was asked to do that. It defied logic, but it was real, it was a very real experience for me.

For Holly this experience demonstrated that Reiki was the way she should be *doing* her life, to trust as well as that ever present feeling of connection, of not being alone. The meeting of the Reiki guide was instrumental in developing these impressions and her subsequent worldview. Holly, in addition to Reiki practice, is professionally active in Counselling. Specifically she offered,

...it was more about me, and a way of doing in my life. That was the most profound thing and that it would be a part of my life.

In conducting her initial Reiki training, similar to the other experiences discussed, Holly understood that this was about her and how she would live her life. It was an active way of *doing* immersed in daily discipline. This is reflected in a subsequent statement, a reflection of Reiki as technology of the self,

Yes, I have turned the tap on now and made it to flow... So, the more I have done that, I can see how ... things are happening in my life that I am much more content, happier, more content I feel more settled in myself. My relationships flow better, things flow into my life better, I feel that good energy, things feel light and things that have to go have gone. [...] So, the more I invite Reiki into my life like that the better my life becomes, more authentic, more integrated, more of who I am, more of who I was meant to be when I was born, become more authentic.

As a daily discipline, Holly's aim is to transform her own life and her identity as an extension of her well-being -- as well as those around her. These examples given by Matthew, Patricia, Robert and Holly, all Reiki practitioners of different Reiki *forms* demonstrate in each case a transition in their learning about Reiki practice, one that takes them from not knowing about Reiki practice to a connection and dedication to a daily discipline. In learning about the *doing* of Reiki they come to a state of achieved knowledge, through this bodily practice steeped in spirituality, which demonstrates how Reiki, as a technology of the self, becomes a significant part of their lives, a part of their embodied well-being. Reflecting on the process of *doing* and technologies of the self, the next aspect of the triadic process aims to demonstrate how this disciplinary technique develops a mode of understanding that creates a state of well-being through spiritual practice.

The *becoming* of Reiki: Explorations of Embodied Experience

Understanding what it means to achieve a state of well-being through spiritual practice will be addressed in this second phase of the triad delineated as *becoming*, explored through the concept of tacit understanding (Todres 2011: 146). This concept includes the subjective and intersubjective experiences of the practitioner and client and refers to the unspoken and effortless understanding of an experience and how that experience informs behaviour.

Therefore, tacit understanding is a type of knowledge developed through experience that informs and makes concrete the expression of this understanding as an embodied behaviour. The tacit understanding of practitioners and clients will be explored as a mode of

embodiment and it is in this process of *becoming*, where the living body begins to take on new meaning for the Reiki practitioners in relation to well-being.

I will adopt a broadly phenomenological approach here, drawing on concepts such as embodiment, subjectivity and intersubjectivity, and intentionality in order to explore further the nature of *becoming* in Reiki practice. Phenomenology is characterised ‘by an emphasis on embodiment as the common ground for recognition of the other’s humanity and the immediacy of intersubjectivity’ (Katz and Csordas 2003: 278). In this manner, with an emphasis on embodiment, the experiential meaning for Reiki practitioners and clients engaged in operations of a spiritual nature will be explored as embodied states of well-being.

This tacit understanding of spiritual practice as a subjective endeavour is articulately expressed here by Mark, a Second Degree Reiki practitioner in the USR form. Interestingly, as I sat in Mark’s living room, discussing his Reiki practice with him, his vision loss somehow helped to colour how he explained the meaning of Reiki in his life. The act of touch, not only in the way he demonstrated it through hand movements during our conversation, but also in the way he emphasised this aspect of practice through narrative appears to have a profound meaning for Mark in light of his inability for sight.

Spiritual is something within the individual, in this case myself, something that is a natural, if you like, gut feeling, your own direction within. I believe all our answers to life actually are within each person. The key to you is within yourself. What I think people need to do, or what I do for myself, is to try and look at myself in a different way and try to find the option, or an alternative way to look at something to try and find a solution – if there is a solution to find. [...] So for me, apparently, I have learned since doing Reiki, that hands, the healing chakra which I believe is the hand, hence the example, you bang your knee [...] your instinct is to put your hand on your knee, because at one time everyone could heal or there is a healing element that goes through your hand and into your leg. So the way I understand it is that Reiki is, it re-attunes those muscles so it can channel the energy again. So that is the easiest thing to do. In regards to what is spirituality, I think it is just something that you feel, or are drawn to, something you believe in within yourself and maybe it works I don’t know. I think it is something people can share. No, it is not a religion I don’t think.

This account of spirituality has direct subjective implications as marking the inner life experiences (Luhmann 2006: 345) and affective states (Biehl *et al.* 2007: 6) for Mark. His subjective approach to spirituality places reflexivity at the forefront of his practice. For Mark, this view of spirituality affects how he deals with life's struggles in that he looks for the solution, if there is one, within himself as his own authority. Mark's gut feeling and his understanding of how it is oriented towards healing was magnified when he became Reiki trained. The expression of a tacit understanding of spirituality, for Mark, is within himself. His understanding of his body and the relation it has to healing is newly acquired but one embedded in a natural and predisposed ability that simply needed to be 're-attuned'. However his understanding is contextualised in an embodied sense, through his gut feeling of spirituality.

This gut feeling, conveyed in the idea of *habitus* (Bourdieu 1977: 72), is a predisposed function that structures how he approaches his Reiki practice without a conscious aim to do so, it is embodied by this gut feeling that informs how his hand moves through intentionality as a result of his training. Embodiment, a phenomenological concept and developed by Merleau-Ponty (1962), offers a more detailed look at the intentional attitude of the body as actor and considers the historical conditions that edify meanings rooted within the phenomenon (Desjarlais and Throop 2011: 89). His body is the actor in this way, distancing the emphasis on the conscious act of moving his hand to that injured part of the body. In this respect, the act of touch as an attitude of the body in response to the gut feeling, the intentional move of the hand, the body as actor as it moved to the injured leg together amount to an embodied understanding of well-being. This understanding is informed by the subjective spirituality that is a gut feeling of what is needed to resolve an injury. Lastly, Mark points out that this intersubjective experience can be shared, not as a religion, however, but as a healing endeavour.

This idea of experience as a healing endeavour is also reflected in the statement by Fiona, a Reiki client. During a Reiki *session* with Timothy, she experienced a level of tacit understanding:

But when I think I really, really understood it [Reiki] when I was working with Timothy. Because a lot of sort of, I've got quite a lot of trauma in my background [...] and every time I got anywhere near it, it would manifest itself in quite like a

lot of physiological symptoms and a lot of that was to do with like block and just letting emotion flow and as soon as I kind of made the connection quite quickly in terms of when I just had some Reiki then the emotions would flow and the process would flow and that was when I got really interested in, if in terms of a tool for change...

In this statement, Fiona, a client turned practitioner, acquired a tacit understanding of Reiki as mediating her subjective emotional states during her Reiki session. In this instance she has gone through the process of *doing* — *becoming* simultaneously. In the *doing* of Reiki, in participating in a Reiki *session*, she begins to embody an understanding of Reiki that informs her behaviour in the way that she connects to *reiki* and her subjective, affective state. As the tacit understanding of Reiki became manifest, her participation in the treatment as a form of ritual began to explain or inform her emotions (Lutz and White 1986: 409). Fiona began to see the practice as a tool for change, as a pathway for well-being in mediating her emotional state as a flowing process.

The Reiki practice has been characterised as not only a tool for change, but also as a tool for understanding health and illness as having equal value and meaning in the experiences of life. Where illness has been qualified as a human experience that is culturally shaped (Kleinman 1988: 5), it is suggested by Reiki practitioners that health is also an experience that is culturally shaped. This cultural aspect, I have been suggesting, is shaped by a practitioner's experiences in Reiki practice qualified as a spiritual practice. The equal value and meaning associated with health and illness is seen as 'a whole, as a peeling back of the layers' of these experiences, as suggested by Linda, a USR Reiki Master for 20 years. This idea of wholeness in light of the polemic extremes of health and illness is echoed in the idea of the mind/body duality shifting into a co-dependent plurality (Todres 2011: 148). Whereas Reiki practitioners view a plurality of emotional, mental, physical and spiritual aspects of well-being, so there is an understanding of plurality within the context of health and illness. They are not extreme opposites to be considered as in duality, rather they are like an onion that is peeled back to reveal all the layers of an individual's state of well-being. In this way, practitioners such as Linda identify with Reiki as *becoming*, as a tacit understanding. In Reiki training and practice she has come to understand her body in both co-dependent states of health and illness and characterises this as,

... an 'inner-listening'. Physical pain can be indicative of pain on all levels above (emotional, mental, physical and spiritual)... pain manifests at the physical level. I am more aware of what my body is trying to tell me...

Similar to Mark, Linda understands her body in terms of a 'gut feeling'. However, she describes this gut feeling as the ability to listen to her body as a process of 'inner listening' that takes place. She has come to understand her body as having its own voice, to tell her when she is unwell or where she may be embarking on an unhealthy experience. This ability to listen was further substantiated by her story of having to go to four different fish-mongers before purchasing anything. She listened to her body, acknowledging a gut feeling. This feeling was centred on the idea that the previous three fish-mongers had a variety of fish that were potentially harmful to her body if she ate it. Her husband, who had accompanied her, had no similar feelings about the fish and could not understand her insistence on continuing the search for a proper fish-monger. By listening to her body, Linda managed to protect her state of well-being by not eating fish of an unsavoury nature.

This idea of listening to the body in the context of food was exemplified further by Holly, who similarly explains that the idea of the health and illness experience in Reiki practice is not the only consideration,

No, I don't think that is the sole thing, I think it is everything about our spiritual development; I think it can ease conditions, ease pain; it can help with the more healthy people... It has changed in that our physical body is energy. I have become more sensitive to alcohol and caffeine I can't do caffeine anymore. Alcohol makes me feel very peculiar... Reiki has changed me; my thought. I understand that our bodies are crystallized solid energy; the physical part of us but there is not separation.

Health and illness in this context, Holly feels, are directly linked to spiritual development while Reiki practice has changed her understanding of her body as being the solidification of energy. Therefore, her consumption habits have altered due to the energetic reaction she has with certain items such as alcohol and caffeine. She also further elaborated, later in conversation, how she will occasionally *direct reiki* to her food before cooking it. She

explained that at times she receives an energetic sensation from her meat products and classifies this sensation as toxic. Her concern and subsequent treatment of the food item stems from a concern for the peculiar feeling she experiences from consuming toxic food products. This feeling takes her away from the balanced energetic and connection with *reiki* within her crystallised energetic body. Furthermore, this loss of balance takes her away from a connection to her authentic self. Similarly to eating as a way of encountering God (Bynum 1987: 2), the interaction and connection to food is seen as a way to a wholesome connection to *reiki*. These different examples of tacit understanding lead practitioners to embody an informed behaviour to the point of *being* Reiki, of embodying the practice in their lives without interruption.

The *being* of Reiki: a Move towards Transfiguration

The third aspect of the continuum — *being*, explores the resultant identity of Reiki practitioners that has been characterised as authentic and culminating in a transfiguration of the self. As a result of transfiguration, Reiki is embodied in the practitioner's life. This transfiguration will be explored in the statements presented below demonstrating an evolution within Reiki practice resulting from knowledge and personal growth through spiritual practice. This transfigured identity is linked to well-being and is the result of Reiki practice for practitioner and client. Reiki as a way of life is firstly subjective, however secondly it is infused with intersubjective meaning as exemplified in a discussion I had with Laura, a Usui Reiki Master, when I asked her, 'What keeps you in Reiki?' Her answer:

... to me it's not a health modality in isolation, it's very much a way of life. So, and it's kind of, it's something that's not put out there, it's not an outward thing, it's very much an inward thing and you do your own practice and you do your own development and your own reflections on the *precepts* and everything else and sort of daily Reiki practice and almost treating others is almost like a secondary benefit so the primary thing is it's a tool for yourself ... when in the future I might go on, I probably will go on to teach Reiki, it'll be very much a self-practice thing ...

This narrative illustrates not only the subjective nature of Reiki practice as personal growth and spiritual development; it also steps into the intersubjective between practitioner and client. Laura's reply offers a subjective outlook for her transition into a personal practice of

discipline and connection that has an intersubjective benefit, that is, a benefit for herself as the practitioner and the other as client. This raises the question as to how a shared meaning can be derived from benefit generated by a Reiki *session*. This benefit is best described through an application of Alfred Schütz' insightful essay, *Making Music Together* (1951) where Schütz explores how meaning between individuals can be shared. He describes a process of communication he calls a 'mutual tuning-in relationship' (1951: 96). This communication takes place in an inner and an outer time. The inner time is characterised as a flux of experiences expressed by the communicator and shared by the receiver in a 'vivid present together' (1951: 96). It is in this shared experience that the two parties become tuned-in to one another and where the receiver then is able to interpret this experience as an expression of events in inner time.

This concept of inner time as experienced in ritual healing was well presented by Spickard (1991) in his analysis of the experience of Navajo Healing Ceremonies. Spickard argues that these ceremonies can be understood as *performative*, as performances that are acted out and have meaning for others (Austin 1975: 14-15). However, this omits the very important aspect of the ceremonies' intent which is to reorient the patient to the here and now in a social manner,

But Navajo chants are also social as they guide experience along well-worn channels, toward an inner reorientation to the world. Through ritual acts, the patient is united in inner time with all patients who have gone before. The singer is united in inner time with all singers. The helpers are united with all helpers and the families with all families. And all are united with the Holy Persons, the world-creators.

(Spickard 1991: 202)

In the Navajo healing ceremony the inner time of participants is reflected in many social channels: past patients of the same ceremony, the singer with all singers, helper with all helpers and family with all families. These social groups are reoriented to the world in inner time in the vivid present of the here and now.

This concept of a 'mutual tuning-in relationship' (Schütz 1951: 96) between individuals can similarly structure the intersubjective nature of the connection between Reiki practitioner and Reiki client. When I have *directed reiki* to a client, for example, the subjective nature of the

surge of heat in my hands at that moment informs me that I should remain in that area longer as indicated by this strong flow of *reiki* moving through me to the client. When the client has acknowledged that heat and questions the experience without me verbally communicating anything, we are united in an inner time. We are having an intersubjective experience in the vivid present, where our individual view of that moment is ‘arrived at through a mutual confirmation’ (Crossley 1996: 3). This present moment together is a mutual tuning-in. The same can be proposed about the narrative offered by Ami, a Reiki client:

...she always seems to know, like if I suffer from anxiety, so she works more on the solar plexus, but I haven’t always told her beforehand how I’m feeling and where that awful feeling is but she always seems to know that that’s the place that needs, that’s where she spends more time.

The Reiki session here is described similarly to the concept of inner time, whereas the practitioner has tuned-in with Ami and is able to focus attention on the area that she is suffering from, despite communication beforehand about these conditions. The communicator, or in this case the practitioner, is sharing the vivid present, the here and now, with Ami in the inner time conceptualised as a knowing where the pain is and where it is interpreted by the hand placement of the practitioner. Inner and outer time merge in this intersubjective experience between client and practitioner with a consequence of well-being. Where the healer and patient in the Navajo healing ceremonies unite through chanting (Spickard 1991: 202), the Reiki practitioner and client unite through healing touch.

The aspect of the triad – *being* – as an achieved state of balance and identity tends to culminate in a transfiguration of the self and embodied well-being. This embodied state of Reiki practice in the practitioner’s life, a state that Denise, a USR Reiki Master offers as the following:

And where does Reiki come in? It is awareness - it opens the door to who I am not and who I am.

For Denise this awareness offers insight into her identity. Her Reiki practice is awareness to that internal and embodied idea of who she is and who she is not, creating boundaries for this

transfigured identity. Similarly Regina, RJKD Reiki Master, identifies with Reiki in her life in the following way,

I wonder where I would be without Reiki. It's never a chore, it's always a pleasure. I've never got bored with it but I'm open to the fact that if I did, that would still be Reiki guiding me towards something else ...Reiki is the be all and end all of life...

Whereas, Hugh offers the following:

...it's inconceivable to me, it's inconceivable, my life would not be connected with Reiki, Reiki is me, I am Reiki, it's like, it's just me.

Furthermore, Holly says:

So, the more I invite *reiki* into my life like that the better my life becomes, more authentic, more integrated, more of who I am, more of who I was meant to be when I was born, become more authentic.

And lastly, Barbara suggests:

Well, I can't imagine a life without it. It is the basis of my life. I'm so integrated with it now after all these years, I can't imagine... I really feel it is in me.

Each of these statements provided by Barbara, Holly, Hugh, Regina and Denise, reflect the idea of *being*, that state where Reiki practice is more than a technology of the self and more than an experience that informs their knowledge, experiences and understanding. Reiki practice, at this point of the continuum of *doing* — *becoming* — *being*, is their life and creates boundaries for their transfigured identity. One sentiment missing from this series of statements is from Reiki Master Kathryn. It has been omitted simply because her answer to my question, 'Where would you be without Reiki in your life,' resulted in a fit of uncontrollable sobbing. I had to stop the line of questioning as the mere thought of *reiki* being absent from Kathryn's life caused such distress that she was unable to stop crying and express verbally what this entailed.

The spiritual practice of Reiki practitioners, as it informs their sense of embodied well-being, becomes a life pursuit, an identity that is embodied, as Hugh stated so well, ‘I am Reiki’. In Holly’s statement, this identity has been qualified as ‘authentic’. This use of the term authentic, contextualized in a spiritual practice and as a quality of ‘better’, points to a moral ideal connected to her own inner nature (Taylor 1991: 29), of who she was meant to be when she was born. This ethic of authenticity as grounded in morality has a voice within and is, it has been suggested, a part of the ‘massive subjective turn of modern culture’ (Taylor 1991: 26). This ethic, I would argue, is not narcissistic. As Taylor (1991: 35) suggests it is tied to others, in the intersubjective capacity of Reiki practice, with a demand emanating from the care and concern for the Reiki tradition and lineage (Chapter 4) and the healing and care of others (Chapter 7). Reiki practitioners have demonstrated the qualities of an embodied well-being through spiritual practice. These qualities are reflected in *being* Reiki, in having Reiki as the be all and end all of life. Where experiencing the subjective gut feeling with the body as actor reaches out to heal through touch and in living a moral, authentic life.

Chapter Conclusion

In this chapter I have developed a dynamic, triadic model of process, that of *doing* – *becoming* – *being*. Firstly, I presented the initial aspect of this triad – that of *doing* – through Michel Foucault’s technologies of the self. I then discussed the second aspect – that of *becoming* – explored as tacit understanding (Todres 2011: 146) as a result of the experiences of the practitioner and client. The process of *becoming* frames that moment where the body and the Reiki practice begin to take on new meaning in relation to well-being. The third aspect of the triad – *being* – was explored as an achieved state of balance and identity culminating in a transfiguration of the self whereby Reiki is fully embodied in the practitioner and becomes a way of life.

Reiki practice has been explored as an experience that takes place as a process, as opposed to a single moment or weekend, as a discipline that has been suggested to require regular, daily practice. This dynamic process of embodiment does not happen in a vacuum, where each is their own exclusive act, but in fluidity, the fluid nature of culture and life as lived relationally with a quality of care (Todres 2011: 113). This process offered as a concept of *doing* — *becoming* — *being* offers insight into a complex set of Reiki practitioner’s experiences that are structured within the phenomenological tradition of embodiment. In order to explore the

process of *doing* further, I introduced Foucault's concept of governmentality which consists of 'the technologies of domination of others and those of the self' (Foucault *et al.* 1988: 19). I posit the ways in which Reiki practice transforms individuals and their lives through an embodied practice grounded in spirituality enabling individuals to work towards the attainment of well-being. This well-being is characterised as achieved knowledge through bodily practice and, as a technology of the self, becomes a significant part of their lives, a part of their embodied well-being. Through daily discipline and after a moment of interiority, Reiki practitioners enter the process of *becoming*. In this next phase, *becoming* explored how practitioners reach a level of tacit understanding of how their bodies inform their behaviours as subjective in the sense of a gut feeling and intersubjective in so far as this is experienced by clients in the Reiki *session* in the pursuit of well-being. In the evolution of *becoming*, the body is the locus of a new understanding of well-being as a co-dependent plurality, the plurality of the four aspects of mental, emotional, physical and spiritual.

This new understanding also informs practitioners in their appreciation for health and illness being both necessary in the experiences of life. In the last section I explore the idea of *being*, as the culmination of the continuum where Reiki becomes the practitioner's life. This process demonstrates an evolution for the practitioner within Reiki practice resulting from knowledge and growth through spiritual practice. This knowledge is based on experience and the contemporary esoteric and relational modes involved in the attainment of Reiki knowledge. The transfigured identity results from an embodied well-being through spiritual practice and offers meaning behind the statement 'Reiki is me, I am Reiki'. In the next chapter I explore Reiki narrative as it used in training and how this identity of 'I am Reiki' is further woven into the overall Reiki Tradition.

Chapter 4: Reiki as Tradition

Chapter Introduction

In this chapter I analyse the Reiki story in relation to tradition. This narrative is provided during Reiki training and is offered as tradition in order to connect practices and beliefs in the present to the past. Tradition is presented in this chapter not merely as passively handed down but as an active process of symbolic construction transmitted through storytelling. I demonstrate the ways in which Reiki practitioners develop stories and narrative over time as a mode of distributing this constructed tradition through storytelling. These stories are framed around the lives of the Reiki lineage bearers in each *form* and through narrative, link the past to the present with a regard for the future. Within this narrative the projected tradition offered through Reiki training is considered in the way it engages with broader social information, known, experienced and manipulated.

This discussion begins with an ethnographic portrayal of this training process. Next, I offer a distinction between story and narrative, as provided by Byron Good, David Eason, Laurel Richardson and Elizabeth Tonkin. I focus on the scholarly debate surrounding tradition as symbolic construction and invention. Lastly, I critique these debates against the symbolic construction of life stories of the lineage bearers as told in the training of Reiki forms in Britain. In this endeavour I suggest a third approach to tradition that combines these two perspectives. This approach considers tradition as symbolic construction as suggested by the anthropologists Handler and Linniken (1984: 273) who argue that ‘tradition’ is continually developed as it is handed down. In the case of Reiki training, this handing down and development of tradition takes place through multiple acts of storytelling.

Vignette - Riveted by the Reiki Story

On the Friday evening, the first meeting for the students in the Gendai Reiki-ho training class, time was spent becoming acquainted with the story of Reiki and what I have come to consider as Reiki tradition. In the beginning of Reiki training there is always the story. However, it is not just one story; it is many stories, a narrative that unfolds into the many interpretations of how Reiki practice is embodied and connected to the present through the past. This connection is woven through the successors of Usui, those who continued to expand and develop the Reiki practice such as Chujiro Hayashi

and Hawayo Takata. This unfolding narrative can involve various details and interpretations depending on the Reiki forms being discussed.

It was a very informal setting; flowers and a candle were set on the table. Unlike other lineage specific events, the photographs of the lineage bearers were not present in what Jillian referred to as the 'honouring altar'. When I asked why this was so, she replied,

I always used to do this when I belonged to the Reiki Alliance and taught according to the Office of Grand Master ... and was proud to do so. However, with Gendai Reiki-ho this does not appear to be the practice - perhaps because we do not have photographs of Kan'ichi Taketomi and Komiko Koyama.

She also suggested that the practice of having an honouring altar was uncomfortable for some, therefore she displays the flowers and candle as these are memory aids for her throughout her teaching,

I have contented myself with a candle and fresh flowers. These two items are my aidé-mémoire. The candle is from the Native American tradition, to remind me that what I say has the potential to affect the next seven generations, so to be absolutely authentic and have integrity in my speech. The flowers are from the Shinto origins of Reiki. They remind me of the preciousness of life, and my responsibility to honour the journey of each person there.

In addition to these items with their symbolic meaning, commonplace items such as snack food and fresh bottles of water were available throughout the evening and subsequent weekend. We moved freely during the meeting as an outcome of the casual atmosphere. Each of us had a manual for the course that included contact information for the other students in the class. While not mandatory, it was implied that we would all be closely connected after the training had concluded. Like family, our journey in Reiki training would connect us indefinitely through time.

Four of us, all previously trained in other Reiki forms, sitting in a semi-circle with the Reiki Master in front of us, were told of the founder of Reiki practice, Mikao Usui, with relevant historical dates. These dates were centred on important events such as the year that Mikao Usui received his knowledge of Reiki and when he formed the Gakkai, the year of the devastating Kanto earthquake and fire and the year of Usui's death. The Gendai Reiki-ho manual suggests that there are many points that are unclear about Usui's biography for various reasons. There were only four years in which he imparted Reiki practice, Usui did not receive fame until he began his Reiki work and lastly, the Usui Reiki Ryoho Gakkai which teaches Usui's traditional methods is closed to the public. Furthermore, membership into the Usui Reiki Ryoho Gakkai is by invitation only. With the aid of a power point presentation, the historical information along with the story was told. The presentation was complimented with several visual images including Usui, his epitaph and Mount Kurama.

Despite having heard this before and despite some of the students being Reiki Masters in other lineages, we were all riveted by this storytelling. There was neither sound nor comment from anyone, apart from myself. The group, having worked with me on several Reiki events and knowing that I was practitioner and researcher, were now accustomed to my questions and comments. In addition to the events presented, information regarding the various aspects of Reiki practice and influences of lineage bearers, such as Shinto influences, ideas of enlightenment, reiki energy, and the Gokai, or Reiki precepts were woven into the story. Additionally, Jillian, the Gendai Reiki-ho Reiki Master, offered the following story as an expression of how Reiki practice has become a vital part of her life,

As a grown woman I was always afraid of the window at night-time, I felt that there were unknown malignant people staring in. Through Reiki practice and meditation on the Gokai, I was finally able to recall where this fear came from. As a child, when my father was really ill, I sat with him waiting for the ambulance and my father was hallucinating. He kept saying that there were people's faces in the skylight, and this frightened me. Reiki practice helped me to re-discover this memory and put it to rest so that I could overcome that irrational fear of the window at night.

Jillian requested that throughout the training, we were not to look in our manuals as this information was delivered. Instead we were to be in the present, observing and listening and processing what we were hearing. As I had been told in previous Reiki training classes, there would be time to look through the manuals after the course. The focus was on the moment and what the Master Teacher was transmitting verbally. This approach of beginning with discussion of Reiki practice through delivery of the story is also prevalent in many popular Reiki books. Authors of popular books of Reiki practice are also Reiki Masters; therefore they appear to follow the same approach in their writing about Reiki practice as they do in the training.

Hiroshi Doi developed Gendai Reiki-ho as a lineage that is influenced by the traditions of both Eastern and Western forms of Reiki. The oral presentation as well as the manual is delivered in such a way as to distinguish between these Eastern and Western traditions of Reiki practice. For instance, our Master Teacher told us that where Usui would have spent years training one person in the Reiki practice, Takata had to adapt this tradition while still retaining value for the student. Due to the vast distances Takata had to travel to reach her students, it was not practical to spend years in one location; therefore the training had to take place in days rather than years. Additionally, details surrounding Usui's work were imparted, for instance he offered meditation questions each day to guide people in their spiritual enlightenment. Our training Master further informed us that the practice of providing meditation questions was dropped by Hayashi as his training methods focused more on the physical aspects of Reiki practice. A distinct Japanese influence offered by the Gendai Reiki-ho Master was the role that Shintoism plays in the values of Reiki practice. She suggested that

...a prevailing feature of Shintoism is the animistic concept that 'divinity exists within every blade of grass, every tree and within every body.'

Furthermore, as reiki energy is divine, it cannot be taught, what we are learning is the Reiki system, not the reiki energy. The reiki energy is embodied by Japanese kami whereas the Western concept of God Power is a Christian interpretation of the energy.

Vignette Reflections

In sharing her personal story of a fear of windows at night during our training, Jillian was weaving herself into the Reiki narrative. Aligned with the Reiki story provided during training, these personal events offer insight into how Reiki practice becomes embodied and embedded in practitioners' lives. In Jillian's case, this experience in her life had become embodied as an irrational fear (Nichter 2008: 164). This fear was mediated through Reiki practice with an understanding of an embodied memory, connecting her present to her past. Additionally, authenticity and integrity are principles that she values highly in her efforts to tell the Reiki story. These principles reflect a desire to remain honest and truthful in her speech as it pertains to her experience and training in Reiki practice.

Furthermore, her explanation of *reiki* energy suggests the interpretive process involved in the transmission of Reiki meaning from one cultural perspective to another. The energy constituted within Reiki practice, as explained by Jillian, is a concept that is believed to exist in the East and the West, however in the West the belief of an embodied energy has been re-interpreted and acculturated (Fadlon 2005: 20) as God Power. How tradition is transmitted through the interpretive mode of storytelling as individual stories and narrative provide insight into the meanings that underpin Reiki practice.

Story Unfolds into Narrative

One emphasis placed on storytelling, it seems, is to deliver Reiki history and tradition in a way that connects the current lineage bearer to the founder, Mikao Usui. This story is then expanded with successive events that are bound into a narrative connecting the training master to Reiki tradition. While the terms "story" and "narrative" are often used synonymously, their differences will be explored, as I use them to mean different things. I will go on to establish what I mean by story, before returning to the concept of narrative.

I consider the various ways in which story functions as 'the central cultural mechanism for constructing meaning' (Eason 1981: 126). In addition to constructing meaning, it has also been suggested that stories mediate the processes of interpretation and projection of idealised experiences (Good 1994: 80). In both these accounts, story operates as both a mechanism and a mediator for interpreting meaning and experiences. Timothy, a Gendai *Reiki-ho* student expressed how, for him, the story served as a mediator and mechanism during Reiki training:

Reiki energy is not to be understood through my head but to be trusted through my experience.

In this way, Timothy was relating to the training story through a process of interpretation and how the story mediated and projected his idealised experience of *reiki*. *Reiki* for this student is not a cognitive process, rather it is a process to be understood through practise, and therefore it is an understanding that has embodied meaning. The student's interpretation of the *Reiki* story demonstrates his weaving the *Reiki* story into his experiences with *reiki* in the context of energy rather than *Reiki* in context of the system of practice. Similarly, Gendai *Reiki-ho* Master Jillian's story regarding her fear of windows at night is an example of an experience that constructed meaning in her life. As demonstrated by the *Gokai*, or *Reiki* precept, '*Just for today, do not worry,*' (Chapter 1) a state of well-being is achieved when the emotion of worry is dissolved. Jillian's experience of fear, synonymous with worry, was tied to *Reiki* practice in that she was able to achieve a further state of well-being by overcoming this fear.

An alternative, albeit complementary, view is offered in Aaron's interpretation of the *Reiki* story:

...like me when I teach *Reiki* on one level it is all a lie, just another story. [...] I say it is a lie, I don't mean to say it is a bad lie, it is a good thing, but at another level it is not the truth.

In this statement, Aaron recognizes that the story is not an empirical truth; rather it is a story that is needed in order to allow each individual to seek the experience of the truth for themselves. Aaron goes on to suggest, 'I tell them a story about my misunderstanding,' This explanation of the *Reiki* story in Aaron's case is not to suggest that there is anything wrong happening, rather he is explaining that his story is a search for knowledge and the experiences that would lead him to a truth, as he understands it and as he comes to embody it, while connected to the past. Therefore, Aaron's search for a particular truth was embedded in the origination of the *Reiki* symbols. His experiences with *Reiki* teaching and the need to explain his misunderstanding led him to the origin of the symbols used in *Reiki* practice and their

connections to the past as they are found in Sanskrit⁵ texts. This understanding is mediated through his Reiki story and further interpreted to constitute the meaning of Reiki, embodied in his idealised experience.

While story has also been suggested to be about events in the past, narrative is the means by which a series of stories are tied together through meaning (Cronon 1992: 1349). Narrative is further described as an interpretative mode in which ‘activities and events are described along with the experiences associated with them and the significance of these experiences for those involved’ (Good 1994: 139). This significance leads to a concern for neutrality, ‘the shape of a narrative is not neutral, and...adds to implications of the story...narrative may be the most powerful way of understanding events that occur complexly through time’ (Tonkin 1995: 36), while exhibiting the objectives of the actors (Richardson 1990: 117). In other words, the interpretations, or meaning of narrative have an implicit moral and rhetorical stance (Bruner 1990: 60) in the context of time; the past, present and future. Therefore, I will engage with narrative understood primarily as a mechanism for bringing together stories into a unifying whole with specific moral implications. This unification creates a sense of order for the stories, alongside the associated experiences through time. Narrative is everywhere, especially in the handing down of tradition (Richardson 1990: 117). Therefore, narrative is a crucial element in a discussion of tradition. The life of each lineage bearer presented in this chapter is a story, whereas the stories combined constitute the overall Reiki narrative.

On the other hand, the Reiki story might be aligned to foundation myth. I take a cue from Lévi-Strauss in his discussion on myth, where he states that ‘in mythology the world over, we have deities or supernaturals, who play the roles of intermediaries between the powers above and humanity below’ (Lévi-Strauss 2001: 14). In the case of Reiki stories, there are no deities or supernaturals, only people either dead or alive. Furthermore, these Reiki stories have a different purpose from myth. Where myth is generally meant to explain phenomenon as it pertains to powers above and below, Reiki stories are about people either living or dead and on this plane, rather than above or below. There may not be much available by way of historical accuracy, however, the crux of this distinction between myth and non-myth is that the story tellers place these individuals in having lived at some point in history. They are not

⁵ The corpus of the Sanskrit texts encompasses poetry, drama and rituals from ancient India as well as scientific, technical, philosophical and dharma texts. They date back to 1000 B.C., therefore are among the most ancient religious texts in existence. Each vowel and consonant is a distinct symbol in written Sanskrit.

perceived to be supernatural or deities, rather human beings living human lives. Based on these factors the Reiki stories are better classified as historical narratives rather than myth, where,

...the former is grounded in the experience of a particular person, whether that person is living or dead, the latter are part of the experience of very ancient ancestors and never involve particular individuals definitely believed to have existed. (Fienup-Riordan 1988: 445)

Additionally, these historical narratives operate as a means of deriving tradition, or meaning for a set of practices and beliefs while teaching others within a society. Therefore these narratives will be referred to as tradition narratives. Tradition then is an integral part of this discussion and requires some context in order to explicate Reiki meaning further.

The Scholarly Debate on Tradition Emerges

A common sense understanding of 'tradition' consists of an inherited body of practices and beliefs (Handler and Linnekin 1984: 275). However, the study of tradition has generated debate concerning how tradition is analysed. On the one hand, scholars see tradition as describing and explaining identical and recurring behaviour and belief patterns over several generations of membership within a long period of time and within single societies (Shils 1971: 123). On the other hand, there is a consideration for analysing tradition as the symbolic construction of culture (Handler and Linnekin 1984: 273). In this way, tradition is a model of the past that is tied to the interpretation of tradition in the present (Handler and Linnekin 1984: 276). In these debates the concept of time is important where tradition has been understood as an 'ongoing dialectic between our being — effected by the past and our projection of a history yet-to-be-made' (Kearney 1991: 56). Therefore, within tradition regardless of which debate one might lean towards, the relation between past, present and future is important.

Tradition is significant as an academic pursuit because it is not inherited, rather it is thought to be obtained and sometimes at great cost (Eliot 1982: 37). This statement points to a difference between *inherited* as a passive act and *obtained* as an active engagement. Aaron discusses this concept of tradition obtained through the active engagement of Reiki training,

But like the Japanese Monk, the story of that training is not for profane ears. You want to know that story, you undertake the training, you do your 40 days and 40 nights in the desert, whatever it is, you do that and you then earn your right to be taken beyond.

This idea of being taken beyond for Aaron leads him closer to the tradition of how one obtains the knowledge of the practice, through great effort and discipline. This is not knowledge as empirical truth as such, but experiential knowledge. For Aaron, the obtaining of tradition, or the tradition of Reiki training, is accomplished through great effort and active engagement. This is not the passive act of inheritance; by engaging in the tradition through active engagement as ‘do your 40 days and 40 nights in the desert’, the practitioner writes their story into the overall Reiki narrative of tradition, connecting the past with the present. The significance in pursuing discussions of tradition exists in the ways that active engagements, such as Aaron’s, take place and what they achieve.

Furthermore, tradition is commonly invoked by members of that society to explain why particular practices are performed or particular beliefs accepted (Shils 1971: 123). On the other hand tradition, which is presented as entrenched in history, can be constructed from recent inventions (Hobsbawm 1983: 1). Hobsbawm and Ranger (1983) offer another aspect to the analysis of tradition, while still describing behaviour or norms; they suggest that the principle object of tradition is invariance, or stability. Therefore, according to these views on tradition, the distinguishing factor between genuine traditions and invented traditions is that invented traditions occur where there is rapid social change or a break from the historical past (Hobsbawm 1983: 1; Linnekin 1991: 447). Tradition, then, is better situated as a social construction with the object of creating stability for the members of that society. Nonetheless, the analytic significance for invented tradition is to find where the rapid social change occurred and how this change is interpreted in the present through connections to the past.

This position of invented tradition versus genuine tradition becomes problematic however, in that invention undermines the groups’ cultural authority and calls their authenticity into question (Linnekin 1991: 446). Authenticity, as it is used in this context, refers to a specific cultural identity that is original to that group and serves to identify that group in relation to and opposed to other groups (Handler 1986: 4). Therefore, at the core of analysis, invented tradition can be seen to question cultural identity and the authority of a group to take

ownership of that identity and how it is presented or interpreted. The common sense meaning of tradition as a body of inherited beliefs and customs over time, either genuine or invented can become inadequate (Handler and Linnekin 1984: 273) in analysing a group's interpretation of the connection between the past, the present and the future. With authenticity in question, this analytical approach to tradition can leave poignant aspects of group beliefs unidentified in relation to their symbolic value. Handler and Linniken (1984: 273) argue that tradition can have only symbolic value as culture is endlessly changing, therefore to question the reality or authenticity of a tradition is pointless. Further to this, Handler *et al.* (1984) offer that,

...humanly created reality is "real" nonetheless, and it conditions human action. In sum, to stereotype phenomena as "traditional" or "new" is to (mis)construe their actual nature, or, better, to interpret them in a necessarily fictional manner. But though fictional, these interpretations are nonetheless real...
(Handler *et al.* 1984: 56)

I would argue that it is through the Reiki narrative, as an act of storytelling, that tradition is influential and real. This influence is found in the significance placed on the symbolic value of practices and beliefs. This significance ensures that future Reiki practitioners maintain the import and identity of the practice as we know of it from the past in the present. As a mode of transmission the stories will be carried into the future as an important feature of Reiki teaching and experience. Harris, a Jikiden Reiki practitioner and USR Master, stated this concept quite relevantly,

...in Reiki I would use sacred in the sense of honouring your tradition, a tradition which is the root of the lineage.

The lineage is a symbol of tradition, as demonstrated in Harris's comment, through a sacred quality or significance placed on the past. Therefore, as a symbolic representation of a connection to the past (Shils 1971: 138), the Reiki lineage embodies a tradition characterised as sacred. Lineage, then, is an important feature of the Reiki narrative and as a mode of transmission ensures a connection into the future.

In consideration of the scholarly debates surrounding tradition, I suggest a third way of considering tradition. Tradition is not only a symbolic construction of culture that is nonetheless real; it is also continually developed through multiple acts of storytelling with significance placed on past, present and future. Therefore it is constructed symbolically as suggested by Handler and Linniken (1984) while comprising a set of embodied practices and beliefs as in Shils (1971) that are actively handed down and refashioned through acts of storytelling. As Aaron's contribution demonstrates, his story is grounded in the lineage of the past and tied to his Reiki training and practice in the present. For Harris, his understanding of tradition is qualified as sacred and rooted in the past as embodied in the stories of the lineage bearers in the present. With a focus on the analytic task, these stories will be reviewed with consideration for their implications (Tonkin 1995: 36) as they are processed over time, not simply as 'handed down but continuously and actively gathered and dissected' (Cohen 1989: 10). Additionally, the narratives will help us better understand the political and social elements (Saleebey 1994: 357) involved in constructing Reiki tradition and where the authenticity of Reiki practice becomes problematic. In order to explore the character of tradition in more detail, the stories and narratives of lineage that exist in differing Reiki *forms* in Britain are illustrated further in the following sections.

Narrative and Story: a Mode of Tradition

The history of the oral tradition sometimes referred to as 'the story' of Reiki is an important feature of Reiki practice. Story and narrative have been discussed as being crucial to the process of interpreting the experience of those involved in the practice while also illuminating implications for those involved. Life stories can be seen to mesh as a community of stories that share deep meaning (Bruner 2004: 699), consequently the life stories of lineage bearers and Reiki Masters share deep meaning enabled by teaching and storytelling. The narrative of tradition provides evidence for the political and social elements involved in the process of symbolic construction. In this context, the way in which these narratives operate as a means of traditional reproduction distinguishes the beliefs and practices being analysed (Shils 1971: 124 and 127). Reiki tradition is embodied in the life stories of the lineage bearers of each Reiki form. This tradition is not inherited passively; rather it is a dynamic process of the interpretation and recounting of one's life (Bruner 2004: 693), even as new lineage bearers add their stories to the narrative. Additionally Reiki tradition, knowledge of the past that connects Reiki practice to the present and future, is not found in one distinct text or one narrative, but takes place over time and in myriad social activities (Cohen 1989: 11) such as

teaching. This teaching, which stands as a representation of meaning for Reiki practitioners, is expressed in two ways, first as stories and narratives and secondly as bodily expression within context of the tradition (Saleebey, 1994: 352). This is exemplified by the value of the story as expressed by Barbara, a Reiki Master of the USR form,

...without the story I would not have embodied the system in the same way at all.

The implications of the story for Barbara are clear. If it were not for the story of Reiki, told as it is within the USR Reiki practice, she would not have embodied the practice and the Reiki story would not have become part of her life story. This implies that the story of Reiki is relational to Barbara and she identifies with it as a bodily expression. The story is symbolic and, as embodied represents her image of life (Shils 1971: 138).

Narrative also requires that in its analysis the projected historical knowledge or tradition be considered as ‘engaged with broader social intelligence, known, experienced, and manipulated’ (Cohen 1989: 16). Therefore, the narratives presented are reviewed within a broader social context identifying the symbolic construction over time. As with most Reiki training, I will begin with the story of Mikao Usui. Reiki history and tradition is what fundamentally constitutes a particular Reiki *form*, it creates boundaries of authentic identity for each Reiki community. The history provides a foundation for the representation (Martin 1993: 459) of each Reiki *form* and the set of behaviours constituting a practice is an intersection of meanings, stories and narratives (Saleebey 1994: 351). The story and narrative of Reiki practice function as modes of tradition and are explored as an intersection of meaning. A connection between the past to the present with a concern for the future is an embedded feature in these narratives. First, the story of Mikao Usui is the starting point of the Reiki traditional narrative.

Mikao Usui

The history of Reiki practice begins with Mikao Usui in 1922 and details of this traditional story can be found in popular texts. Academic texts that contain this story in some fashion are: Judith Macpherson’s ethnography (2008: 112-124), Gordon Melton’s article on Reiki and globalisation (2001: 78-85), Matthew Wood’s ethnography (Wood 2007: 130-131) of a Nottinghamshire network of religious practices and Catherine Albanese’s historical review of nature religion in the US (1991: 187-188). However, some of the cogent details in both

popular and academic texts are inaccurate which potentially affect the connections of past to present. For instance, in Gordon Melton's (2001) article, he refers to Furumoto as Takata's daughter when in fact she is her granddaughter. Dates, considered chronologically can affect the way in which the interpretation of tradition occurs as social context can be lacking. This may appear inconsequential; however in the consideration of time and the impact on ideas of symbolic tradition, this can have consequences for the misrepresentation of tradition and the analysis of invariance.

It has been suggested in scholarly accounts of the history of Reiki practice that Mikao Usui rediscovered Reiki (Melton 2001: 81; Wood 2007: 130). This is problematic; firstly as there are have been no documents or stories of Reiki practice provided that predate Usui and secondly this scholarly account does not clearly distinguish between Reiki and *reiki*. The most concrete information available to indicate Usui's intention in developing Reiki is offered by an epitaph on his tombstone created by his students (Appendix 1: Translation of the Memorial Stone). An exclusive society within Japan practising Usui's original teachings, known as the *Gakkai*, is reluctant to speak to anyone outside their group for fear that the information will be used inaccurately and inappropriately (Stein, personal communication regarding his Reiki research experience in Japan). There are several research projects under way investigating a factual history of Usui, and as of the writing of this thesis, unavailable for referencing. What is known has been offered by way of a Western narrative and has been compiled for the purpose of this thesis from several sources. This first compilation is the story provided below as presented within USR.

In his youth, Usui was educated by Christian missionaries. In his adulthood, he worked as a teacher and Principal of an all-boys Christian school in Kyoto. One day his pupils challenged him to demonstrate his belief in the Bible by performing the healing miracle of Jesus. He was unable to do so. Therefore he believed his faith in the Bible was lacking. Motivated to correct this, he spent the next seven years of his life travelling and studying, seeking the secret knowledge of healing. In Chicago he spent time studying Christian scriptures in order to learn how Jesus healed. Unable to find the answers, he soon began looking into other religious scriptures and he then became a student of Buddhism. After obtaining a Doctorate he still felt that he had not found the answers he was seeking. He returned to Kyoto in 1920 where he

went to Mt Kurama, long considered a holy place,⁶ in order to meditate and find the answers he still sought. After 21 days of meditation in isolation on the mountain, Usui experienced *satori*, or an enlightenment experience and the *reiki* energy came to him in the form of an *attunement*. When he came down from the mountain, he was determined to bring this knowledge of healing to the public and began teaching and offering *reiki* to beggars living in the slums of Kyoto.

Before his death in 1926, he had trained a number of people in *Usui Reiki Ryoho*⁷ including Chujiro Hayashi. Hayashi is suggested to have taken over the position of Grand Master upon Usui's death and he continued to teach and practise Reiki from his clinic in Tokyo. However, the title of Grand Master has been challenged by others to not have existed until Takata's involvement in Reiki. The way in which this story is accepted by Reiki Masters is exemplified by a USR Reiki Master, Barbara,

To me this story is different from the history in a way, I use the story as a teaching story and I think a lot of us do that, we don't know if it is literally true, like talking about his working in the beggar community and its validity and all that. It is much more likely that he was treating people after the earthquake in 1923. But that did not come into the story I heard, so I love all these stories because it has all the elements of the system that we are teaching. It is a real wonderful spiritual teaching story ... based on some amount of historical fact.

Like Aaron, Barbara captures the story in all its complexities. The importance of the story is that it teaches; it has implications for the listener in that they are taught particular models of behaviour or methods of practice as a member of Reiki practice. While historical events are located in the story, they are chosen due to their place in the embedded narrative (Bruner 2004: 692) with the importance of these events pertaining to the teaching rather than accuracy. It is evidence for the social elements in the symbolic construction of tradition, the spiritual journey, helping and sharing this special knowledge with others. The story of Usui and the other lineage bearers as Barbara suggests is meant to teach how the spiritual path is a

⁶ Based on information I received during Reiki training, Mt Kurama is still regarded as a place where people can go to meditate and engage in ascetic practice (Jonker 2015).

⁷ *Ryoho* loosely translated means therapy or remedy in Japanese. The term Reiki has evolved into a generalized name for the practice. At the time of Usui, his practice was called *Usui Reiki Ryoho* or therapy based on reiki energy according to Usui .

symbolic representation of pursuing information and obtaining it with the implication for spiritual well-being as an outcome. As suggested earlier, tradition is not so much about handing down as it is about obtaining it through great cost. Therefore, Usui acquired this tradition that he developed through great cost to himself by traveling for years in search of knowledge, meditating on the mountain for 21 days and offering *reiki* to beggars in Kyoto.

An interpretation of this story has been offered by Jillian, who received training in USA before becoming a Gendai *Reiki-ho* Master. She offers the following account of the implications of this traditional story,

I honor Takata, I understand why she changed Reiki why she made the changes she did and why she presented differently to every person she trained, because of her cultural background ... and at the time must have been very hard to teach something that hailed from Japan in 1940.

This story has become a symbolic construction in that, as it was told in the West, the Japanese contexts have been modified in order to be acceptable in the West. The broader social events taking place at the time that Takata began telling this story impacted the story over time and reinterpreted its meaning. The story was no longer a historical fact; rather it became a symbolic construction of the past for the purpose of teaching a set of practices and beliefs in the present in an environment that might have been biased against the original context. That Usui received his challenge of spiritual accomplishment in a Christian school, which led him to study in the US resulting in his turning to Buddhism, makes this story palatable to Westerners. This is a man who, according to the story, was heavily indoctrinated in Western ways and did not find his Eastern roots until coming to the West where he studied Eastern scriptures. Being of a generation of Japanese Americans who were not well accepted in the US after World War II and the bombing of Pearl Harbour, it is conceivable that the story of Usui would have changed as told by Takata in the West. It is also conceivable that it represents Takata's personal reality; she was a Japanese American, indoctrinated to some degree in Western ways and found her Eastern roots by studying Eastern ways on her trip to Kyoto during her illness. By meshing her own reality in the Usui story, she adds to the tradition narrative revealing, what is for her, the deep meaning of Reiki practice and the spiritual journey.

The Usui story also speaks of obtaining tradition at great cost at several points in Usui's life. He sacrificed his prominent position in a Christian school; he spent years away from his family to study in the West only to return to Japan where he continued to sacrifice by treating beggars with no compensation. Therefore, even as symbolic construction, this story teaches the listener about the value of sacrifice in the obtainment of traditional knowledge and spiritual well-being. While this story is very important to Jillian and she appreciates what Takata had to do in order to achieve acceptance of Reiki practice in the US, she offers the following as her motivations for turning to Gendai *Reiki-ho*,

...that it was important that I learned the authentic way that Usui taught, then I realized that what I had learned was very far from what he had taught. So I wanted to know what I didn't know and to find out for myself.

Jillian's concern for authenticity has been raised due to her concern for a lack of authenticity, or historical truth regarding the teaching as provided by the story. In that Reiki was established in Japan, Jillian felt that to be authentic, or truthful and honest, in her use of Reiki practice she needed to be trained in an Eastern Reiki *form*. While the implications of the story were understood, her concern was based in the need to represent the Reiki practice truthfully and honestly, knowing it from its traditional roots. In this way, Jillian in fact has taken on the theme within the story of sacrifice. In her concern for authenticity and the seeking of knowledge, the story created a symbolic construction of meaning for Jillian as she sacrificed her social ties and status and sought additional training. By leaving her previous Reiki training, she was invariably leaving behind her social group, her Reiki family, losing stability in search of authenticity with her Reiki practice. The Eastern Reiki *form* served as a symbol of her search for authenticity.

A variation of the story of Usui is also told within the RJKD lineage. In this variation of the early days, Reiki practice was known as Usui Do (the way of Usui), a name given to the system by Usui's own students.

At the age of four Usui entered a Tendai Buddhist monastery near Mt Kurama to begin a period of several years of intensive training in this school of Mikkyo Buddhism.

Over the span of his life Usui travelled extensively. He was always a hard working student and accumulated a vast knowledge of medicine, psychology, fortune telling and the theology of world religions. He also studied Chinese Traditional Medicine, numerology, astrology and psychic and clairvoyant development amongst other things. [...]

From the evidence of the teachings within the lineage of Reiki Jin Kei Do, it seems more than likely that in developing his spiritual discipline Usui drew partly on the spiritual practice that is now known as *Buddho-EnerSense* because the origins and deeper meanings of the Reiki symbols are contained within this system.

In his search for the ultimate Truth, Usui decided to fast and meditate for 21 days. In the lineage of Reiki Jin Kei Do it is claimed that Usui performed the first three cycles of a meditation known as *Buddho* during his spiritual retreat. *Buddho* means 'energy' or 'seed' of enlightenment. [...] The *Buddho* meditation was passed on by Usui who had received it from a monk who had advised him to practise the meditation in order to receive the energy empowerments that he sought. [...]

Usui's hopes of having this Truth revealed to him were realized and on the last day he experienced a moment of satori - this being Usui's empowerment to the Universal Life Force Energy. [...] Mikao Usui eventually died from a stroke [...] on the 9th of March 1926.

In this RJKD version, there is no mention of Usui spending time in the US. This lineage is different from USR, it has an aspect of training passed down that is embedded in Buddhist tradition, that of the *Buddho-EnerSense*. Therefore, the Western influence in this story is lacking as it does not have any connection to Hawayo Takata, it is descendent from Chujiro Hayashi and then Takeuchi, a Buddhist Monk. The implications of this story are that Reiki practice is firmly embedded in an ancient Buddhist practice that has been handed down over time and actively gathered by Usui's successors. The legitimacy of the Reiki symbols is offered to exist in this ancient meditative practice while the authenticity, or identity of RJKD to legitimately exist apart from others, is offered in its connection to Usui.

Allan Hanson suggests in his research on the Maori and the invention of tradition, that people invent their own traditions as a means of legitimating or sanctifying ‘some current reality or aspiration...’ (1989: 890). While this idea of invention is not meant to imply that there is anything unauthentic happening, or that there is not any truth to this traditional story through the RJKD *form*, it does point out how tradition can be used to legitimate a ‘current’ reality rather than a past reality. In this sense RJKD, a relatively new Reiki *form*, makes use of this iteration of the Usui story in order to legitimate a Buddhist connection to the past, through Chujiro Hayashi, while sanctifying their present Reiki practice. Additionally, this ‘continuity with the past provides social institutions with a sense of stability’ (Hobsbawm 1983: 1). Therefore, RJKD as a social institution obtains a sense of stability through the connection to a past that supersedes Usui and dates back to the ancient practices of Buddhism.

This story of Usui is one part of the entire Reiki tradition narrative that concomitantly ties all *forms* of Reiki to the founder of Reiki practice. The next story that concerns this analysis is that of Chujiro Hayashi, as he is the second lineage bearer in the USR, RJKD, Jikiden Reiki and an influence for what informs Hiroshi Doi’s training and development of the Gendai *Reiki-ho* lineage represented in this ethnography.

Chujiro Hayashi

Chujiro Hayashi (1880-1940) was one of the Japanese Naval Admirals to be trained by Usui before his death in 1926. It has been suggested within Reiki circles that Hayashi was a trained physician as he is referred to in Takata’s original stories with the title of Doctor. However, the details of this title are contested. It is unknown if he was ever a medical doctor in the Japanese Navy or ever did a physician’s work, therefore it has been suggested that the title of Dr was symbolic or honorary, although this has not been confirmed. What is confirmed about Hayashi is that sometime after Usui’s death he opened a clinic for Reiki treatments and made adjustments to Reiki practice.

Hayashi, in addition to being a Reserve Naval Officer was married and was well respected in his community. After having treated and trained Hawayo Takata in Reiki practice and helping her establish a Reiki clinic in pre-World War II Hawaii, he was unable to reconcile his military obligations with his Reiki practice. With World War II looming, Hayashi took his own life rather than be called back to military service. The following story of Hayashi is compiled from the RJKD training manual that I received during Reiki training.

Hayashi was one of only two of Usui's students to reach the very highest levels of training (Shinpiden) in Usui's spiritual system. He was clearly not a run-of-the-mill student in spite of having only trained with Usui for a period of about six to nine months prior to Usui's death. Probably in part as a consequence of the high levels of attainment in the Usui system that Hayashi had reached, he was given the *Buddho* meditation which Usui had practised on Mt Kurama.

It would seem that the word 'Reiki' (and Reiki Ryoho) as a label for Usui's system was first used by Hayashi and his naval associates. Hayashi modified and systematised Usui's teachings and created the standard hand positions, the system of three Degrees and their initiation procedures. This is pretty much the system of Reiki that the West finally inherited.

Hayashi conducted intensive training seminars all over Japan, training hundreds of students in his system of Reiki. In total however he only taught 17 Reiki Masters. One of these was the enigmatic abbot of a small Zen temple; Sensei Takeuchi. It was to Takeuchi that Hayashi passed on the *Buddho* meditation. [...] Certainly Takeuchi seems to have inherited a form of Usui's system that is similar in many ways - with the exception of the *Buddho* meditation - to that which was passed on to another of Hayashi's students, Hawayo Takata, from whom the majority of the Reiki in the world is descended.

With the outbreak of World War II ... Hayashi felt a strong conflict between his impending military call-up and his moral code as a Reiki practitioner. In the presence of some of his own students and his wife at his villa in the hot spring resort of Atami, near Mt Fuji, on 11 May 1940, he took his own life.

This account documents events in Hayashi's life that are consistent with the information provided in the USR form. However, there is a variation in that somehow, unlike the others that Usui trained, Hayashi received a specialised type of training. He learned the traditional *Buddho* meditation that is believed, by the RJKD lineage, to have been practised by Usui on Mt Kurama when he experienced *satori*. This narrative is used to link the exceptional and the ordinary (Bruner 1990: 47); while Hayashi was a student of Usui's like many others, he was exceptional in that he obtained specialised training. This specialised training offers the

legitimisation of RJKD while symbolically connecting Reiki practice to ancient meditative techniques. Whether it is possible that this did occur is not the task at hand. Rather, how this aspect of invoking tradition is taking place through a symbolic construction is important. While the implications of this narrative are meant to strengthen the connection of Reiki practice to traditional practices, change has inevitably taken place (Shils 1971: 154) and the identity of RJKD takes a different path from other Reiki *forms*. This identity is imbued with Buddhist meditative techniques not present in other Western Reiki *forms*.

Reiki arrives in the U.S.: The story of Takata

Next, an important segment of Reiki history specific to the western narrative is its transition to the West through the teachings of Hawayo Takata (1900-1980). Whatever the consequences, if Takata had not taught Reiki in the West, it is unlikely that Reiki practice would have received the popularity it has today. It is through her oral teachings in the West that we come to know the most about Reiki practice. The following information regarding Takata's life is a compilation from Western Reiki popular texts.

Takata was a Japanese American woman who lived a very hard life growing up in the sugar cane fields in Hawaii. Doing well for herself during adulthood, Takata obtained a well-paying job, married and had two daughters. Her husband soon passed away leaving her alone to care and provide for her daughters. In 1935 she suffered a nervous breakdown and shortly afterwards her sister died unexpectedly. In order to inform her parents of her sister's passing and to take her husband's ashes to Japan for burial, she travelled to Kyoto. Once there she was admitted into a hospital for surgery to treat her failing physical condition. However, she did not want the recommended procedure and insisted on a non-surgical option. It was then that she was introduced to Chujiro Hayashi and began to receive Reiki treatments. After three weeks of treatments her medical doctor noticed that her condition was greatly improved. Takata subsequently trained with Hayashi in 1936 and brought the practice back to Hawaii. From the 1970s until her death in 1980, Takata trained 22 Reiki Masters in the US and Canada, and subsequently the practice made its way to Britain in the mid to late 1980s. Of the 22 Reiki Masters, 15 would continue to grow the popularity of Reiki practice (Jonker 2015) with little structure to the Reiki teaching as Takata taught it in those last ten years. This lack of structure results from the oral tradition, there was scarcely any documentation for how Reiki practice would be carried on when she passed. This vagueness in an oral tradition does little to create rights and obligations within group membership (Hobsbawm 1983: 10).

Instead, I would suggest, her teaching of the importance of the precepts, particularly the line, *'honour your parents, teachers and elders,'* (Chapter 1) has created the continuous dissecting of tradition. The Takata Reiki Masters have each interpreted how they would honour her teaching in ways that have created unique schisms in the practice. For instance, Barbara Weber Ray, claiming to have specialised training from Takata, formed Radiance Technique, perhaps in her own way honouring and creating a legacy for this unique aspect of Takata's teaching. Whereas Phyllis, the current lineage bearer and granddaughter of Takata, has continued the Reiki tradition in a way that honours her teacher and elder.

Nonetheless, these Reiki narratives are important in context of teaching others. An example of this importance is offered by Patricia, a Reiki Master within USR,

...there are variations of the story, the main thrust is about what Takata was prepared to do, A) to stay in Japan and get treated when she was sick, and B) what she was prepared to surrender, which was the sale of her house, so that she could afford to pay for her Reiki treatment in Hayashi's clinic and she stayed for a year and then of course it was about the fact that she had to stay there to do the work.

Similar to an earlier quote from Barbara, Patricia suggests that the Reiki story is best thought of as a teaching story. What is important in the story of Takata is not the variations that exist, rather the implication that exists in the plot of the story. The teaching that is embedded in these stories is a position of sacrifice on the path to well-being. Even in a position of dire health, the implication of Takata's story rests in the sacrifice. Takata sacrificed her home in order to pay for her treatments in Japan and submitted herself to a year's worth of work without pay as part of her training in Reiki practice. She sacrificed all these things in order to get well and to be trained in and learn Reiki knowledge. As a teaching story, it teaches the listener about sacrifice as a way of achieving well-being through the journey in obtaining knowledge. Patricia points out that what Takata was prepared to do in obtaining the Reiki tradition and knowledge has wider implications than the details of the story. The result of these many sacrifices resulted in her well-being and the subsequent expansion of Reiki practice to the West.

These sets of stories, the sacrifice of Usui to discover Reiki, the sacrifice of Hayashi in taking his own life, the sacrifice that Takata made to become well again, share a common purpose.

They comprise not only tradition narratives; they also constitute a narrative of healing. Usui, lost in his spiritual life was seeking enlightenment, a form of spiritual healing, where the essential task is suggested to be an activity that balances and harmonises patterns of breath-energy flow holistically (Edwards 2008: 138). Hayashi, torn between his commitment as a naval officer and his Reiki training, took his own life in an attempt to heal his internal conflict. Takata, physically ill and overworked in her early adult life, serendipitously was introduced to Reiki and became well, living to be 80 years old. Olav Hammer, a scholar in the History of Religions, suggests that these healing narratives, considered in a broad sense, ‘provide a structuring script through which relevant parts of the reader’s life history can be interpreted’ (Hammer 2001: 356). This symbolic construction as a persistent approach to the invention of tradition serves the purpose (Lewis and Hammer 2007: 16) of teaching about sacrifice as a path to knowledge and well-being. Other Reiki *forms* will undoubtedly offer other interpretations of purpose and symbolic construction.

Takamori

These other interpretations are evident within RJKD where the life story of the lineage bearer Seiji Takamori is necessary in order to understand the Buddhist foundation that differentiates RJKD from other Western Reiki *forms*. The following is taken from an excerpt in the RJKD training manual.

Seiji Takamori was born in 1907 and at the age of 19 became a Zen monk under Sensei Takeuchi. Following five years of intensive meditation instruction in the Zen tradition, Takamori was introduced to Reiki by his teacher at Takamori's request. Seiji seems to have learnt the system over a period of three years before finally being considered a Reiki Master [...] During this period Seiji was required to give healing to the local village residents who supported the temple.

Seiji Takamori was the only student to whom Sensei Takeuchi passed on the complete Reiki system as he knew it, including the *Buddho* meditation.

In recognizing the Buddhist origins of the *Buddho* meditation, Seiji requested that Venerable Takeuchi allow him to search for further teachings relating to Reiki and the Buddhist material that he had been given. ... he began a process of extensively researching the origins of the Reiki system over a period of 20 years within the

Tantric and Vajrayana schools of Buddhism, which took him on a journey from Japan to northern India, Nepal and Tibet.

In an isolated part of Nepal he discovered a more complete system of healing and spiritual development that paralleled his own practice of Reiki. [...] It was Seiji's belief that he had discovered the same or similar material within Vajrayana Buddhism that Usui had connected to and possibly used in developing his system of Usui Do. [...] After a period of time he was directed to a more senior monk further into the mountains who knew the complete system, with whom he spent a further seven years. The system of *Buddho-EnerSense*, as it came to be known that Seiji learnt is thought to be a parallel system of healing and spiritual development, passed down from the Buddha that relates to the origins of Reiki as developed by Usui and his students. On completion of his studies Seiji left Nepal and travelled the world teaching meditation and healing...

In 1990 during a visit to the United States, Seiji met Dr Ranga Premaratna...

Ranga was the only person to receive the full teachings from Seiji.

There is little historical evidence for what is presented here, although these people are understood to have been alive and are therefore not mythological. What is clear in this story however is that an adaptation of the Reiki practice took place, whereby the newer tradition was embedded into an older tradition (Hobsbawm 1983: 6), Reiki practice as learned from Hayashi included a tradition with roots in Buddhism dating back further than Usui. Therefore, this new *form* of Reiki tradition has emerged with the use of ancient practices used to construct new traditions, consequently 'using old models for new purposes' (Hobsbawm 1983: 6). It is uncertain whether the traditions (Lewis and Hammer 2007: 1-2) of *Buddho-EnerSense* and Reiki coexist as offered by RJKD and projected back in time.

This story does share similar aspects of the original story told of Usui in the West. There are similar parallels relating to a need to know more and travelling and studying in foreign lands for many years in search of knowledge. The concept of a structuring script is evident here in that Takamori followed a similar path on his journey to claim knowledge of an ancient system (Hammer 2001: 356). Furthermore, considering this existence of a more complete system dating back in time, there is another layer of lineage in consideration for the *Buddho* meditation. By projecting the RJKD tradition back in time, beyond Usui, not only expands

authority, it also serves the purpose of group cohesion allowing individuals to embrace a common history (Lewis and Hammer 2007: 5-6), one that is different from the Western lineages. This lineage is placed before Usui and is offered as the following: Buddhist Monk in India, Tibetan Buddhist Monk in Tibet, Tibetan Buddhist Monks in the Himalayas of Nepal and lastly Seiji Takamori. While the implications of the projection of tradition back in time expands authority while allowing for group identity, this invention of tradition is, overall, an on-going construction that is symbolically constituted rather than a natural act of inheritance from previous generations (Handler and Linnekin 1984: 276). This symbolic construction is evident in the following segment of the Takamori story,

...is thought to be a parallel system of healing and spiritual development, passed down from the Buddha that relates to the origins of Reiki as developed by Usui and his students.

In this statement, it is *thought* to be parallel to something passed down from Buddha while relating to Reiki. Therefore, the connection to the traditional past is symbolically constituted and interpreted, or rather woven into this narrative, rather than something that is handed down. The tradition was sought by Takamori on his travels throughout India, Tibet and Nepal. Similar to Usui and following the idea of a structuring script in tradition narratives, Takamori went on a journey to find the spiritual connection between these practices. He left his home and travelled to isolated regions spending over seven years in these unknown lands in order to find the origin of the Reiki practice. What he found, as the story offers, was a parallel system that relates to Reiki and he found this in the active engagement of a journey to seek knowledge. This journey continued as he sacrificed more of his time while offering this knowledge to the world. This story of Takamori furthers the teaching of sacrifice as discussed earlier with Takata and how this sacrifice is a key aspect constituting individual Reiki knowledge.

Chapter Conclusion

By revealing the symbolic construction and implications handed down through storytelling, the traditional aspects of Reiki practice offer insight into Reiki meaning. This meaning is derived not only from the research participants, but also in the sense of a link to history through a mode of tradition involving narrative and storytelling. In a review of the Reiki narrative surrounding Mikao Usui, Chujiro Hayashi, Hawayo Takata and Seji Takamori,

traditions centred on embodied practices and beliefs that are symbolically constructed and handed down through story telling were analysed. These traditions offer insight into the implications for the group as they are processed over time, how they are actively divided and further how they offer evidence for the political and social elements involved in constructing tradition.

The political and social elements, connecting the past and the present with a concern for the future, are identified within the story and narrative of tradition. These elements operate as a means of acquiring stability, authenticity and legitimacy for the Reiki forms discussed. In the context of USR, there is an implication of sacrifice that is imparted in the stories of Usui, Hayashi and Takata. This sacrifice continues to reinforce concepts of well-being as each story is grounded in the attainment of Reiki knowledge. For RJKD, the implications are for legitimacy in the symbolic construction of a connection to Usui and Reiki practice through the *Buddho* meditation. While there are scholarly debates surrounding tradition, one as symbolic construction and the other as an object to be handed down from generation to generation, this review considers both aspects as integral to the Reiki tradition. The Reiki traditions in their various forms are symbolic constructions that are handed down through the continued interpretation of storytelling. They are not necessarily historical facts; however they are tradition and healing narratives that mediate both meaning and the interpretation of experience for the teller. These stories result in both group solidarity as offered by the historical connection of *Buddho* meditation to Usui and beyond, and vagueness as offered by Takata and the resultant split of her students. However, as this analysis is concerned with time and change over time, the vagueness that created the split within the Takata Masters has now developed into solidarity. This solidarity derives from the understanding that the Reiki stories impart an embodied lesson that connects Reiki Masters personally to the tradition of the practice. The Reiki stories are not viewed only as stories of historical fact. The personal aspect of Reiki practice, the journey, is explored further in the next chapter.

Chapter 5: Reiki as a Journey

Chapter Introduction

In this chapter, I address the ethnographic and autobiographical aspects of fieldwork alongside the scholarly critiques of each. Ethnography, as a method of knowledge production, has undergone many shifts within Anthropology over the last 30 years (Marcus and Pisarro 2008: 1). Ranging from being a distinct disciplinary method requiring more scientific rigour to a method requiring a more creative approach, this broad scope and accompanying critiques suggest that anthropologists are still addressing the notion of researcher position in the field and the influence of this positioning on the data and analysis. For instance, a shift in the ethnographic text has seen an increase in autobiographical writing, however there is a caution against an over emphasis on the ‘me’ and an exigency in keeping the subject of research in focus (Creighton 2007: 383). This overemphasis on the ‘me’ suggests narcissism, a focus on the self rather than the subject. Additionally, in the West ethnographic research has historically been conducted amongst cultures and geographic regions other than those anthropologists have been raised in; to conduct research within one’s own people poses methodological and theoretical challenges (Hayano 1979: 99).

In consideration of these critiques, this chapter addresses notions of reflexivity, voice, membership and experience. I will draw on my personal experiences during fieldwork to identify the ‘auto’ aspect of this ethnography. Additionally, I question the autoethnographic understanding of membership in a group or subculture based on my fieldwork. This endeavour will illuminate a journey of experience not only for me as researcher, but also as Reiki practitioner. Lastly, by exploring selfhood and identity, voice and authenticity and exile and displacement in the field, I expand on the traditionally ethnographic concept of dual position and consider multiple identities and marginal positions.

Autoethnography or Autobiography – a Critical Assessment

Reed-Danahay (1997: 2) offers a concept of autobiography and autoethnography that seeks to synthesise or make explicit where these two genres intersect. As already noted, autobiography has been criticised as narcissistic and only concerned with self-inflation (Okely 1992: 2). However, Reed-Danahay suggests that autoethnography is ‘a form of self-narrative that places the self within social context, it is both a method and a text, as in the

case of ethnography' (1997: 9). It has also been noted that fieldwork 'at home' and the insider/outsider position produces a dual experience (Motzafi-Haller 1997: 196) and even dual identity (Reed-Danahay 1997: 3). However, this focus on double identity is limiting in that the entirety of any one person's identity within a complex social setting is more multifaceted than dual. In crafting and weaving together the multiple identities between my professional life and personal life (Kondo 1990: 24) I am obliged to address the issues and criticisms of autoethnography in producing the knowledge acquired in the field and further presented within this text. The idea of researcher identity is never fully fixed but, marginal, always moving between and betwixt domains such as the field, academia and the personal. This marginality can be a concern for representation and authority with respect to the way in which I have positioned myself in the field. For instance the implications as it concerns those first moments when I positioned myself as the researcher and, where over time I began to position myself as a Reiki practitioner. Additionally, these reflections on the marginality of identity weave into a journey of self-discovery (Foltz and Grffin 1996: 301) that have influenced my fieldwork.

Reflexivity and Authority

Autoethnography does have its concerns, not just as a product of navel gazing, as Reed-Danahay (1997: 3-4) points out, with respect to questions of representation in the following categories: identity and selfhood, voice and authenticity and cultural displacement and exile. Considering these categories, the autoethnographer is aptly described by Reed-Danahay as a boundary crosser with multiple shifting identities (1997: 3). Understanding these identities helps to clarify the position of the researcher in the field. It further helps to clarify concerns raised for who is representing the lives of those in the field or simply, voice and authenticity. The voice of the insider might be considered more authentic, however there is more to consider in the 'processes of representation and power' (Reed-Danahay 1997: 4). As a boundary crosser the anthropologist is never completely settled, rather remaining at the margins. This is evidenced in the representation of cultural displacement or the situation of exile (Reed-Danahay 1997: 4) from the social setting. These concerns will be addressed in this autoethnography and often suggested by the ever present use of 'I' amongst the experiential and life-as-lived accounts of the research participants.

My position in the field creates an opportunity to present an autobiographical and reflexive account of my participatory experience (Okely 1992: 15) with Reiki. This would however,

take the focus away from the subject and create a void where the many voices of the individuals whom I met belong. These voices and their intersubjective interactions alongside their personal account of Reiki tradition, have a more in-depth understanding of Reiki practice than I could ever represent with my single voice. A criticism of misrepresentation and authority can be levied when excluding the voices of others and, I have reservations in attempting to claim an independent voice (Motzafi-Haller 1997: 197) in the representation of Reiki in Britain. Similar to ethnography, positionality can be problematic in autoethnography.

As I am a Reiki practitioner and an anthropologist, my autoethnography will offer a self-narrative that places me firmly within the social context of Reiki practice in Britain. Simultaneously, it will serve to demonstrate an analogous self-journey, as I grew up in a culture, gender and socioeconomic range similar to that of my research participants, who are predominantly white, professional, middle class, well-educated women. However, with a note of caution I must add that this is a generalisation; Reiki practitioners and the practice are more complex, diverse and dynamic than any generalisation might suggest. Furthermore, the role that reflexivity plays is crucial both to one's influence in the field as well as to the analysis of data collected there (Davies 2002: 4). Therefore, identifying with and belonging to the group that I am researching lends itself more appropriately to an autoethnographic approach. Distanced from a criticism of navel gazing, autoethnography is a creative approach, weaving the voice of the ethnographer with those of the research participants as a means of familiarising the reader with a 'sea of serious social issues' (Behar 1997: 14). This familiarisation addresses matters of spirituality and healing in a secular and scientific world for what appears to be a growing segment of society.

There is a benefit to exposing the methodological and theoretical challenges of autoethnography, even when one is thought to adopt an insider position. I have found that while I have a claim to membership in the field (Hayano 1979: 100) as Reiki practitioner there are still aspects of the practice and the community, loosely considered, that I do not have privileged access to, as both researcher and as practitioner. The proverbial door of knowledge remains closed where access includes events that pertain to the level of Reiki Master and events that are exclusive to certain Reiki *forms*. So during the initial stages of fieldwork, my position can be characterised as a rite of passage, transitioning from 'one social world to another' (van Gennep 1960: 10). Where initially I identified as researcher, eventually, through the events and activities that took place in the field, there was a transition

where I began to simultaneously represent myself as a Reiki practitioner within the Reiki milieu. This idea of community is better considered as a construct, symbolic rather than structural (Cohen 1985: 98). This community that I identified with does not have any structural boundaries; rather it is a complex web of subjective meanings and relationships.

It is in this context that I am ‘allowed’ access to what I might describe as the basic events and activities afforded to the Level 2 practitioner without alliance to any Reiki *form* or Reiki membership association in Britain. I use “allowed” to highlight that there were moments when it was suggested that I would not be given access in order to participate. In one discussion, a Reiki Share hostess explained that I was unable to attend an event as I would not have sufficient knowledge. This lack of knowledge, she explained further, would detract from the experience of the group. Her concern suddenly changed to non-concern when I informed her that I was trained to Level 2. However, generally, I found that many of the personal interactions with individuals, regardless of training or *form*, were not proscribed. This emphasises the other side of community as a structure defined through symbolic devices (Cohen 1985: 40). There is a distinction here between the institutional or collective representations of Reiki and the individual representations. Individually, conversation has been open, expressive and thoughtful. It seems it is only when participation and conversations are contextualised by Reiki *form* or Reiki membership organisations that the symbolic devices defining community boundaries become limiting and set in place. These limits and liminalities position me to offer a unique interpretation of this fieldwork.

This interpretation cannot be final or absolute because the process that is involved in creating this autoethnography is simultaneously grounded in human experience (van Manen 1990: 31) and variable according to my interpretations represented alongside those of my research participants (Hayano 1979: 102). The interpretation of my fieldwork experience and the discussions surrounding how research participants conceptualise Reiki is predicated on my multifaceted experiences and marginal identities. It is with a focus on these things, reflexivity, experience and knowledge, that autoethnographic representation (Ellis and Bochner 1996: 20-21, 28) is achieved.

The Representational Voice

This text is a representation of the lives of my research participants alongside that of my own. It is in this capacity that this ethnography brings the ethnographer into focus as both a

resource (Collins and Gallinat 2010: 15) and ‘instrument of research’ (Katz and Csordas 2003: 280). Therefore, this work is not limited to that of an autobiography; rather it will have an autoethnographic approach as suggested by Hayano (1979: 100) as researching ‘my own people’ after indoctrination into a specific knowledge, as well as the suggestion of Collins and Gallinat (2010: 17) in that it reflects both the research participant’s voice as well as my own voice. The use of ‘I’ connects my personal experiences as a Reiki practitioner and learning as a Reiki student with the construction of a field of knowledge (Hastrup 1992: 117). Additionally, this use of ‘I’ is an explicit recognition of the context and situation specific ‘to the social location of the particular knowledge producer’ (Stanley 1993: 49). This does not eliminate some of the potential drawbacks of ethnography, such as the research acting as a tool for the participant leading to co-option or the ethical concern of when events are inextricably altered due to my involvement as researcher. These consequences, as they presented themselves, are addressed as an aspect of the autoethnographic approach, as they will also offer insight into how knowledge is acquired in the field.

Despite such consequences, this autoethnography and my experiences with Reiki as practitioner and researcher can potentially inspire the reader to think and reflect on their own experiences (Ellis and Bochner 1996: 18) with Reiki or alternative philosophies of health and well-being. It is my hope that by reading this ethnography the reader can gain a greater awareness of for example, their own views as they pertain to spirituality, healing and discourses of knowledge. It has been suggested by Mark Neumann (1996: 173) that the use of autoethnography generates a sort of impetus that creates a shift for the reader in averting their gaze inward as a site for interpreting a cultural experience. In reading this text perhaps the reader can reflect on the ways that the experiences of others can provide meaning in the world (Ellis and Bochner, 1996).

As such, this autoethnography offers an opportunity for reflection on how my fieldwork, as a Reiki practitioner, provides insight into the contested boundaries and domains of Reiki practice alongside other discourses of knowledge. I have heard practitioners speak of authenticity, of spirituality, of transformation and of ecstatic experiences alongside messages of marginality and inequity. Along the way I began to question where I stood in all this. In addressing this question of position and identity, I was inspired by the work of Pnina Motzafi-Haller (1997: 197) who challenges the idea of native anthropologist and resultant representations and struggles with the critique of the authentic voice within fieldwork.

Motzafi-Haller explores the heart of the complex nature of identity that also exists in this autoethnography, that of the experience of being both “native” and “outsider”. I am a Reiki practitioner; additionally I share the gender, age and socioeconomic position of most of my research participants. Therefore in one instance I am native to this field. On the other hand I am also an outsider, I am not British and I was not trained in the same *form* of Reiki as my research participants. My initial training was conducted in the US; therefore I did not belong directly to the lineages present in Britain. Lastly, and perhaps more importantly for those I was working with, I was a researcher. Until they got to know me and what my intentions were with respect to Reiki, I remained marginal to the group, not quite an outsider and yet not entirely an insider. In order to assimilate an authentic voice in this text I began to contend with these concerns by questioning those things that led me to identify with this topic, such as: do I identify with the discourses surrounding Reiki practice? As I conducted additional training in different Reiki *forms*, I questioned whether my training and my indoctrination prepared me for how Reiki is practised in Britain. Initially I did not anticipate this to be an issue, thinking that we must have all been trained in the same way. This proved not to be the case; nonetheless there are basic discourses that exist and I used these to help construct my identity in the field.

Furthermore I questioned, how do I, or should I, position myself in this text and then how do I exit the field when I still identify with my role as Reiki practitioner today? My personal practice of Reiki does not end when the fieldwork ends. I still engage with Reiki daily as a personal discipline and as a means of offering support and care to others. Additionally, for myself and the research participants I shared countless hours with, Reiki practice, much like the method of autoethnography is a personal journey (Foltz and Grffin 1996). Where will this research take me in relation to those I met in the field who discussed concepts such as surrender? Have I gone through this processual journey and have I achieved self-knowledge? Lastly, how do these experiences create a more authentic voice for the resultant text?

Authenticity and Membership

The ethnographer in autoethnography is positioned as an insider. Fundamentally, the insider or ethnographic voice is thought to be more “authentic”. In this sense authentic is used to imply that the insider voice has more truth than an outsider (Reed-Danahay 1997: 3). I found this assumed truth as an insider problematic however in that I feel that my position was more complex than the dual position of insider/outsider allows for. Furthermore, as it pertains to

authenticity, I have often been told in interviews that the process of acquiring self-knowledge requires an authentic and grounded relationship to one's personal Reiki practice. Similar to the use of ethnographic authenticity discussed previously, an authentic Reiki practice is one that is true for the individual. Handler provides an account of authenticity as 'our true self...not as we might present it to others, but as it 'really is', apart from the roles we play (Handler 1986: 3). I will discuss how, for my fieldwork the use of authenticity, as the researcher and practitioner became problematic.

This concern for authenticity represented a vulnerable position for the researcher with a reflexive standpoint. For example, how do I determine authenticity in my own practice with my research participants who might see me as an already grounded practitioner? This could lead others to question my claim to 'insiderhood' which further problematizes researcher position as group member. Schütz's (1962: 251-254) idea of a subjective understanding of membership versus the objective meaning of membership is helpful in addressing this concern. This concept helps explore tensions between how I define my understanding of the role and position I have within the Reiki community and how this differs from a subjective versus an objective meaning of the group's membership. Subjective meaning is based on a shared feeling that the members belong together or share common interests, whereas objective meaning is how the members understand the outsider to perceive their membership qualities. In this way it can be construed that I was in fact the outsider with a different understanding of the shared common interests of an authentic Reiki practice. By questioning my authenticity I highlight in what ways I might not be considered a member, therefore positioning myself as an outsider from the group.

Paradoxically, if I do not share these vulnerabilities within my personal practice, than how am I to be perceived as authentic as I traverse this journey of self-knowledge and resolve my individual concern for membership? To question the authenticity of my own personal practice can lead to a position of vulnerability and lead to transformative change for the researcher (Foltz and Grffin 1996: 302). The ability to trust one's research participants, to be vulnerable and acknowledge the transformative effect this vulnerability invokes is crucial, despite the position or opposition of membership. This is particularly the case with immersion into a community where indoctrination in the practice can be construed as the shared meaning of that community when in fact, due to the many Reiki *forms* that exist; there are differences in the expression of community. Perhaps more poignant is to address what authenticity looks

and feels like (Holden and Schrock 2009: 214). At what point am I “pushing” my personal practice with Reiki, a concept described to me by a research participant as ‘trying too hard to make it happen and not just letting it flow and feeling that flow’. More critically, who is the arbiter of determining when authenticity has been reached and how will this reflect in the autoethnographic voice? With a discernible lack of time resulting from the many responsibilities that come along with multiple identities, how do I make time for a spiritual practice that requires reflection and devotion to time? Consequently, this idea of authenticity has become a recurring theme in the chapters to follow.

Phenomenological Considerations

The criticisms of autoethnography as it concerns representation, authenticity and narcissism can be negotiated when employing a phenomenological approach. Similar to the motivations for autoethnography, cultural phenomenology endeavours to explore ‘what it feels like to live in a world in where there is no consensus about a frame of reference to explain “what it all means”’ (Neumann, 1996: 194). This idea of living in a world without consensus illustrates the marginality of the researcher who lives in the world of academia while also living in the world within a particular social context. On the other hand, it also points out the many interpretations that are possible in any analysis. And to describe these feelings with authenticity and authority requires an embodied awareness of alterity: ‘an emphasis on embodiment as the common ground for the others’ humanity and the immediacy of intersubjectivity’ (Katz and Csordas, 2003: 278). Therefore, the experience itself creates an embodied awareness that is beneficial to the autoethnographic representation. The intersubjectivity of cultural phenomenology places this achieved embodiment and moment of alterity within a particular social context, these feelings, or subjectivities, are experienced individually yet shared intersubjectively with the collective (Kleinman and Fitz-Henry 2007: 53). This afforded me a potential answer to how I could participate as both Reiki practitioner and researcher, by being aware of the alterity in any moment while in the field, in emphasising each moment as an opportunity to experience the others’ humanity. Employing this approach helps to deflect the criticism of narcissism and navel gazing; a focus on the others’ humanity is not a focus on the self. The complex thread of autoethnography begins to take shape when contending with these challenges.

Cultural phenomenology, the embodiment of the others’ humanity in a particular social context, allows for a particular approach to interpreting the subjective experiences of the

researcher. I say particular “approach”, as there can always be room for revision based on the fact that there are limitations to setting aside our own ideas when faced with alterity. This idea of setting aside our own ideas in that moment of alterity is known as *epoché*. However, the full extent of *epoché* is not entirely possible as there is no perfect interpretation of a social phenomenon (Lock and Farquhar, 2007). Instead each attempt at interpretation is not only a moment in time, but also those moments of alterity are unique to those involved and the situation at hand. Despite any limitations of the method of *epoché*, it has value in that it directs the focus from the cause of a phenomenon to the consequence of that phenomenon (Jackson, 1996). This research was not as much concerned with any causality for the phenomenon of Reiki popularity as much as how the experience of Reiki is consequential to the constructs of spirituality, healing and well-being.

The complex nature of multiple identities, or rather the sense of marginality, had its privileges and its challenges. Being a trained practitioner was only the beginning as a qualifier for the in-depth conversations and participant observation I was able to conduct, as most Reiki events are predicated on one’s training into the practice. Criticism against the reflexive mode of ethnography is in a sense regulated by maintaining a distance from the data while in researcher mode and maintaining awareness of potential conclusions being forced onto analysis (Kockelmans 1967: 30). These conclusions can derive, for instance, from not relying on previous academic material to influence my analysis and interpretation. Furthermore, the phenomenological approach allows for the central methods suited to a study of spiritual experiences. I have relied on a grounded phenomenological approach in order to provide a framework that allows for the descriptions of the links between spirituality and well-being. Lastly, in relying on specific phenomenologists and concepts this work pre-empts criticisms of a phenomenological approach that stem from a simplistic view of this tradition (Desjarlais and Throop 2011: 95) by demonstrating concepts of meaning embedded in experience in an innovative way. I will now present such a demonstration.

Vignette - Intersubjective Reiki Experiences

Journal Entry October 14

I stood behind Anne, a USR Reiki Master, who lay before me on a treatment table as I fervently rubbed my hands together preparing for the Reiki session. I did this not because I was trying to generate reiki energy in my hands but because it was very cold in the room and I did not want to put ice cold hands over her face. We do not

'generate' reiki energy in our hands by rubbing them together, rather connect with the reiki energy while being in the moment. The treatment table was set up in the middle of the large room, a former chapel converted into a house; a serene ambiance filled the room. The diffused light coming through the large stained glass chapel windows was soft and calming. There was a silence in the room that was comforting. It was as if the calming light and the comforting silence were conspiring together to create this serene ambiance for the Reiki session. Anne's husband occasionally moved through the room and that little blur of activity provided a necessary distraction, providing the impetus needed for me to focus on the task at hand. Silence can at times distract by creating an opportunity for the mind to wander causing a loss of the intention in that moment; however, this little distraction afforded the opportunity for focus.

As my mind and intention became fixed, I began with my hands resting very lightly over her eyes, the palms of my hands on her eyebrows and my fingertips on her chin. They were cupped around her eyes so that she had clearance between my hands to breathe and open her eyes if she chose to. As I moved around the various hand placements, I could sense the familiar growing warmth in my hands. It is difficult to describe this warmth; I have on many occasions attempted to articulate the interiority of this sensation. For instance, I often think of the activity of warming hands over a radiator or camp fire, where the heat is outside your skin. When it begins to radiate onto your skin it can feel as if your skin will burn before you actually feel the warmth through to the flesh and bone. This warmth that is felt, engendered by reiki, is a quality that comes from within. It is as if the fire is inside the hands, the burning that begins to grow can be felt from within, not on the skin as much as inside the skin. The warmth felt by the recipient is this energy, this warmth trying to get out. With the camp fire analogy, it is easy to anticipate the ensuing sensation of heat as you also have a visual of the fire before you; you know that the closer you get to that fire the more likely you are to feel the heat on the skin. The reiki heat is the perception of reiki energy, an object that can be seen by practitioners with a trained eye, and yet I do not have that ability. Therefore I cannot visually anticipate the heat. I anticipate that my hands will grow warm from the inside as I have set the intention to connect with the energy. However, this is not the only way that this warmth can ensue; it has also occurred in those moments when I am in a room with many Reiki Masters, or have spent many days in the presence of a Reiki Master. In those moments it was not uncommon to feel the heat, as if by embodying

reiki I have surrendered to it. Through its own will, it decides where and when to make its presence known. However, in this moment, with Anne, despite the cool ambient temperature in the room, the warmth emanating from my hands radiates not only from my hands, but also up my arms and upper body. As the session carries on, the warmth increases in intensity and I begin to perceive undulating sensations in my hands, indicating an increased level of heat, the next step in the process of the growing fire inside my hands. This undulating warmth continues throughout the treatment and yet I am acutely aware that my feet are intensely cold even though I am wearing winter boots.

Once the session is finished the warmth begins to subside in my hands. As I stand alongside Anne who is now sitting up on the table, she begins to apologize for having moved her shoulders during the Reiki session. She tells me how she had to adjust her position on the table in order to shake off the pain she felt as a result of the pressure from the palm of my hand against her shoulders. Strangely enough, my hands were never on her shoulders and I never applied any pressure with my hands throughout the session. What this sensation was that she experienced we do not know.

A Journey with Reiki: A Search for Community

The October 14 journal entry illustrates my complex positioning in this research as anthropologist/researcher and Reiki practitioner/student, representing my own experiences alongside those of others. My position is represented reflexively in the events that took place during fieldwork while also providing a form of credibility to the research (Fetterman 1998: 125). I am engaging not as a novice but as someone who can contribute to and engage in an influential manner within the group as a member of the subculture (Hayano 1979: 100). Position and influence in the field is not predicated entirely on membership; however it can distinguish the type of influences and the type of knowledge it creates. Reflecting back on this complex position, imbued with identity, I can see where positioning has had an impact on my ability to reach the group and social setting I was seeking. For instance, it was not until I corrected the assumption of the Reiki Share hostess, in stating my Reiki training and thereby aligning myself as a member that I was permitted to attend. This categorical distinction between anthropologist/researcher and practitioner/student provides opportunities to discuss those criticisms against autoethnography. Specifically as it pertains to identity and selfhood (Reed-Danahay 1997: 3-4) where my identity is shaped in the field and where my ideas of

being a member are challenged and questioned. Through these moments that critically address concern for identity and selfhood, voice and authenticity and cultural displacement and exile, I began to problematize the issue of membership and question who has the right to determine this membership. Do I, the researcher, predicated by my training have the ability to wave the flag of member in this group, or is it up to the group to grant that privilege? These questions are considered below.

When I introduced myself and my position during the initial stages of fieldwork, I referred to my Reiki training in a US lineage that had a distant connection to British lineages. Nonetheless, I was Reiki trained and therefore I felt that this placed me in the position of member, opening that proverbial door to a symbolic community of Reiki practitioners. It was not until the remaining months of my fieldwork that I saw the error of that assumption. Training in the practice was not enough to place me as a member in all instances within the community, I remained marginal despite a sense of subjective membership (Schütz 1962: 251). Looking back, what perhaps had more relevance, or social capital, for this community was my relationship to my Reiki practice and to some degree my research participant's knowledge of my lineage in that it was aligned to Hawayo Takata, therefore a Western lineage. Lineage has been demonstrated to have symbolic meaning for Reiki practitioners and when one does not have a connection to a recognisable lineage, it can be difficult to find recognition. Moreover, as I am not a Reiki Master, I am unable to foster my own community through the training of others. The problematic surrounding acceptance of other lineages is changing as the dominant lineages come to embrace the many iterations of Reiki in the world. However, this concern still lingers in many ways as will be demonstrated throughout this text. In the end, I was able to achieve a degree of acceptance at the various events that I participated in. Furthermore, building rapport and developing friendships with research participants has had an impact on the credibility of my research. This credibility is based on the growth of *communitas* in which a subjective membership (Schütz 1962: 251) developed. This *communitas* was grounded in our common interests and participation in Reiki; while diverse, these meanings were able to be assimilated into symbolic form (Cohen 1985: 55). This subjective meaning and shared *communitas* allows me to present and represent all these voices as pertaining to the Reiki practice.

When beginning fieldwork the first unexpected challenge was to find a community or some semblance of a group of Reiki practitioners to work with. I anticipated entering the field as a

Reiki practitioner, attending Reiki Shares and events as others do, with the researcher identity being secondary. This prior experience of Reiki training was initially a benefit as an underlying, non-verbalised requirement for most Reiki events. Additionally, I had previously participated in a Reiki retreat and had conducted earlier research where I had made contacts anticipating this ethnographic fieldwork. Lastly, the lineage bearer of USR had referred me to three Reiki practitioners in Britain. Therefore, it appeared from the outset that things would go smoothly. However, things did not go as smoothly as I had hoped. I began to get a different picture right away and that was reinforced throughout the course of my fieldwork. I began to picture a very fragmented group which lacked a centralised cohesion and paradoxically at the same time a sense of regulation lingered on the horizon. Most events that occurred annually were advertised through the Reiki Association or through the UK Reiki Federation and generally participation was only allowed as a consequence of membership. Even though each of these associations boasts hundreds of members, the reality is that attendance at these annual events draws a small percentage of the overall membership. Reiki events organised by individuals were difficult to find, either because the association lacked the ability and/or resources to promote them, in which case information had to come by word of mouth, or they simply lacked a large enough core group to see the event through; as was the case with RJKD which may end in the folding of the UK based organisation of that lineage. This fragmentation was difficult to comprehend considering the literature on the so-called New Age Movement (Heelas, 1996a) to which Reiki is often said to belong. This literature leaves the impression and an expectation that there is an actual tangible presence, a more structural concept of community which is easily tapped into. As this was not the case, this created a problematic start in attempting to find the activities and people that I was to be working with. This made an indelible impact on me with concern for identity and selfhood, voice and authenticity and cultural displacement and exile.

In conversations with Reiki practitioners there was a feeling of disappointment with the Reiki Shares, which I began to understand. Due to participants' busy lives, and the relatively large distances people needed to travel to Shares, it has been difficult to develop a cohesive group. So, in effect, when turning up to Reiki Shares, it was common to see a sea of new faces each time. While the Reiki concepts are still being shared in light of the new faces, it is the feeling of a distinct connection to a regular group that is lacking. It might also be indicative of a wider set of complex dynamics. The many Reiki *forms* that exist within Britain can be seen as a barrier to the development of any kind of community, as the dynamics of the subjective

and objective meanings of membership create limitations to the concept of a British Reiki Community. These dynamics began to become evident as the months passed, due to my own experiences as a Reiki practitioner wanting to participate in these Shares, as well as the many conversations that took place with other practitioners.

At the beginning of my fieldwork the priority was finding a home in the field. Even though I am a practitioner, I was still on the margins and this caused several practical problems which hindered progress. I considered strategies that might rectify the dilemma including: starting my own Reiki Shares, participating in further Reiki training and anything that would connect me with other Reiki practitioners. All these considerations created another concern: just how these potential outcomes would affect my research. How would the extent of my being a part of the group being researched affect my data collection, my questions and potential predisposition in the analysis? Which Reiki *form* and which Reiki Master would I decide to train with and what would be the impact of these considerations on my data? Despite the fragmentation, I did eventually discover a loosely knit Reiki network, and I was aware that the way in which I established myself in this network could inherently affect my connections with others in the field. Being Reiki trained was initially a bonus in that most events have this as a criterion to attend, so my position in the field in that sense was a benefit. However, it quickly became clear to me that this detail, my Reiki training, had not prepared me for other difficulties in developing my research.

As it turns out, I found that throughout the course of my fieldwork, where I started out as researcher, as I participated in more community-based activities within the Reiki milieu, my personal identity as practitioner began to surface and a sense of community began to emerge. Whenever possible I always introduced myself first as a practitioner and second as a researcher. It was not uncommon, as I became known and accepted by my group, for them to turn to me and jokingly ask if I was taking notes on the conversation during the course of an event. It is in this capacity, as a result of a search for the 'field' in which I would conduct my research, which I began to get a sense of those shifting and marginal positions that characterise autoethnography. Alongside this participation I began to organise my own Reiki Shares and developed a group of associations that called on me for things other than research, activities that are indicative of friendship and inclusion. The transition from objective meaning of membership, my position as a 'they', began to turn to the subjective meaning where we began to feel that we belonged together as a group (Schütz, 1962). This was

confirmed when at several meetings the others began to suggest that we should all go on a retreat together and share dedicated time with our Reiki practice. Ironically, we are all from different lineages of Reiki and have divergent ways of expressing our spiritual practice, yet we were able to coalesce as a group. It is in this transitory time, between the absences of *communitas* to the creation of *communitas*, that the marginality of identity began to converge and when I began to sense that I was crossing between the borders of anthropology and Reiki and living between the identities of researcher/anthropologist and practitioner/student. It was a time when I was beginning to develop my own voice and a sense of authenticity in the field.

Crossing Borders - Living Between Identities

In the course of establishing my identity as both a researcher and a Reiki practitioner in this fieldwork, I found that my interactions with others helped to shape this process. The word ‘research’ created an interested response from potential research participants while simultaneously revealing a use of power in the field. In this context I use power first as a means of demonstrating the enabling and constraining aspects of social action (Barker 2000: 10) alongside a more nuanced review of the underlying concepts of power (Lukes 2005: 30). It has been suggested that the researcher inevitably has the most to gain in the interview process (Kvale 2006: 483). I would offer another view in that there are instances where the research participant, or potential research participant, holds the constraining aspects of power in the research relationship. This power manifested itself in the granting or not granting research opportunities, for instance when the request for an interview is denied, as was the case for me in many instances. Whether it is an unspoken fear, the concern of not observing but rather interfering, or the potential of ‘painting Reiki in a bad light,’ association membership – or lack thereof – was used as the necessary power of constraint in dictating these decisions for participation in my fieldwork. Researchers may find interest in the question as to whether or not the research participant is telling the truth in an interview (Dean and Whyte 1958: 34) and what this line of questioning says about the social and cultural ideas of the group (Silverman 2011: 232-233). However, in these cases it was the rejection of participation that was of considerable interest as the constraints of power and underlying behaviours were made clear. It is in these contested areas that I found I struggled in crossing the border from academic community to Reiki community and living between the marginal identities of researcher and Reiki practitioner. For instance, it seems that research participants felt that my position as Reiki practitioner failed to help them overcome the anxiety they experienced as participants in the research experience. The following cases demonstrate how

I requested participation from individuals and each case is further critiqued with a more nuanced view of power with a focus on the behavioural features (Lukes 2005: 28) underlying them.

In the first instance, I asked Robert, who is a Reiki Master and associated with a Reiki *form* that I had heard of but in which I had no experience, to act as gate keeper. This Reiki *form* has emerged relatively recently and differs in its method of training from more traditional Reiki *forms*. For example, in this particular Reiki *form*, when an individual is interested in receiving training they are assigned a Reiki Master based on their geographic location and other factors such as cost. In this case, the student/Master relationship is not the focus of training as in most Reiki *forms*. Furthermore, the initiation or attunement in this *form* is referred to as an *empowerment* and as such any student with a certificate of training is unable to join any of the British Reiki membership groups. This is due to the fact that the training certificate must state initiation or attunement; *empowerment* is not a term that is recognised by these groups. The website of this Reiki *form* states that this training and system is, ‘free from dogma and silly rules’. My original Reiki manual stated that Reiki spirituality was ‘free of any dogma’, so I wondered why this statement was being used to distinguish this Reiki from others. Perhaps the statement regarding ‘silly rules’ made it different, although it was not clear what silly rules were being referred to in this case. This distancing from rules did however give the impression that the lineage bearer might be more open and accepting of a study of Reiki practice.

Without any hesitation, confident that my membership in the group as practitioner would open doors, I asked Robert to contact the lineage bearer on my behalf so that I could join an upcoming social event planned for this Reiki *form*.

I was eager for a meeting in order to discuss the unique training systems that were being implemented including the production of manuals, CDs and paraphernalia that purportedly any Reiki Master of any lineage could use. As I waited eagerly for the response from Robert I began making plans to attend the event in a neighbouring county. I anticipated that in attending this event I would be able to meet other Reiki practitioners as well. I was surprised to hear that my request to attend the event and meet the head of this lineage was denied. I was informed that, ‘The gathering is just for these members and I want attendees to have a good time, socialising, not feeling that they have to be interviewed by someone. And I don’t fancy

being interviewed either.’ This act of power foregrounded the possibility of displacement and exile within autoethnography, where one’s subjective membership is rejected. What had become, for me, an embodied identity of a Reiki practitioner together with a perception of being a member of a community within a social context was constrained. Furthermore, the decision making process lacked any dialogue between us. His interests had clashed with mine. However, these interests remained covert and were never discussed. My interest was never to interview at the event and yet he displayed an overt issue between my research and his event (Lukes 2005: 29). I was not part of their lineage or a member of their symbolic community, the boundaries had been drawn and the reality of displacement and exile loomed large in my mind.

A challenge and limitation to the autoethnographic approach became apparent and this displacement caused me to wonder who was responsible for determining one’s membership of a group. Is it the researcher, the community, or both that makes up the social setting that is being researched? I had thought that my involvement in Reiki, providing Reiki *sessions*, attending Reiki events and Shares, side by side with other practitioners, would open the door for acceptance in a broader sense. However this rejection for recognition and acceptance only pointed to limits. These acts of power, exhibited by the potential research participant, invariably determined my involvement in the field. In denying me that involvement I was effectively displaced. Such acts demonstrate that the researcher does not always have the position of power in the research setting. In the end this action created consequences of displacement and exile for me as researcher and as Reiki practitioner. Looking back on this incident, my position as Reiki trained was not divulged in the email initiated by Robert, so the one aspect of my identity that I considered a strong point was not called into action. Most likely the result of this displacement would not have been different had it been disclosed that I am a Reiki practitioner. If it were not my position as researcher that kept me from attending; it would have been my position as a Reiki practitioner with a lineage that differed from theirs. The social capital accrued by my being Reiki trained had no value as my training was of a different lineage. Looking back, it was after these events that I began to look more closely at my own Reiki practice and how I engaged with people in the field.

The problem of identity was made clearer while interviewing Matthew, a Reiki practitioner. Our conversation ebbed and flowed between his involvement in Reiki and my background and how that brought me to study Reiki. At one point he stated; ‘the researcher in you is

gone, I now see just you.’ I didn’t quite understand what he meant at the time, in any case, Matthew clearly distinguished between the identities I embody. Many months later his comment came back to me as I presented a paper in which I explored potential directions in my research. I spoke of the diversity of Reiki practice and the strength generated by that diversity. This notion of strength was not the result of the number and characteristics of those participating. Rather, it is strength as an outcome of the diversity of the practice itself, in a sense of a move towards controlling representation of the practice and standardisation through that representation. At the end of my presentation I was asked; ‘How are you able, as a researcher, to get all this in-depth information on a practice that is learned through a combination of oral and experiential training?’ My answer, which came very quickly and without hesitation was, ‘Because I am also a practitioner.’ This level of reflection regarding my position was part of a process of constructing a marginal, shifting identity that crossed and lived between the borders of researcher, Reiki practitioner and group member (Neumann 1996: 187).

It was in answering that question that I first identified with being a practitioner through words rather than through simple participation. At the start of my fieldwork I usually explained to participants that I had been trained to Reiki Level 2, and now at the end of my fieldwork this outward identity had changed; now I was a practitioner. I went from simply having completed the training to embodying that identity. It was also the first time that I presented myself to my research peer group as a Reiki practitioner first and researcher second. It was a defining moment, where I initially reflected on the fact that I had come to identify with myself as practitioner and was less interested in the details of quantitative data. I was now looking at the more in-depth questions of meaning that come from training with and practising Reiki activities as a member of that group (Hayano 1979: 100). I wasn’t interested in the mechanics of Reiki, such as how many minutes I should maintain a hand position; I wanted to know what the link might be between a spiritual practice and health. This question became pivotal for me, not just as a researcher; it also addressed my need to know why I continue to practise Reiki. Finally, it brought into focus the realisation of what one research participant suggested at the onset, that this research would be a continuation of my journey with Reiki. And indeed it has been a journey in many ways.

When Researcher Becomes Practitioner

I participated in Reiki practice, driving mile after mile to attend Reiki events, bringing my treatment table, my chair, a pillow and a blanket and often with great discomfort to my shoulders and back. Like Geertz, who found an accepted position amongst his research group after running with the locals from a police raid on a cockfight (1993: 415), when I actually walked the walk and did the work of a Reiki practitioner alongside the self-treatments, I began to embody that identity in the eyes of my research participants. This identity was not only perceived by me, it was also reflected back at me in the way that I came to be embraced by those I had come to know. This identity did not however overshadow or diminish my research agenda; rather it augmented it in a way that afforded me new opportunities to reflect on my Reiki practice and training impacting on my ability to represent this research with an authentic voice. It was then as a researcher that I also became the involved Reiki student. In asking those deep intellectual questions as they pertain to Reiki practice and training I was questioning not only the statements I had heard time and again at Reiki Shares and in interviews or read in countless popular books on Reiki. I also began to question those aspects of knowledge that I had begun to embody during practice as a means of identifying myself within the discourse of the practice.

The only way I could develop and understand what Reiki means to my research participants as a researcher, was to be a Reiki practitioner, a committed practitioner participating in self-practice and in those community and intersubjective aspects of Reiki. Essentially, I should be providing distance healing, self-treatments, living with the daily *precepts* and really ‘listening’ or ‘feeling’ *reiki* and its messages more astutely. My Reiki training is not just a ticket to open the door that allows access to a privileged location. To be authentic in this practice, to be true in myself in my existence as it really is (Handler 1986: 3) as an individual and as a researcher, I became aware of the need to be authentic in my personal use of the practice. Maintaining a sincere approach in my research and empathising with people about their Reiki experiences was not enough. To actually know and understand Reiki I had to practise it daily and thoroughly. Initially I had the concern about how to plug in to the field, how to find a Reiki community, how to engage those who are involved. Thus far I had neglected the one thing that connects me to those involved in Reiki practice. Reiki appears to be about the individual first, without the criticism often associated with individual spiritual practices manifesting as narcissism (Elias 1991: 458), for to be healthy in oneself means to be able to be beneficial to others. It became important that, despite other responsibilities and

commitments, I needed to add more Reiki opportunities into my daily activities and experience. How was I, in the midst of fieldwork and these other commitments, going to find the time to stop and do self-practice on a daily basis? Due to my frustration I began to appreciate why participation in these practices is skewed so heavily towards an analysis of narcissism. I also came to understand that this was a necessary hurdle in coming to terms with my position in the field.

As I struggled with this concern for developing my own Reiki practice, I met with Hugh a Reiki Master Teacher, and decided to present this vulnerable position to see if this might provide an opportunity for clarity. I explained to him that I was struggling to find time in my daily activities for self-practice. I also hinted at my concern that this would have a negative impact on my research as well as the ability to effectively embody a voice of authenticity regarding Reiki for my readers. He offered an interesting suggestion which provided further insight into his Reiki philosophy. His suggestion was simple; my Reiki practice is embedded in my interaction with my son and that by sharing love and compassion with him on a daily basis in an intentional way, by exhibiting patience and care towards him every day, I am practising Reiki. He said, 'Reiki is not an add-on, if you feel the need to make room or clear something out to have time for Reiki, then it is being coerced and pushed and it is not authentic and therefore not sustainable'. This suggestion was helpful for me to put perspective around my personal expectations and it was also insightful in that it sheds light on some of the underpinning values of Reiki; the emotion of love qualified with authenticity. By sharing my unconditional love and patience with my son and not just playing the role of mother, I was practising those qualities that are the foundation of Reiki. These qualities are not limited to a mother-child relationship; rather it is a way of interacting with others that expresses a respectful care and concern for an authentic selfhood.

Emotions are a fundamental process in how we shape our identities (Lutz and White, 1986). If I am able to embody this emotion of unconditional love through daily activities with my son, Hugh's suggestion implied that I could then carry this practice on with others. I could then expand this mode of intersubjectivity with others and thereby practice Reiki on a daily basis without coercion or frustration. While this suggestion was not embraced by other practitioners when I explained to them the suggested solution to my quandary, it did in fact help me with how I was able to manage incorporating Reiki into my daily life. Instead of forcing it through regimented action, I began to see moments where approaching things in a

relational sense of love and authenticity was creating a difference. I even began to find the time that I had previously lacked where I could incorporate actual hands-on self-treatments, not just in moments of seclusion and silence, but even while sitting in a seminar or on the bus. This embodied love began to shape my identity as self-practice became a process of reflecting not only on my needs in that moment, but also allowing me to be more vigilant about my interactions with others.

Chapter Conclusion

This chapter has presented the categorical challenges surrounding autoethnography consisting of: reflexivity, voice, membership and experience. This process has been a journey that has taken me, together with the shared experiences of my research participants, through an informal rite of passage from the polemic ideational identities of insider/outsider to something marginal, fluid and dynamic. I have demonstrated through this text how I, as the researcher, engage as a resource in the field through reflexive discussion of my search for an authentic voice, personal experiences of displacement and vulnerability and the knowledge gained from these engagements. Additionally, this chapter has, through reflection, pointed to the construction of identity in the field as an outcome of crossing and living between the borders of researcher and group member (Neumann 1996: 187). This has substantiated the idea of marginal identities, where the experiences encountered occurred within a social context of the Reiki milieu. These aspects of membership are not at the polemic ends of insider/outsider, rather they are marginal variations that are never fixed and remain fluid long after fieldwork. The results of autoethnography, as a method of affecting the reader in averting their gaze inward as a site for interpreting a cultural experience, has simultaneously been a journey in the development of self-identity as it involves a ‘rewriting of the self and the social’ (Reed-Danahay 1997: 4). This journey continues as the conceptualisations of spirituality within the Reiki milieu are explored further in the next chapter.

Chapter 6: Reiki as Spirituality

Chapter Introduction

The term spirituality, much like New Age, appears to have become a catch-all phrase without much insight offered as to what it entails (Rose 2001b: 193). This chapter aims to illuminate the term, contextualising spirituality as a complex and diverse practice. I will demonstrate that there is no single Reiki spirituality, rather many spiritualities informed by mainstream culture or ‘occulture’ (Partridge 2012: 116) that coalesce with Reiki practice. While this may appear a slight nuance, it is important as this falls in line with a study of New Spiritualities (Jespers 2013: 203), rather than with the ubiquitous New Age or alternative spiritualities. However, it is difficult to discuss Reiki practice without involving some discussion of New Age. Much of the literature on Reiki uses the construct of the New Age label, consequently aligning the practice to this domain with considerable tenacity. As such, there is an overlap with ideas relating to New Age (Jonker 2012: 300), especially where Reiki became an additional skill within the New Age community (Melton 2001: 85), whereas a closer look at the complexity and diversity of Reiki practice provides an alternative perspective (Wood 2007: 9). It is clear that as New Age academic discourse began to grow, the label also grew to become ‘a catch-all designation for an alternative collection of beliefs and behaviours’ (Albanese 2006: 505). Even so, academic accounts of New Age will be referenced in this discussion of Reiki practice in order to make clear areas of overlap, as in healing, and areas of division, as in spirituality. However, I am not aligning this study to New Age. This is motivated by the research participants, who, when asked if they felt they were participating in a New Age practice answered ‘no’. This universal response prompted me, to look more deeply into the spiritual practice, the core factor of Reiki practice, which is also the most overlooked in academic accounts. In addressing this mismatch regarding spirituality, it appears in any case that the New Age label is inadequate to reflect what is happening (MacKian 2012a: 7) in Reiki.

The data suggests that Reiki practice is not alternative or New Age, rather a subjective approach to life that is supported on the one hand by ‘occulture’ and on the other by a culture of subjective well-being (Heelas and Woodhead 2005: 88). Occulture represents a social process where, for example, spiritual ideas are ‘constantly feeding and being fed by popular

culture’ (Partridge 2012: 116). This process depicts a circular flow of ideas from the esoteric to popular culture and back again. In this process a range of beliefs are subsequently ‘passed on as part of’ (Partridge 2005: 11) a particular tradition. This eliminates the dismissal of practices such as Reiki and those practising Reiki as ‘counter-cultural, strange or deviant’ (Heelas and Woodhead 2005: 89). With respect to spirituality, research participants demonstrated that there is not one Reiki spirituality; rather several forms of spiritual and religious practice being applied simultaneously. Therefore, to define this spirituality, or give it a name, would not be productive for the purpose of my research. What is useful, however, is to offer the qualities of this spirituality presented by Reiki practitioners and the practices they participate in that help engender these qualities. The analysis of data suggests two consistent themes that would characterise the meaning of spirituality for the Reiki practitioners as derived from practice. These themes are the embodied qualities of connection and love as practised in the everyday. The idea of connection will be a primary consideration for this chapter. The significance of love will only be introduced briefly here, as I will return to discuss this theme in greater detail in Chapter 7.

I begin this chapter with a vignette that highlights a spiritual event I attended that demonstrates the diversity of spirituality and its intersections with Reiki practice. Next I will offer a discussion of spirituality from an academic view in order to contextualise the discussion of Reiki as spiritual practice that follows later. I then return to terms discussed in Chapter 1, *nonformative* and *subjective*, as a means of unpacking the quality of these spiritual experiences. This unpacking will involve the theme of connection and how it underpins an ethical imperative for Reiki practitioners, in opposition to the critique of a narcissistic self (MacKian 2012a; 20). This analysis will demonstrate how spirituality and religion are conceived by the group studied but *without* attempting to impose any constructs, such as a New Age framework, on the data. Therefore, this discussion on spirituality within the Reiki milieu will demonstrate the complex qualities of embodied, subjective and intersubjective experiences constituting a spiritual practice informed by diverse individual trajectories.

Vignette – A Spiritual Day

Journal entry July 13

Today I participated in a “Spiritual Day” in the North East that was hosted by a woman I had met at a Reiki Share. This was not an explicit Reiki event, rather an event where Reiki practitioners would be present. Therefore, this account does not represent

in totality how Reiki practitioners engage in spiritual practice, however it does present themes that are relevant to the discussion of spirituality as it pertains to Reiki. In total, there were ten people present, nine women and one man. Of these ten, I had met or participated in Reiki Shares with six of them. The day did not have a fixed agenda for the meeting; we were asked to 'go with the flow' of conversation as we sat in the living room in a circle of chairs. No one person was left out of the conversation as we all faced one another and if someone wanted to speak they were given the space to do so. Much like Reiki Shares, there was an attitude of democracy amongst participants. Decisions are made based on compromise and none are excluded from the discussion or decision making. All present have a voice.

To start off the day, each person in the room introduced themselves to the group and provided an account of their 'spiritual journey'. Most spoke of this journey in an unassuming way, to the point where in some introductions others had to interject on the speaker's behalf in order to get some of the deeper details of the personal life stories. It seemed most in the room had met previously or had spent time together attending "Haven", a Christian Fellowship, and the word spiritualism was used frequently to refer to their participation in this Church. Some people, in their accounts of the spiritual journey, spoke of a spiritual awakening that had occurred during or after some illness or medical condition while others were influenced throughout life. Most did not feel that their spiritual 'gifts' were of any great consequence, a fact which undoubtedly lent to the humble quality of their introductions. When I introduced myself and indicated that I did not have any significant spiritual experiences to share with the group, Wendy shook her head and said, 'Oh yes you have', as though she knew me better than I knew myself. I had only met her that morning so did not understand how she could know something about me that I did not know myself. Perhaps this was one of her gifts. I responded by saying, 'I would be interested in knowing what you know', yet she never did elaborate on her comment or share with me her special knowledge.

As discussion continued, some began sharing ideas about differences and similarities in all that had been shared during the introductions. As a result, all agreed that whatever we may all do, aside from Reiki or other practices, we all come from and go back to that One Source, and therefore we are all fundamentally the same. In sharing this fundamental quality of being spiritually inclined it was the group's opinion that living

in the proper way involved a life based on love, not fear. There was a lot of discussion about the other religions and churches being fear based. When you live a life based on love, and let go of all the fears that are created by society then everything falls into place and nothing else matters. There was also discussion about the idea of protecting yourself from those that live in fear. However, not everyone could agree on this need for protection as one person stated, 'Our lives are just illusions', while others continued to push this idea further in the conversation. The conversation drifted around to the belief that the need for protection was not about the fear based individual and their ability to harm, instead it was about our ability or our need to learn the ability to create boundaries for ourselves. Moreover, participants agreed, it is about our ability to understand our own needs and when those needs are not met or when they are disrespected. It was also suggested that everyone is in a different place in their life and fear based people are not 'bad people, they have just not been awakened to unity'. This desire to not judge or be judgemental was quite strong and the analysis or critiques of one's spiritual journeys generally made its way back as a reflection of an individual's needs or lessons to be learned rather than the judgement or 'lack of the other'.

Vignette Reflections

The language used throughout this gathering was based on the following themes: we are all healers, we all draw our healing and spiritual nature from the Source -- whatever that name implies for each individual, and lastly the importance of unity and connection.

In some respect, the day felt like a support group meeting where people would express and share experiences with like-minded and like-experienced others in order to receive support and validation. For instance, Anna commented that she found it initially difficult after her spiritual experience because she had no one to share or validate what had happened. She told people at work and they thought she was crazy, so she kept it to herself. This meeting provided a space for that opportunity to share and validate. The majority of those in the room were Reiki trained as well as being active either in a local Church Fellowship, a local Spiritualist Church and A Course in Miracles or other traditional religions. Some if not all had participated in one or more of the following activities, Past Life Regression, Mediumship, Tarot Card Reading or Clairvoyance as they journeyed into their spirituality.

In speaking to Wendy further, she pointed out that the Spiritualist Church has renounced Reiki practice, which coincides with what Diana, a Reiki client turned practitioner, indicated in my interview with her. Diana had previously told me that Spiritual healers do not want to be related to Reiki in any way. Similarly, in 2009 the U.S. Catholic Bishops' Committee has publicly renounced Reiki practice, the Guidelines stating: Reiki therapy "finds no support either in the findings of natural science or in Christian belief..." (Committee on Doctrine 2009: 5). The basic principle for healing is conceptually different between hands-on healing in the Church and in Reiki. Despite the Spiritualist Church and Catholicism sharing a history of hands-on religious healing, these groups do not recognize another similarly based practice. Despite this privileging of one practice over another, everyone in the room was happy to agree that spirituality is grounded in the experiences of unity, connection and love. Another theme that was prevalent in the many discussions was the idea of *now*, of being in the present. In addition to this need to be in the now was the opinion that the rest of the world was driven by dogma, by rules and regulations that were derivative of those living in fear based worlds.

Community and/or Network

It seems that Reiki has been aligned to New Age studies as it is found alongside the activities listed above, despite the problematic that Reiki practitioners do not identify with this label. Do those participating in this Spiritual Day, comprise a New Age network? According to Heelas, the New Age is counter to an excess of external authority (1996: 35). But what is excessive? Everyone present in this Spiritual Day was urged to live their spiritual life as it suited them. Nonetheless, most in the group spoke of a profound devotion to Jesus, or God or the Source. Even the host for the day spoke of archangels as her source of authority that exists outside herself. If the identity of an external authority is a classificatory tool for delineating the New Age, then this group does not belong. Furthermore, Heelas points out that 'writing in terms of spirituality is not the same as writing about the New Age' (Heelas 1996: 10). Therefore as this study is about many spiritualities and the refutation by research participants of the New Age label, this study will not assume that the Reiki practitioners in this study are part of New Age. I found that the majority of Reiki practitioners that I worked with in the field were not involved in many of these practices nor did they always ascribe to the idea of spirit guides or angels. Some research participants referred to this as merely the other person's imagination. It is almost as if some groups have adopted Reiki due to similar

language and the shared underlying value of a spiritual journey or spiritual development. However, it seems that is where the similarities end.

Those who gathered on this ‘Spiritual Day’ could be considered part of a small community or a loose network of healers. In my research interviews, I have asked research participants about their ideas of community as it exists in Reiki practice. Most felt that there really is no such thing; rather it is a daily activity in private and public practice. Perhaps the aspect of community they do participate in is within these loose networks that gather in support of spirituality. It is here that Reiki practitioners can find individuals who can speak on similar themes and validate their experiences. Regardless of their participation in Reiki practice this group would have found each other due to the other activities they participate in collectively. Matthew Wood, in his study of spirituality (2007: 11), found that community existed in a *nonformative* network of people where practices related to one another and flourished in ways dependent on one another. In the network of spiritual practitioners that I met on this day, all were involved in differing practices, but shared one thing in common: concepts of and reflections on living a spiritual life.

Spirituality in Academic Literature

When I first heard during Reiki training that Reiki practice is spiritual but not religious, it was difficult to grasp this dichotomy. In the vignette above, the group conceptualized religion as dogma and spirituality as a subjective concept. However, historically these terms were synonymous and it was with the rise of secularism that these two terms began to diverge (Zinnbauer *et al.* 1997: 550) and more recently a distinction has been made for a spirituality-beyond-religion (MacKian 2012a: 4). Often, however, studies of the connection between spirituality and/or religion and health often demonstrate the two terms used synonymously (Miller and Thoresen 2003: 27; Blumenthal *et al.* 2007: 502; Park 2007: 319) without effort made to distinguish between the two. This continues to blur boundaries between these two terms, and in the field of health, this becomes problematic for research and policy as it pertains to healthcare provision (Koenig 2008: 19).

Efforts made to clarify these distinctions also recognise the complex overlap between the two. In various studies, spiritual experience is seen as the foundation for religious reflection and action, relegating spirituality to a sub-domain of religion (Farina 1989: 18), rather than a category separate from religion. A study of groups identified as spiritual but not religious

have experiences characterised as mystical and further as ‘New Age’, while demonstrating a dissatisfaction with religion (Zinnbauer *et al.* 1997: 561). This same study concludes that there was no definition of religion or spirituality that comprised more than 36% of the research population, necessitating a focus on specific groups’ use of and definition of these terms in order to facilitate the ways in which they should be considered. It seems that spirituality has ‘transcended the religion that once contained it’ (MacKian 2012b: 1).

In a medical context, spirituality has escaped from religious restraints. There is an increasingly wide body of literature addressing a medical spirituality, suggesting that healthcare is no longer a secular domain (Pesut and Reimer-Kirkham 2010: 817), that it is now encroaching on the sacred. Scholarly work addressing medical spirituality, as becomes clear within the literature, struggles with two aspects. First is the need to address and conceptualise spirituality within the clinical setting (Mayers and Johnston 2008: 266; Pesut and Reimer-Kirkham 2010: 817) and second is the need to address how spirituality is quantified and qualified within medical research (Hill and Pargament 2003: 64; Koenig 2008: 12). Medical spirituality has been deemed important due to increasing evidence that emerged in the 1990s (Miller and Thoresen 2003: 24) demonstrating that spirituality influences healthcare outcomes (Bessinger and Kuhne 2002: 1385). Despite the criticisms of incorporating spirituality into healthcare (Bessinger and Kuhne 2002: 1385), the need to qualify and quantify the scientific benefits of spirituality on healthcare outcomes continues to grow based on the evidence that emerged in the 1990s. Certainly some of these criticisms must rest on a debate regarding ethical concern and how to address the diverse spiritual needs of patients where spirituality is conceptualised in dissimilar ways. Nonetheless this domain of study has impacted the delivery of healthcare in some countries where there is a shift in focus from curing to healing (Young and Koopsen 2005: 150). A cursory search using Google Scholar evidences the rapid rise in articles concerning spirituality and healthcare in medical journals, such as the *International Journal of Nursing Studies*, *Journal of Clinical Nursing* and *BMC Health Services Research*. Attempts at conceptualising the impact of spirituality in healthcare only touch on religion where it concerns a historical foundation for spirituality (Koenig 2008: 16).

This creates a tension within this study in that it has been suggested that to understand the impact of spirituality on healthcare requires an attempt at defining it (Koenig 2008: 12; Mayers and Johnston 2008: 266). However despite Koenig’s (2008: 17) attempts to make

terminology clear and precise this agenda is not instigated by theology and religion, ‘it is being set by medical scientists which has created the imprecision and ambiguity of the terminology used to identify, quantify, and analyse the faith factor...’ (Treacy-Cole 2001: 148). Medical spirituality has been described as an area of study that seeks to identify the relationship between spirituality and health, where spirituality is seen from a medical point of view (Bessinger and Kuhne 2002: 1386). The need to quantify the connection between spirituality and health must be possible within the research interests of medical science. Therefore, ambiguity surrounding the term spirituality appears to continue even within a medical context. Furthermore, where spirituality is contextualised as ‘occulture’, or informed by the rapid flow of ideas and synergies (Partridge 2012: 117), the attempts of medical science to understand the connection of spirituality to health becomes a moving target in light of this rapid flow. In an attempt to refocus these ambiguous lines, a discussion of literature on Reiki and spirituality is provided next.

Reiki and Spirituality

For me it is about the base, your inner voice is that spirituality or the soul, whatever label you want to give it, yes that is part of it. It is not about the mind, more about your inner self. If you have to believe in it, be part of an institution of some sort, then I don't buy into it.

~ Maggie, Reiki Master

This is one practitioner’s representation of spirituality, characterised significantly as the inner voice rather than the cognitive aspects of an individual. These first-hand accounts of spiritual representation are not present in the academic accounts of Reiki spirituality. Academically, it appears Reiki practice took time to enter the overarching research of spirituality and health. As early as 1991 (Albanese), Reiki was discussed as part of a study in the US, however the first anthropological ethnography of Reiki in the UK was published as late as 2008 (Macpherson). Situated within a Reiki community in central Scotland, Macpherson (2008) provides an account of Reiki and its history. She explains how practitioners come to know what it means to be a healer as linked to one’s embodiment and concepts of connection (2008: 14). Reiki, she suggests, empowers women and helps transform them and their identities, liberating them within a context that characterises New Age circles. Acknowledging that the term New Age is not used explicitly by her research participants, Macpherson uses New Age from an outside standpoint, claiming that ‘New Age healing is an eminently embodied

experience' (2008: 24). Additionally, she investigates how through healing activities 'gendered spiritualities are actively constructed' (7) into Wiccan and Goddess spirituality, and how from a Foucauldian perspective there is a pervasive discourse on power; '...the power that heals, the power to heal, or being healed' (2008: 23) within these groups. She concludes that healing is a metaphor for self-transformation and these women are freed of 'long held mores and societal constraints' (221).

Macpherson emphasises women healers overwhelmingly outnumber their male counterparts. However, it is unclear whether or not this group of women healer's associates with Wiccan and Goddess spirituality. In her discussion of the links between Wiccan, Goddess Spirituality and healing she refers to a popular book written by Reiki practitioner Diane Stein, as a means of addressing this link between gender and spirituality. The matter of her research participants identifying with Wiccan and Goddess spirituality is never made explicit in the ethnography. Therefore this appears to be an etic construct of analysis, whereas I argue that the gendered aspect of healing has a more involved historical and political framework than what New Age discourse has to offer. This gendered aspect, where ancient Sumerians are considered the parents of Western healing systems, found the presence of women in healing commonplace up to 2000 B.C. (Achterberg 1991: 14). However, in the late 1800s in America for instance, legislation began to create a medical domain usurped by men (Ehrenreich and English 2010: 68) where women were pushed to the margins of legality (Achterberg 1991: 115).

In contrast to Macpherson's account of Reiki, while not criticising the practice itself, Sered (2009: 204) debates Macpherson's observation that women are liberated from issues of gender and power when working as active healing agents within New Age circles. Based on her own fieldwork on CAM in Boston, Sered suggests that the discourse within this group creates a 'holistic illness'. This term refers to a condition where through narrative, the individual is made responsible for their own illness and left in a perpetually unhealed condition (Sered and Agigian 2008: 627). The power to be healed is never realised because 'narratives of efficacy tend to be vague and open ended' (Sered and Agigian 2008: 628).

Ruth Barcan (2011), in an overall discussion of Complementary and Alternative Medicine (CAM), a category which for her includes Reiki, suggests that,

Seen through the lens of religion, however, alternative therapies look a little different – they are one manifestation of a changing religious landscape, including the decline of organized Christianity and the advent of a postulated ‘spiritual revolution’. (Barcan 2011: 22)

Barcan is suggesting that spirituality, as a foundation of alternative therapies, is outside of religion and is therefore creating a blurring of the boundaries that constitute an understanding of religion. In introducing the concept ‘spiritual revolution’ Barcan is referring to the influential study of spirituality in the northern English town of Kendal by Heelas and Woodhead (2005). The study of a ‘spiritual revolution’ explores the claim that traditional religion is giving way to spirituality (Heelas and Woodhead 2005: x) which has been interpreted within secularization as mitigating the importance of religion in daily life (Bruce 2002: 41). However this serves to dilute and trivialise the importance of spirituality (Partridge 2005: 9) as found in daily life, whereas the study of Kendal highlights the importance of a subjective mode of spirituality within the modern tide of culture (Heelas and Woodhead 2005: 68).

In an effort to categorize and generalize healing practices with spiritual foundations, the spiritual component is often labelled ‘alternative’ (Sutcliffe 2003: 128-129). Similarly, anything alternative in the spiritual domain is amorously classed as ‘New Age.’ This New Age view of spirituality traditionally places an emphasis on a shift from an external authority to an internal authority, whereby individuals no longer look outside themselves for spiritual guidance (Heelas 1996: 82). Similarly, Sutcliffe refers specifically to Reiki practice not just as a therapeutic technique but, also as ‘a self-contained spiritual system’ (2003: 186). While this is a provocative statement, Sutcliffe’s research on Reiki practice lacks reliability. His claim that Mikao Usui treated Hawayo Takata for a cancerous tumor (Sutcliffe 2003: 184) is false. Usui was dead for ten years when Takata first began receiving Reiki treatments in Japan. While this may appear inconsequential, it does point, among other things, to a lack of rigorous research into the phenomenon of Reiki practice. It also creates confusion surrounding the wide changes that took place within Reiki as it migrated from Japan to the US. By the time Takata became involved in Reiki, the practice has been suggested to already have begun a transformation from Usui’s original teachings (Jonker 2015).

Alternatively, in current literature, Reiki has been discussed within the emerging domain of New Spiritualities, where ‘spirituality works as a religion’ (Jespers 2013: 207). This is further clarified as ‘a *functional equivalent* of religion’ (207), where participation is qualified as intense, involving meetings, authoritative figures and texts, symbols, moral rules and an expectation for some kind of salvation. When Possamai called for a term to replace New Age (2005: 47), it appears that as a post-religious and post-secular consequence (Horie 2013: 114), New Spiritualities offers a potential solution in answering Possamai’s call. Moreover, in a search for a source of Reiki spirituality, occulture grounds the milieu as informed by popular culture while simultaneously contributing to popular culture (Partridge 2005: 2). Now that the academic discourse of spirituality and Reiki practice has been discussed the research participant’s views on spirituality will be explored below. This exploration will support the claim that there is no one Reiki spirituality while highlighting the *nonformative* and *subjective* qualities of the practice of spirituality by Reiki practitioners.

Spirituality as Conceived by the British Reiki Milieu

Spirituality is part of the human experience and religions have given it a certain context. And Reiki is obviously another context to some extent. It is another way of connecting to this truth I would say, through time, reality and the world. As individuals we all have our own connection and if we have that connection, it is something we have to do a regular practise of some kind to maintain, it is the nature of the human mind, unless you are an enlightened being in which case you just are... So that is spirituality for me. I can experience my spirituality in a religious setting. I was brought up as a Christian, and I still sometimes go to church but not as a Christian but as a spiritual person. And I find it very interesting how a lot of the stories and teachings are having real resonance with me because I am more deeply spiritual now with my practice with reiki and my openness to being spiritual. [...] it is a way of being.

~ Julie, Usui Shiki Ryoho (USR) Reiki Master

This statement captures the concept of spirituality for Reiki practitioners in many ways. It points to the complex nature of spirituality as located outside religion and yet similar in context, offering a connection, requiring maintenance through practice and as a way of *being*. Reiki conceptualised as a way of *being* was discussed in Chapter 3 and here I will elaborate on the ideas concerning connection and practice. In Chapter 1, I suggested the following

terms in context of Reiki spirituality; *nonformative*, as a situation where a phenomenon ‘eschews any scholarly encapsulation’ (Wood 2007: 9) of that phenomenon and *subjective* as ‘loosely used by anthropologists to refer to the shared inner life of the subject’ (Luhmann 2006: 345). In using these terms, firstly I suggest that broadly speaking Reiki spirituality cannot be encapsulated or generalised; rather it is as complex and diverse as those who choose to be involved in the practice. Secondly, I suggest that spirituality is inextricably linked to the inner life of the individual, a life which is already part of a subjective well-being culture (Heelas and Woodhead 2005: 83) with an underpinning ethical imperative (Hay 1998: 12).

How Reiki practitioners are understood to enact their practice of spirituality is an important aspect for analysing the meaning of spirituality for this group. In order to understand this act of spirituality, I revisit the novel method for spirituality discussed in Chapter 2 that focuses on moments when the spirit is fully in act (Frohlich 2001: 71). This method considers the everyday practice of spirituality as a means of maintaining the connection that Julie mentions above and where the *spirit fully in act* can be located. When engaged in Reiki practice, whether *directing reiki* or receiving *reiki*, I will demonstrate that the interpersonal and communal relationship will be that moment when spirituality is in action. However, as has been explained to me over the course of these many months, Reiki practice, or Reiki broadly speaking, does not only take place in the setting of a Reiki *session*. As discussed here, it is a daily practice and therefore everyday experiences are an opportunity to experience the spirit fully in action.

Nonformative Spirituality

The term *nonformative* I adopt from Matthew Wood who coined the term for a phenomenon that ‘eschews any scholarly encapsulation’ (2007: 9-10). Wood is referring to the situation where multiple, uncontested forms of authority exist within groups that he studied as part of a network of spiritual and religious practitioners. I further specify *authority* as religious authority, characterised as the legitimization of compliance through a supernatural factor to control access to what individuals want (Chaves 1994: 755-756). *Nonformative*, then, is a concept that takes account of a formative-*nonformative* tension that develops in the *relativization* of multiple religious authorities. This tension does not suggest that these multiple authorities are contested by practitioners, rather that they are ‘enfolded into their religious sense of self’ (Wood 2007: 156). This is applicable to my research where an

individual, for example, is both a Reiki practitioner and Christian and where the multiple authorities of Christianity and spirituality are uncontested.

Phenomena such as Reiki, Wood argues, involve multiple authorities which shape practitioners religious sense of self without ‘establishing an enduring, taken-for-granted legitimation (2007: 164). Overall, *nonformative* is useful for understanding Reiki practice within a context of multiple authorities rather than internal or self-authority as previous literature has suggested. While I have some reservations about Woods conclusion regarding Reiki practice, I do find his idea of *relativization* useful. My hesitations, while acknowledging the diversity of his study group, are based on his conclusion drawn from interviews and participation with only three Reiki practitioners who were all trained within 18 months of his involvement in the field. It is unclear what Reiki *form* they trained under and this has implications for the *relativization* of authorities. As I have indicated in Chapters 1, 2 and 3, the formative nature of the authority of *reiki* is impacted by time spent in the practice and Reiki *form* trained in. This implication for a type of formative influence, or conversion loosely conceived, is present in the theme of surrender. Further discussion of this theme exceeds the scope of this thesis (Thesis Introduction). For the purpose of this chapter, however, I adopt the use of *nonformative* to characterise the multivalent religious authorities that are *relativized*, rather than contested, within Reiki practice.

When asked how Reiki practitioners practice their spirituality they conveyed that spirituality is characterised as *nonformative*. It is not found in a location, a building, a book or in a person as such. Spirituality is about relationships, about connecting, not only to oneself but also to whatsoever in a loving and compassionate way. They also offered that it exists in that moment where we pursue or find ourselves in the act of connecting. This was made clear to me through my experiences during fieldwork and is articulated by Aaron,

Somehow that mystical alchemy that happens our misunderstanding suddenly evaporates and we are here utterly, utterly naked in this moment heart-to-heart...

As Aaron described spirituality and Reiki practice, wavering in his speech as tears streamed down his face, I began to grasp the essence of what spirituality entails for Reiki practitioners. Aaron described spirituality as a mystical alchemy, or rather a mutually dynamic experience where in that moment or in the *now*, individuals strive to understand and relate to one another

from the heart, from an intention qualified by love and compassion. The everyday experience of a conversation for instance, such as the four hours spent in our interview, served Aaron as a moment of connection through spirituality. Aaron accounts for this ability to connect in this way as the result of many years of disciplined practice. Reiki, practitioners say and as I have discovered, is a practice based on discipline. This discipline of daily practice is crucial and must be done in order to maintain the connection. Harris suggests,

...this is where I think... it is a self-development tool more than it is a therapy... he [Mikao Usui]...was very much about taking this series of techniques and using that energy for your own spiritual development.

Harris places emphasis on Reiki as a self-development tool, a developmental discipline that is engaged in as a means of achieving personal perfection. The daily practice, the everyday engagement of Reiki practice is integral to that discipline. Understanding the circumstances in which spiritual engagement occurs facilitates a better understanding of the phenomenon itself. Previous scholars have explored this spiritual engagement as wonder (Racine 1997: 65) when it catches us off guard during everyday life. Or esoteric (Hanegraaff 1996: 396-397) because it is based on a desire to assimilate the science of nature without loss of the sacred; or this engagement might be considered progressive (Lynch 2007: 76) where there is a connection between experience and outlook. Lastly, this engagement might be transformative (O'Donohue 2008: 83) because the experience draws attention to the inner rhythm of the everyday. My research participants have said on numerous occasions that there are no words that adequately describe their experience of the spiritual. There is a practice, activities, rituals or actions that are observed and participatory which constitute and/or interpret this spirituality. They do not, however, entirely encapsulate their spirituality in context of Reiki. It is in the subjective and *nonformative* engagement of Reiki practice that one might come to understand how one can experience spirituality-beyond-religion.

Subjective Spirituality

I was sitting on a stool and the Reiki Master was, I guess, behind me but I didn't know what she was doing as my eyes were closed. It felt like an entity at the level of ahhh, God, and where my heart is it created a big space, and I felt like it pulled me back so much that I fell, it felt physical, it wasn't physical, but it felt physical, and this space was created where my heart is. It was powerful, not forceful, it was

intensely powerful, and it was God. And then I tripped for five and a half hours it was totally profound. It was complete serenity, it was all love; I tried not to talk to anyone but I did, interaction was impossible, it was more of me wanting to stay within the then and not enter back into physical reality. My body was completely integrated at the level of cellular karmic flow. It was amazing.

My eyes were closed and she began to walk towards me and I swallowed and I began to sob and she swallowed and began to sob. It was completely sublime, every sense of disconnection or separateness of physical form completely disintegrated and there was only the whole of humanity. It was sublime, completely sublime. After I opened my eyes, and I walked towards her and hugged her and she said I feel like I just gave birth - the rest is up to you. We were integrated in oneness, in God. I didn't feel anything else there, the whole universe as one, in love, it wasn't me, it was everything and everything that is in the universe, one.

~ Kathryn, Reiki Master

In this account of a Reiki attunement, the sense of connection is offered through the negative, wherein any sense of disconnection or separateness had disintegrated. This disintegration was replaced by a connection to the training Master, God and the universe. When I questioned Kathryn further about her understanding or belief in God, she stated that it was just a term and that the words to describe precisely what she meant were not available. She added that this was not the God in flowing robes with a long beard; it was just an expression she used in the explanation of her experience. Similarly, Simon had the following to offer regarding his use of the word God,

It was an overwhelming feeling of 'this is it'. And shortly after that, that's when I started to believe in God, because I didn't know what God was before that, and then I started to realize that God wasn't somebody in the sky or wasn't umm somebody who would try and imagine as a figure. God was part of me.

During his first Reiki treatment as a client, Simon felt the presence of God. He told me that as a Catholic who has attended church since childhood he did not know what God was until receiving *reiki*. Nonetheless, this conception of God, as both Simon and Kathryn made use of

the term, is not meant to imply the western figure predominantly evoked by the term. Words to describe the spiritual self are not available (Leibrich 2002: 158), therefore language is blurred. For Simon, this language implies not only an external authority, but something that was a part of him. It seems likely that in the West, the use of traditional religious language is unavoidable in discussing spiritual life (Hay 1998: 58).

Furthermore, as it pertains to any relation to religion, spirituality is considered to exist within the experiential domain or most essential aspect of religion (Elias 1991: 457). The subjective nature of experience points to a focus on the shared inner-life of Reiki practitioners and their everyday practice of spirituality. This approach however, is perhaps instrumental in the characterisation of academic work on spirituality, especially in the New Age discourse, as amorphous (York 1995: 3; Sutcliffe 2003: 22; Wood 2007: 9). However, the subjective and complex everyday experiences do offer a means of *grasping* spirituality (MacKian 2012a: 68-69). Aaron, like Kathryn previously, captured this phenomenon of spirituality in the metaphor of the heart,

We follow the heart but often we are not following our deepest inner, it means we are following our feelings, our feelings can colour just as our thoughts. Our thoughts can hijack our spiritual direction and our feelings can do the same thing. We have to be careful here. Otherwise we can start making claims about things, about directions about the nature of whatever.

Aaron suggests that by following our feelings and our thoughts, instead of our hearts, that our spirituality can be hijacked. And yet, it is the nature of feelings and inner thoughts which are meant to encompass the subjective. Perhaps in consideration for an interpretation of what Aaron suggests, that the heart lies behind feelings and thoughts with a deeper knowledge of our spiritual direction, the heart should be considered as another aspect of subjectivity. Among the Ilongot, the heart is the locus of interior experience informing the ways that people act in the social and public sphere (Rosaldo 1980: 38). In this way, if we ignore our heart we ignore that moment of interiority, how interior experiences inform how we act. With respect to a spiritual direction, by only following thoughts and feelings as an exterior aspect of the subjective, the heart is lost and subsequently spirituality is hijacked by an individual's thoughts and feelings.

Subjective spirituality can be considered secular in that the focus is not grounded in any religious significance (Bruce 2002: 139). However this does imply a sense of triviality to spirituality. The significance of internal and external authorities found in spiritual practice are formative in shaping a person's subjective spiritual experience (Wood 2007: 156-157). Tony and Jillian provide an example of this tension in religious authority:

Yes, it is me. On my Facebook page I wrote that I am the high priest of my own religion...

Therefore, his authority, it would seem, is internal with himself as high priest and is integral in shaping his spiritual experiences as an internally informed, or subjective authority. Whereas Jillian has a different view, that of an external authority, in her spirituality,

It is a spirituality without any rules, without any dogma without any men standing up there in funny robes saying this is what you must do and this is what you mustn't do, or judging me or needing to intercede for me. That is direct between me and the if you like God, the divine energy the energy of *reiki* whatever it is called, I think for me it is the creative force and I have a direct relationship with that.

What is interesting here is that Jillian refers to her Reiki practice as 'a spirituality' which implies that there can be several spiritualities. She also refers to 'spirituality without any rules' which she contextualises further by not recognising humans as external sources, 'the men in funny robes'. Rather her external authority rests in the creative force or energy or *reiki*. There is the sense here, again, where language fails to offer a definitive quality of this source. Furthermore, the idea of no rules is not meant to imply an unethical or immoral spirituality, rather one not aligned to dogma established by 'men in funny robes'. Moreover, the interpretation of *reiki* energy begins to clearly manifest as an external authority. These opposite views presented by Tony and Jillian characterise the *nonformative* nature of spirituality, where the uncontested multiple authorities in Reiki practitioners' experiences shape their spiritual identities within Reiki practice.

The subjectivization thesis, offered as 'the key to explaining both the growth and decline of the sacred' (Heelas and Woodhead 2005: 10), promotes the co-existence of both

secularization and sacralisation within contemporary life. People who are, or become, concerned with the sacred do so in a way that allows them to continue to develop their subjective lives rather than conform to a higher authority (Heelas and Woodhead 2005: 10). Considering this concern for the sacred within subjective life, Tony's comment exemplifies embracing secular and sacred as it pertains to an internal or self-authority. Jillian is also embracing the secular and sacred, however somewhat differently. She has a personal connection to authority, indicating a secular position where the sacred, or 'men in funny robes' has no significance. There is no middle agent to define or dictate her relationship with the *reiki* energy. At the core of this intersection between secularization and sacralisation is the social and cultural condition of occulture (Partridge 2012: 116), where Tony and Jillian's ideas of spirituality are informed by popular culture and are then passed on as their Reiki tradition.

Spirituality, as practised in Reiki, is diverse. While there are similarities, for instance the use of the Reiki *precepts* (Chapter 1) and self-practice (Chapter 7), each person brings to Reiki practice their diverse and multivalent forms of spiritual and religious authority. For example,

...I am still a Kabbalist, that is all still in there. It is just another, the absolute diametric approach to spirituality and I am fascinated by both. The old adage there are many roads up the mountain. I can hold those paradoxes without any difficulty at all.

Here, Patricia acknowledges the complexity of her spiritual disciplines as being paradoxical and yet sees them as both integral to and embodied in her life. These two authorities are uncontested and held side by side without difficulty while creating, for her, a sense of self. Whereas Matthew offers another view of spirituality,

I am a priest in the Church of England [...] I'm interested in spirituality; I'm steeped in Christianity and a little bit of Buddhism. [...] my journey in this life is to do various different things that are all complementary and hold the tension between different disciplines together.

Matthew does hold this uncontested tension together as he informs his Reiki practice and its meaning with Christian ideology. Whereas Aaron has yet another trajectory that is different from Matthew and Patricia,

I have been a Buddhist since the age of 10. I was fine with going to church... the Anglican church...you had to be confirmed by the age of 11 and I had to go to confirmation classes. And there I had to state that I believed in this mess...I didn't believe...I couldn't ... so I had to leave. You know they [parents] marched me around to the priest, 'what can we do about this, about our little heathen son...'
[...] This is something that supported me in amazing situations in the mountains later on in Thailand.

Aaron as a Buddhist, Matthew as an Anglican Priest and Patricia as a Kabbalist share Reiki practice and yet represent only a small fraction of the diversity found amongst Reiki practitioners. However, they each agree that their spirituality is a journey imbued with connection and requiring rigorous discipline. The experience of journey was described by Linda, a Reiki Master, as 'an appointment with God' where each person's experience and journey with Reiki was consequential to a relational meeting with God. Where Aaron refers to the journey and a metaphorical meeting with God in the context of his experience in the Thai mountains, Matthew defines his journey as holding the tension of disciplines together and lastly Patricia refers to journey as a road up a mountain. These subjectivities are directed by knowledge of the heart and informed by *nonformative relativization* shape each person's sense of self and the many spiritualities that constitute Reiki practice.

Reiki as Practice

Studies have done little to explore the ways in which spirituality is actually practised and have spent more time focusing on a definition (MacKian 2012a: 3). Observing how research participants practised spirituality allowed me to see how spirituality is embedded in their daily lives. Reiki practice is overwhelmingly understood by practitioners as their self-practice which has been discussed throughout this thesis. In Chapter 3 I outlined how practitioners come to understand Reiki practice as being their life and now I will articulate in more detail in which ways, through practise, Reiki is involved in a practitioner's daily life. It is through this exploration that the meaning of Reiki begins to crystallise.

The idea of Reiki as practice was captured in Chapter 5 when recounting a conversation with a Reiki Master/research participant. In sharing my concern regarding my personal practice he suggested that my practice is embedded in my interaction with my son and that by sharing love in an intentional way, by exhibiting patience and care towards him every day, I am practising Reiki. This suggestion of how to engage with Reiki through practice conveys qualities that have been discussed, love and compassion as shared relationally with others. However, as suggested by other research participants this is only one way to understand engagement with Reiki. Reflecting on this discussion I realise that this suggestion also served as a tool to familiarize myself with feelings of love and compassion in a way that allows me to embody those qualities in my interactions with others. This reflection was later substantiated indirectly by Jillian,

I don't think you need to have thought process, you don't need to be able to put words to it, and the spiritual process takes place. If you are open to it, it never happens to anyone without them engaging with it.

Jillian explains that spirituality is a process of engagement rather than cognition. It is not a process of thinking before engaging; it simply happens. Spirituality, it has been suggested, needs to be considered first as an active engagement (Wills 2007: 429). Engaging implies an active state of doing something rather than a static event. As an actively engaged process, it is never imposed on anyone. Practitioners have repeatedly stated that each person should come to *reiki* actively and on their own incentive. This process of engagement is further reflected in the conversation I had with Regina regarding her spiritual practice.

What is spirituality? Is it just the fact of trying to do the best for yourself and the best for others? So, treading gently upon this earth, [...] it's just trying to lead as wholesome a life as you can.

For Regina, engaging with herself and others in a gentle, wholesome way constitutes her spiritual practice. As a practitioner in RJKD, the quality of compassion is a key feature of their teachings. Spirituality for Regina is a gentle forward action. Therefore, Regina has come to embody compassion expressed as the engaged action of treading gently. Some have referred to these methods of engagement as tools,

Meditation's very important, absolutely. Practice is very important, absolutely because you've got to walk the walk as well as talk the talk ... it's action, reaction, action, reaction in that cycle... the more you do the more you experience ...the more you experience the more you want to do. And then the tools are meditation, the tools are treatments, self-treatments, the tools are doing energetic practices like Qi Gong, Tai Chi, reading, reflection, yeah. Connecting with nature, getting back into the basics...experiencing the rhythm...

Meditation is certainly a key aspect of Reiki practice. In all Reiki Shares I attended and hosted there was always a meditation to begin the event. When practitioners provide *reiki*, self or public, a key aspect involved is an explicit focus on the moment. This creates an intention for being in the moment, in the *now*. Being in the *now* allows focus and reflection, as Harris offers, in a cyclical fashion that cultivates a gradual personal development. He also offered other tools for practice, such as Qi Gong, reading and reflection, all practices that are active engagements with that subjective and reflective space that constitutes Reiki spiritual practice. Lastly, an important aspect of his statement is in experiencing the rhythm, as this lends to what O'Donahoe has suggested constitutes transfiguration; a 'need to practise a new art of attention to the inner rhythm of our days and lives' (2008: 83).

This need for reflection and the cyclical nature of spiritual practice appealed to by Harris' comment, was also present in the discussion I had with Holly regarding her spiritual practice,

...it's about meditation [...] Reiki created a structure around my spirituality through the five principles.

Holly mentions the five principles or *precepts* (Chapter 1) that have meaning for reflecting on one's own Reiki practice as well as emotions of anger and worry throughout daily life. The key aspect of the *precepts* is that they create an opportunity to reflect on how one behaves when relating to others and whether one has met one's intentions of living a happy life. By practising the *precepts*, practitioners further develop a spiritual inclination for love and compassion as prescribed in one line of the *precept*, 'Be kind to everything that has life' and reflecting, or as Harris offered, in generating action and reaction, on feelings of anger and worry in the lines 'Do not anger, do not worry' (Chapter 1).

As demonstrated above, spiritual practice, as conceived within Reiki, is based on self-practice as a mode of meditation aimed at achieving a particular focus. In addition to the meditative engagement, it is a process of connecting that requires regular maintenance through the acts of meditation and regular action and reaction. Discipline and practice are maintained through meditative focus, the Reiki *precepts*, reflective activities such as reading and QiGong, and for RJKD practitioners this also includes the Daily Mind Check exercise. Research participants, such as Harris and Regina said that these practices help them experience their spirituality, which for Regina results in her living and engaging with others in a wholesome way. The features of Reiki practice that help constitute this multivalent spirituality are often explained in relation to ‘connection’, a concept explored further below, and love and compassion considered further in Chapter 7.

Vignette – Reiki and Connection

Journal entry March 15

Charney Manor, a Quaker Retreat Centre in Oxfordshire, is the location for the 3-day Reiki Association’s annual gathering of members. The daily activity of this gathering is referred to as The Circle and takes place in a building called The Barn. In the entrance area to this room the Reiki tables, blankets and pillows are stacked up and waiting for the upcoming Reiki Share. The room is arranged with chairs in an oblong circle, reflecting the rectangular shape of the room. There is a table at the front of the room with four photos on it, the honouring alter. Each photo contains the image of the lineage bearers of USR; Mikao Usui, Chujiro Hayahsi, Hawayo Takata and Phyllis Lei Furumoto along with candles and flowers. This is a means of recognition and respect for those who brought Reiki into the western world. The chairs count 31 in total, to match the number of participants for the weekend, out of a total of 622 members of the Reiki Association. Of the 31, six are men and all of the participants appear to be in their late 40s and into their 60s, with exception of a man who is 33. Most of the participants are from Britain while two people are from Spain and France. This retreat is meant to reflect the experience of a joint journey to make connections with one another as well as reiki. All activities and discussions lead back to this basic premise, to connect with oneself, one another and the reiki energy.

There is a card on every chair. We do not know the purpose of these cards on the first meeting of The Circle, we are meant to keep it until its purpose is disclosed by the

organisers. The organisers are the Association Council which consists of four individuals who are part of the USR lineage. The card sitting on my chair has the word 'love' written on it, which is, in light of my research coincidental. This first day, as on all subsequent days, The Circle begins with each person holding hands with the person next to them and closing our eyes in meditation as we are asked to mentally visualise the reiki energy entering the hands of our neighbour and creating a ray of light that moves around the circle from one hand to the next. After a brief moment of reflection we open our eyes and begin the meeting. It is then that the organisers of The Gathering suggest that we consider the weekend to be 'like a retreat; a joint journey in order to make connections with one another and connections to reiki'. We are asked to 'allow ourselves to be here and fully present and to recognise that in reiki, the more we give to ourselves, the more we can give to others'.

Connection as a Spiritual Practice

There are two critical points in the vignette offered above. First, it demonstrates the strong emphasis placed on “connection” within context of Reiki practice. Second, that the organisers created a card with the word love on it, demonstrating that they conceptualise an association between Reiki practice and love. There is a significant relationship between “connection” and spirituality, recognising the centrality of spirituality to well-being, the spiritual self is described as ‘*connection to self, others, and/or the universe*’ (Wills 2007: 423, italics original). This relationship is stated simply by Julie:

Connection is the fundamental aspect of spirituality.

After hearing this on several occasions I asked, ‘What are we connecting too exactly?’ The answers, while similar, were complex and consisted of ‘my authentic self’, ‘*reiki energy*’, ‘others’, ‘truth’ and ‘the universe’. Matthew offered all these options in his answer,

Well, you don’t have to put anything to that. You can say to yourself, and then you have to argue what yourself is... but there is a lot of things to think about that. But to my true self, or connected to the moment, or to *reiki*, or to the universe, or God, or Jesus and them lot, or whatever it is.

Reiki is connection through touch. However, the several answers to my question do not even mention this as the conduit of connection. Perhaps it is too passé; this is the basis of the practice – connection through touch. That the answers transcend this physical act of connection implies the deep meaning of this term within Reiki practice and further demonstrate the embodiment of Reiki. The Oxford Dictionary equates connection with a ‘link’ or ‘relationship’ (Oxford English Dictionary 2014a). One study on spirituality discusses connection as ‘the search for the right relationships more than it is the search for right answers’ (Burkhardt and Nagai-Jacobson 2002: 21). This quality of a relationship being ‘right’ can be found within what research participants had to say about Reiki practice as spirituality.

It’s life. There is no Reiki *session*. There is just *reiki*. Sometimes I try not to even give it the word *reiki* because I feel as though as soon as I say that I have almost weakened what it is because of the watered down ideas that people have about it. Like right now, just being with you and connecting with another human being that wants to have more likeness in this world already we are doing *reiki*.

‘Reiki is life’, Tony says, and we are practising Reiki when intentionally connecting with another in order to have a meaningful experience, in his case with another human being. I distinguish this point *with another human being* as there are Reiki *forms*, for example, not included in this study that provide *reiki* to animals. In reaching out to others and connecting with them, we create a space where likeness develops. There is no right or wrong in Reiki, there is likeness. I asked if there was a wrong way to practise Reiki, and with very little exception the answer was ‘no’. This idea of connection, as connection-with-another offered by Tony, echoes a comment that Aaron made,

So you ask me how I practise spirituality, see this is, when I can make myself conscious this is my only practice. I’m here with you now but it could be with anyone whether I speak or I am silent while walking are sitting down it makes no difference. [...] and that’s not only the heart of the Buddhist practice, it is also the heart of the Reiki practice.

Aaron’s comment is illuminating in that while his spiritual practice is in that moment of connection with another, similar to Tony, it is a conscious or intentional connection that can

be experienced in silence, while walking, speaking – there is no difference, each of these activities are opportunities to connect with another. The practice of consciously connecting with another as a means of experiencing a likeness is a quality of Aaron’s spiritual practice. And, where most lay sources attribute Reiki to Buddhist roots and origins, Aaron, a Buddhist, separates the two as distinct practices.

However connection, in context of spirituality, is not limited to the relationship experience as Aaron and Tony demonstrate. Spirituality can also be considered as a connection in totality. Harris offers the following in context of totality,

...spirituality is about the totality...My supreme belief now is that oneness that everything’s connected ...spirituality’s about reconnecting of ourselves so that we can reconnect with that source and if we do that then we then become aware that everything in the world is connected...

Connection in this sense is a connection to ‘the source’, whatever that source is for each individual. For Katie this source is energy itself,

...for me spirituality is talking about quieting the mind and finding that place in you where you’re stopping that incessant chatter of thought, of the thought process, that’s sort of my so called spiritual practice and that is what I find is the key to allowing me to be able to transfer, to tap into the energy source for people.

This is an interesting point, in that for Katie the practice is quieting the mind, commonly considered as meditation. Through this quieting process and meditative state Katie is able to tap into, or connect to the source. She does not connect into this source for her own benefit, it is not an individualistic, isolated action; rather it is for the benefit of others. Katie’s spirituality, like so many others, has an underlying ethic (Hay 1998: 12) that serves to benefit others. She is connecting to the source *for* people (emphasis mine). Similarly Matthew offered the following,

Everything is connected. [...] But to my true self, or connected to the moment, or to *reiki*, or to the universe, or God, or Jesus and them lot, or whatever it is. And spirituality is everything because it is the stuffing of everything.

In this way it starts to become clear how spirituality can be considered a totality, or Reiki practice as spirituality can be understood as encompassing a person's life, with an underpinning ethical regard for the other. As a connection, Reiki practice links people, to others, or the universe or *reiki* as energy in a relationship defined by a particular moment. This relationship based on an energetic connection has been further clarified by Aaron to be love and by Regina as compassion. When Jillian says simply 'spirituality is loving', she is reflecting on the quality of the connection and how this loving, compassionate approach to practice becomes an embodied quality of practitioners' lives. The perceived benefit derived from this connection, through the quality of love, and resulting in well-being is discussed in Chapter 7.

Chapter Conclusion

In this chapter I have demonstrated the spirituality in Reiki practice not through definition but through an account of the active, everyday practice that results in *connection*. I have shown that connection has meaning for Reiki practitioners in that they see their practice as a way of connecting to oneself as the 'true self', to the universe, to God or to *reiki* energy. *What* was connected was less the issue than the *practice* of connection. According to my interviewees, this connection, seen as a key feature of Reiki practice, can be achieved through meditation, self-treatment, reflective activities and the Reiki *precepts*.

Additionally, I have argued that Reiki spirituality is not a singular spirituality, but a complex and diverse mix of *nonformative* and subjective approaches for each individual. Where Reiki practitioners share a similarity in the practice of Reiki in itself, in the context of how they internalise or externalise authority, they differ. Some practitioners demonstrate authority as internal, secularly informed modes of spirituality and other practitioners as external, religious beliefs alongside an experiential spiritual practice. What has not been considered here in detail is the way Reiki practitioners conceptualise the importance of love and compassion in their practice. Love is an integral aspect of spirituality as demonstrated by many research participants. This idea of love and in some Reiki *forms*, compassion, will be discussed further in Chapter 7. It is here, where love and compassion constitute spiritual practice that the idea of well-being, embodied through spirituality, begins to take shape.

Chapter 7: Reiki as Healing and Care

Chapter Introduction

In this chapter I discuss healing and care from the perspective of the Reiki milieu. I begin by distinguishing the differences between well-being and health, necessitated by the fact that Reiki practitioners often invoked the term well-being as the aspired for outcome of healing and care through Reiki practice. However, within anthropology there is a shortage of contributions to the study of well-being (Thin 2009: 26). I discuss and conceptualise healing as a process (Ostenfeld-Rosenthal 2012: 9) that elicits well-being as an outcome within a particular mode of care. This mode of care has two considerations for the Reiki milieu. Firstly, care is qualified as an imperative imbued with an ethical quality. Secondly, care is characterised as a subjective and intersubjective experience. Alfred Schutz's concept of 'tuning in' is applied in order to discuss this experience where the practitioner and client are sharing a 'vivid present together' (Schütz 1951: 96). Despite this potential for care provision, most CAM modalities with spiritual foundations, such as Reiki, exist on the margins of conventional medicine and the institution of western healthcare (Wills 2007: 425). Nonetheless, Reiki practice has been given some clearance as a patient service (Appendix 4) in oncology wards and palliative care centres within the National Health Service (NHS).

The processes of healing and care reflected within Reiki practice characterise the social and cultural values of well-being (Adelson 2009: 109) for the Reiki milieu. Recent scholarship provides analysis of happiness, for example, as a value of well-being. In this chapter I illuminate love as a value in the healing process of well-being and how it underpins the moral imperative to provide care. Love, as it is used in the West, is problematic in that it leaves little room for understanding what is going on (Oord 2008: 135). I work through this problem by discussing love analytically, aligning it to the term *agápē* understood as an intentional response to promote well-being (Oord 2005: 934). Therefore, within Reiki practice as healing and care, it will be demonstrated that love is a foundational value of well-being.

Well-being vs. Health

*'Man (sic), it would appear, is born free but everywhere lives in psychic chains.
But the chains can be released, and with them the original state of grace,*

potential, love, freedom, and pleasure can be regained through a pilgrimage of the soul.'

(Rose, 1989: 243)

This quote is germane to this discussion in that it suggests that people have the ability to pursue an original state of well-being through a pilgrimage of the soul. It further demonstrates the different conditions that constitute experiences of well-being in relation to the soul, freedom and pleasure. Pleasure, it has been suggested, exists at the core of well-being as a positive experience (Clark 2009: 189). In consideration for the cultural significance of well-being, this may be the case in the research conducted by Clark. For Reiki practitioners, however this cultural significance of well-being and the way in which it is constructed differs and therefore requires further analysis. For example, this idea of an original state is commonly evoked in Reiki discussions not as a state devoid of disabilities as such, but a condition of how we came into the world. In other words, if one is born with a disability that is their original state. According to the Reiki practitioner interviews, what Reiki practice attempts to do is nurture acceptance for whatever their original state is in order to achieve well-being. As the quote above suggests and similarly what Reiki practitioners suggest, the original state is achieved through the capacity of the soul, however mediated by the physical.

In order to understand the relationship between well-being and health, I first visit the definition of health given by the World Health Organization (WHO). In their 1946 Constitutional Report they offer the definition of health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO 1946: 2). This is already indicative of the complex nature of these terms, health in this definition is offered as a complete state of well-being. The one is being used to describe the other, implying that we know what the other is. Nonetheless, well-being is not further extrapolated except to suggest that it involves the physical, mental and social aspects of an individual. Health is not just an absence of disease or infirmity in that someone can still experience well-being despite a disease or infirm condition. Regardless of disease or illness, as far as modern healthcare is concerned, focus is usually on the physical aspects such as diet, exercise, tobacco use, alcohol and illegal drug consumption (Hanlon *et al.* 2011: 32). Therefore, while the WHO gives some indication of health in context of well-being, biomedicine it would seem does not concern itself with well-being and instead focuses on health primarily in the

context of the physical aspects. This consideration of health leaves us still lacking in an understanding of well-being. Furthermore, as Denise's comment below illustrates, one can be healed but not necessarily cured. Therefore, health can be considered to focus primarily on physical well-being and in some cases health and well-being can contradict one another (Mathews and Izquierdo 2009: 4).

Well-being is employed throughout this discussion on Reiki rather than 'health'. As Denise said of Reiki 'an understanding of healthy depends on one's definition of health'. During our conversation Denise explained that there is a difference between curing and healing, in so far as you may not be cured but you may be healed. The fact that research participants, like Denise, often invoked the terms curing and healing in discussing Reiki practice is an important ethnographic detail in itself and is discussed further below. Additionally, exploring this idea of well-being, in context of healing, allows for an objective and subjective consideration where it 'connotes being well psychologically, physically, and socioeconomically, and we should add, culturally' (Mathews and Izquierdo 2009: 3).

Understanding well-being requires us to take individual subjectivity into consideration (Helliwell 2007: 435; Mathews and Izquierdo 2009: 5) as well as community, society and the world (Mathews and Izquierdo 2009: 5). A definition of well-being has been developed by Mathews and Izquierdo to consider the ways in which well-being is 'conceived of, expressed and experienced in different ways by different individuals and within the cultural contexts of different societies' (2009: 5). Well-being, then, is culturally specific. Partridge adds that well-being is a core part of a 'responsible person's self-care' and goes on to add how he personally experiences well-being from the moment he wakes up to his morning shower and subsequent breakfast with consumer products promoting healthy living through well-being (Partridge 2005: 4). He also suggests that well-being implicitly recognises the spiritual while being an 'occulturally informed term' (2005: 17). Remembering again my conversation with Denise, where well-being concerns the spiritual, she offered the following;

People might not use the word spiritual but if they feel they are connected with something greater than themselves then there's a sense of spirituality in that ... so I agree it replaces the church, it replaces other forms of well-being, even in a village a pub, pubs are gone you know post office has gone, so it's [inaudible] can find a nucleus for people to turn to....

Denise explains that spirituality is an aspect of well-being and this aspect offers a connection to a community, or nucleus for people to turn to, and this connection circles back to well-being. Being connected, having a connection to a community, or something greater than themselves, enables a sense of well-being. We can derive from these views then that well-being is subjectively conceived of, expressed and experienced within cultural and environmental contexts and that specifically in the West, it is occulturally informed and spirituality is implied. This makes it clear that there is a considerable difference between health and well-being. While healthcare has historically promoted health as a physical condition, well-being implies processes that seek to regain a state of balance in all things as a pilgrimage of the soul. Reiki practitioners might suggest this pilgrimage of the soul is a spiritual journey seeking connection to something greater than themselves, through love and compassion.

Reiki as Healing

On the one hand, it has been argued that healing is rooted in religion and philosophy rather than science (Kleinman 1988: 214). On the other hand, healing has been offered as a process that embraces all dimensions of human life, the physical, psychological, social cultural, and spiritual (Ostenfeld-Rosenthal 2012: 9). These understandings can provide some idea as to why healing is an important aspect for those immersed in a spiritual practice that is considered a model of well-being. In this sense, healing and well-being are inextricably linked where well-being, in the discourse of Reiki practitioners, is experienced through the process of healing. Furthermore, one can conclude that well-being is first a subjective affair that is culturally specific and radiates out, informs and is informed by the community, society and the world. Well-being is culturally specific for the reason that social, cultural and political values are reflected in practices of well-being (Adelson 2009: 109). Patricia, in a discussion of Reiki practice and well-being points out that Usui in his promotion of Reiki practice shared an ideology that specifically invokes happiness,

... it [Reiki] is a model of health and well-being, not a model of illness. On Usui's memorial stone, it says that Reiki is the secret method of summoning happiness. Secret, as in the Buddhist sense, sacred. And so that says it all doesn't it, a model of humanity, a model of wellness. It is semantics really isn't it. Disease is part of normal life is another way of getting into that, in other words, being out of balance is also a part of wellness. Illness is part of; it is not the other side of wellness.

Imagine a spiral, we are like this, we can't just show up on the side of wellness, we flow everywhere...I would take that further and say that Reiki is a model of disease and wellness, it is a model of life, and it contains all of those things. It comes from the perspective of encouraging balance and wellness and healthiness. It does not deny illness or disease.

Mathews and Izquierdo (2009: 1) argue that the experience of happiness provides a means of analysing well-being, how it is conceived of, expressed and experienced in culturally specific ways. As translated from Usui's tombstone (Appendix 2: Survey), there is a sacred element to Reiki in that it is a spiritual method for summoning happiness, which has been interpreted to have relevance to well-being as Reiki is taken as a model for well-being. Therefore the pursuit of happiness or well-being is a sacred pursuit and it is an ideal that practitioners and clients alike strive for through the process of healing. It must be noted that the tombstone etching says summoning, not achieving, therefore it is not *achieving* happiness. Happiness is not achieved, as Patricia clarifies, well-being is a spiral that one continually flows on in pursuit of a balance as we move through life. Therefore, as happiness is considered an element of well-being, happiness is an active pursuit. Rather than offering an escape or denial of worries (MacKian 2012a: 178), Reiki practice acknowledges illness and disease. As part of the spiral of well-being, so happiness is called in when it is needed, and it is summoned rather than achieved implying a sense of having control over a process of healing in order to achieve well-being. Healing, contextualised by Patricia, has a value that is measured by an individual's sense of balance in context of not only their physical state but balance in their social lives as they move through the spiral of life. This idea of balance I will come back to shortly.

Another aspect of this summoning happiness is that the individual is responsible for this act. It is not stated that the doctor must summon happiness on behalf of the client; the individual must be responsible (Partridge 2005: 4) for their own pursuit of well-being. This was similarly reflected in what Harris offered in a discussion on Reiki practice and well-being,

...it's about well-being not just dressing symptoms...oriental medicine would argue that the root of a lot of dis-ease or dis-harmony is emotional. Well-being is more than just physical wellness, it's that mental emotional spiritual aspects to well-being and a lot of people just need to learn how to manage themselves

energetically better and tools like Reiki, tools like acupuncture, and tools like Shiatsu are all modalities that can help them reconnect with their body, understand that they're more than this physical bit.

For Harris, well-being is a personal responsibility that must be managed. This implies that well-being is not a static state, it is dynamic (Adelson 2009: 109) and it is managed energetically through this process of healing. According to Harris, by reconnecting with their body using Reiki practice as a tool in the process of healing, people can achieve well-being through the mental, emotional and spiritual aspects of life. What we still have not seen is a description of what well-being looks like. Aside from a discussion of happiness, the idea of balance makes room for this description.

Balance as Well-being

Happiness, as an element of what constitutes well-being is not always present in a Reiki practitioner's rhetoric. However, there are qualities that are evident in a discussion of what the elements of well-being are for Reiki practitioners. For instance, Maggie has articulated that for her, well-being is a daily pursuit and consists of the following qualities,

Calmness, putting myself out there, much more balanced. In the mornings we don't set an alarm and we make sure we do go on walks; well-being is at the top of the list. Whatever I do, it is about making sure that is at the top and helping others get there as well.

For Maggie, well-being has qualities of calmness and balance, achieved by not setting alarms for a morning wake up call, by going for walks, being active and being out there in the natural environment (Burns 2007: 411) or the outdoors. This idea of balance is integral to a Reiki practitioner's ideal of well-being. To be balanced means to have the co-dependent plural aspects, as discussed in Chapter 2, in harmony. These aspects are the mental, emotional, spiritual and physical and they are balanced out through the directing of *reiki* energy through self-practice or public treatment. When not in balance, disease and illness enter the spiral of well-being and where illness is perceived to be part of health. Furthermore, as demonstrated by Maggie she wants to help others achieve well-being as well as herself.

I asked practitioners during the interviews what Reiki felt like. Their responses do not necessarily reflect a direct quality of well-being. However, if Reiki practice is about an energetically balanced plurality, then a discussion of what this energy feels like can act as a catalyst for understanding what qualifies well-being for Reiki practitioners. Some of the answers pertaining to what *reiki* energy feels like were similar in that they alluded to the concept of home. Jillian captures this in her description of what Reiki feels like for her,

I guess my first experience was feeling of coming home, feeling like it was something I remembered, something that was so natural to my being that it was part of me, that it was right, that it was warm and safe, a warm cup of tea. Very quieting, that is how I remember it, when I am giving; when the energy is flowing through me I find it very quieting.

A striking point in this account is that the feeling of home acts as a metaphor for being safe and secure, evidenced by the follow-up statement, 'warm and safe'. Well-being is a feeling of warmth and security as well as quiet, as Maggie said, a sense of calmness. These feelings are embodied in that it feels as if this is part of her, not only natural but right. This metaphor is grounded in the bodily experience (Kirmayer 1992: 333) of Reiki practice where *reiki* feels like home, a place she had been before. There is a value placed on the feeling of *reiki* and well-being, in that it is right. If it is right, then why not have more opportunities for individuals to experience this value driven well-being? As Hugh rhetorically asked me, 'why are there not centres for well-being on every street corner?' He answered his own question by suggesting that well-being therapies are only available to people who can afford them. This suggests a monetary value placed on well-being alongside a non-monetary value, as suggested by Maggie, the value of being right. These two value concepts create a tension between those who can afford well-being and those who have a right to well-being -- an idea I will return to in Chapter 9. This tension between the ability and the right to well-being bring me to discuss an ethic for the provision of well-being where practitioners develop a moral imperative to provide care for others, as demonstrated previously by Maggie, to achieve well-being.

An Ethic of Well-being

...spiritual lifestyles, are to be judged by the extent to which they prepare persons to take part in the public world and to find meaning and involvement in that life.

(Elias 1991: 164)

Reiki is a lifestyle (Chapter 3) and as such Reiki practitioners practice spirituality within themselves (MacKian 2012b: 143). However they are also taking part in the public world, as Elias demonstrates in this very relevant quote (above) about spiritual lifestyles. In this way, Reiki practitioners, similar to New Age Spirituality, can be seen to have social significance (Aupers and Houtman 2006: 218). Reiki practitioners are drawn to taking part in the social world through what I have called an ethic of well-being. This ethic is driven by the very qualities that I articulate in the following analysis of love as *agápē*.

Vignette – Love as Reiki

I refresh the reader's memory by recapping a section of the original vignette from Chapter 5: A card had been placed on each chair with a word written on it. We did not know the purpose of these cards on the first meeting of "The Circle," we were meant to keep it until its purpose was disclosed by the organisers.

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Next we participated in a group guided meditation, sitting in our chairs, with eyes closed; we were verbally guided into myriad symbolic mental images. After the meditation was complete, we then actively engaged in group chanting, a form of singing that was led by one of the members. After the chanting activity was complete we were then asked to seek the other person in the room who had the same word on their card and connect with this person in order to explore this word and concept amongst ourselves. So off I went, on a journey, to find the person I was meant to connect with in order to discuss the word and concept of 'love'.

As the evening was drawing to a close we all began to discuss what the word 'love' meant. There were three of us, one of whom was on the Reiki Association Council. I said, '...to me, love was the essence of what held Reiki together while connecting us all to reiki.' They all nodded in agreement.

Love as Agápē

In this vignette I demonstrate the various ways in which the organisers of the Reiki meeting incorporate activities that create a sense of connection amongst the participants. Feeling very connected to the others as a result of these practices I initiated a discussion on the meaning of love in order to determine if I had begun to understand what it means for Reiki practitioners.

This discussion confirmed I did understand. In developing further what love means to Reiki practitioners and its connection to healing, I first begin with the scholarly discourse on love.

Love has been considered an ‘...emotion as embodied yet foundationally social’ (Boellstorff and Lindquist 2004: 440) and a difficult word in the English language (Heider 1991: 71) susceptible to many differences in meaning (Davies 2011: 148). For instance, one scholar has found that writing about love became an offshoot of writing about sex (Giddens 1992: 1) where the two become synonymous. Alternatively, other cultures have multiple words to describe the nuances of the emotion of love. For example, in Indonesia there are seven words for love ranging from happiness to sadness (Heider 1991:70-71) and among the Eskimo, love is expressed in five terms and is affiliated more with affection and contextualised further in three categories as the desire to be with a loved person, demonstrativeness and protectiveness (Briggs 1970: 313-314). Love is an emotion (Rosaldo 1984: 149) that has an impact on the everyday behaviour (Lutz and White 1986: 428) of practitioners who understand Reiki as a way of life. Anthropologically speaking, emotions have been treated as irrelevant in social analysis unless recognised as socially constructed (Thin 2009: 24) rather than inborn and private. However, attempts to present emotions as culturally constituted (Rosaldo 1984; 141; Spiro 1984: 324; Geertz 1993: 81) are problematic (Levy 1984: 214; Heider 1991: 87). If love is an emotion as Rosaldo suggests, we can conclude that it is socially constructed and therefore has a specific constitution for Reiki practitioners.

While these frameworks of emotion are interesting, they do not offer insight into how love, as an emotion and as constituted by Reiki practitioners, can impact well-being. Furthermore, the word love defies a normative definition and leaves little room for an understanding of what it really is (Oord 2005: 923), which further problematizes analysis. Therefore, I will reflect on love in ways that may be culturally constituted where love is both private and social while drawing on a multidisciplinary approach. I begin this reflection on love by highlighting the close relation between healing and love demonstrated here by Aaron,

...in relation to love there is healing. So, when I begin my very first words, when I very first started teaching Reiki, Reiki is an expression of love and that love is the only true healer.

What Aaron describes here is not an intimate sense of love or in a New Age sense with the common refrain of ‘Make love, not war’ (Chryssides 2007: 8). In the context provided by Aaron, love and healing are connected, they are relational in that to love is also to heal. He adds that Reiki is a method for expressing love. Contextualised as a method, I interpret Reiki as the framework for this connection between love and healing. Furthermore, love as expressed through Reiki practice is, Aaron feels, the only true healer. In providing the quality of truth to love as an agent of healing, Aaron implies that a high value is attributable to Reiki practice since it is an expression of that love as well as a method for healing. Another way to consider this concept is that *reiki* inhabits an important place, between love and healing.

This characterisation of love can further be understood to rest somewhere between the Greek word *agápē* and the Latin expression *caritas*. The former, *agápē*, is loosely defined as unconditional love in a spiritual sense, whereas the latter, *caritas*, originally meant preciousness, dearness or high price. In Reiki lay literature the concept of an unconditional love is found with some regularity. Moreover, these classifications of *agápē* and *caritas* are not new, they can be found in theological and religious studies (Arendt *et al.* 1996: 38-39; Boyd 2008: 8). In New Age studies, love is classified as ‘the supreme answer to negativity’ (Hanegraaff 1996: 297) and the idea of an unconditional love is considered a unique quality of New Age and labelled ‘spiritual love’ (Rose 2005: 18). Nonetheless, when healing is invoked within Reiki practice, love is not limited as a response to negativity or to the quality of being unconditional. The emotion of love, as described by Aaron, is the fundamental feature that connects Reiki practice to healing, both privately and socially.

In the context of healing, love is seen to expand beyond simply an unconditional quality and moves further into the Greek concept of *agápē* where love is understood as an ‘*intentional response to promote well-being when confronted by that which generates ill-being.*’ (Oord 2005: 934). In this way, love is an intentional act motivated by a response to what generates ill-being. Reiki practice, as an expression of love and understood in this interpretation of *agápē*, is a sympathetic response to ill-being that connects individuals in a relational way with the aim of achieving well-being. This is reflected in what Matthew offers by way of metaphor on Reiki practice,

...that is Reiki... the Madonna and child, she was holding the baby and looking at the baby and the baby was looking at her, there was this complete mutuality

between mother and child like there were lines drawn between them, one and the same thing. I looked at that and thought, that is what Reiki is, the Divine feeding the divine and the divine feeding the Divine, and the beloved treating the beloved creation and the creation reflecting the beloved back...

In this metaphor describing what Reiki practice is, Matthew reflects these qualities of love as healing through connection between the Madonna and child. Reiki is a reflection, as if looking in a mirror; each reflects each other back at the other as a means of unification in that mirror reflection. In this way, love as it is used and conceptualised within Reiki practice can be analysed as relating to a divine love as theologians like Anders Nygren (1982) have discussed it using the term *agápē*. In this sense, the divine or relational aspect of love infers something in the middle. In divine love, as *agápē*, God lies between the giver and receiver of love. As in Reiki practice, *reiki* inhabits this space of the divine as conceptualized by Matthew, of this love that connects and reflects love back in the act of healing. As in the Madonna and child, the mutuality of love exists in Reiki practice through *reiki*. This has the added aspect of providing a sense of external authority to Reiki practice which is the *reiki* energy itself. Mark says of his Reiki practice,

I'm doing it out of love...

His 'doing it,' meaning doing Reiki, is understood in the context of *agápē*, as an intentional response to help another achieve well-being. Hugh offers more to this idea of intentionality by stating:

Reiki is about love, that's the essence of Reiki and that's what's at the centre of my life, love yeah, and I'm not talking sloppy romantic love, I'm talking about completely unconditional love, lovingness towards others in everything I do and I still get annoyed and I still get stressed ... but the lovingness is there eternally.

Hugh has characterised that the essence of Reiki is love, but not synonymous with the romantic sense of love. For Hugh, this love does not happen in a vacuum, it is endless and it involves others in everything that he does. This reinforces the understanding that Reiki practice is not an isolated, individual practice. This also serves to reinforce the concept that emotions, such as love are both private and social. It is a love that connects him in the

everyday activities where the spirit of *reiki* is ‘fully in act’ (Frohlich 2001) in the sense that the love ‘is there eternally’. This concern of the everyday act of spirit was demonstrated in Chapter 3 through the process of *doing – becoming – being*. When a Reiki practitioner has progressed through this triadic process, it can be seen that love is a feature of Reiki spirituality and as an embodied emotion is foundationally social. It is social in the sense that the object of that love is the other, as self, as another, or the universe with the intention of achieving well-being through healing.

What happens when healing, or the experience of well-being is not achieved? Aaron was able to articulate the following viewpoint on the non-achievement of healing:

Reiki is an expression of love. First, miss that one and you have missed everything. And I know that love is the only healer. Let's put everything else out, the only reason why we do not heal through love is because we do not allow ourselves to love perfectly enough in order for healing to be accomplished.

In light of what Aaron has said here, love can have limitations as a private emotion. When an individual does not love themselves ‘perfectly enough’, healing cannot be accomplished. This has implications for the analysis of love as a private, rather than social endeavour of the Reiki practitioner. For example, if Reiki is an expression of love, and if through self-practice he is perfecting his expression of love, he is then able to offer healing perfectly. If he somehow falters in his self-practice, thereby not loving himself perfectly, he is in fact getting in the way of the process of healing. In this private capacity for the expression of love, there is the potential that if Aaron is not practicing perfection in his self-practice, his ability to direct *reiki* for the benefit of others is hampered. This idea is also reflected in the Reiki *precept* that states ‘...be honest in your work’. This precept was explained by Gendai *Reiki-ho* Master Jillian to mean that Reiki practitioners must be disciplined in self-practice as a core principle of their Reiki practice. This core principle as Aaron demonstrates is necessary in order to help others in the healing endeavour.

There is a term other than love that can help to outline the emotion embodied in Reiki practice. Reiki Jin Kei Do (RJKD) states that the ultimate outcome of training is to be able to give healing as a compassionate act. Therefore, in context of discussions with Regina, a RJKD Master/Teacher, she will commonly refer to compassion, rather than love, when we

discuss the emotive aspects of Reiki practice. Additionally, Holly said that she continually ‘reflects on her feelings when in a relational moment with another person’. She finds that she identifies more with compassion, ‘an overwhelming sense of compassion for the other individual, more so than love’. She said that she asks herself, ‘do I feel love for this person, no, I feel complete compassion’. Compassion alludes to care and concern along with empathy. Furthermore Zoe, a Reiki Master practicing for over 13 years and trained in several Reiki forms, commented:

...spirituality is ... to learn more about living your life in a more compassionate and unconditional loving way.

For Zoe, spirituality is a way of living through compassion and love as a collective effort. This consideration of love or compassion as an act of healing with social significance leads to a more in-depth question; what connects Reiki practice to ideas of social significance?

Ethic and Care

I have discussed the emotion of love analytically by aligning it to the term *agápē* and how it is theorized amongst theologians. Research participants have not used the term *agápē*, however since love is a term with a wide array of meanings in the English language, I have drawn on the definition of love and *agápē* as one form of love, as offered by Thomas Oord where he submits, “I define love as acting intentionally, in sympathetic response to others (including God), to promote well-being” (2008: 135). This acting intentionally is important as I defer to this intentionality to offer healing as an ethic for well-being and towards care for the other as a socially significant endeavor.

I would like to demonstrate this ethic by recounting a conversation I was involved in at a Reiki event. Over a meal, six of us sat at a table discussing Reiki and the enthusiasm for the practice was palpable. One couple who work in a senior care home and are also Reiki practitioners explained that they were so overjoyed with Reiki that they wanted to offer *reiki* to the world. They explained how they wanted to ‘stand on the rooftops and shout out to everyone’ who could hear that they were able to offer care through Reiki. Initially, it was felt by some that these enthusiasts were pushing Reiki onto people and that was not ethical. They suggested that ‘not everyone is ready to be healed; rather people need to come to Reiki on their own accord and with a desire for healing’. While the couple’s enthusiasm was not recognized by all at the table, the intentionality to heal was there for everyone. A moral

imperative for healing (MacKian 2012a: 159), has the essential element of this intentional act of love. This is also demonstrated in the statement offered earlier by Mark who said that he ‘does it out of love’. Reiki as a healing practice creates this imperative of intention, through love, to promote well-being. This imperative is so strong that for some and for those of the Usui Shiki Ryoho (USR) lineage, it supersedes an aspect of their training. In this lineage, students are taught that there must be an exchange of energy in a treatment, with money being a form of energy, and yet some will still volunteer their time to offer Reiki in Hospice Centres without pay. I asked a USR Reiki practitioner why she volunteered when it went against the training of an exchange for an exchange. She admitted the contradiction but countered that she felt she was doing something of value and importance by volunteering her time, otherwise ‘the people who need it would not receive it’. For her it was a vital part of her Reiki practice, it demonstrated her ethic of well-being, it was right and true.

Further to this, I asked several research participants why they chose Reiki to offer care to others rather than pursue another vocation such as nursing. Many Reiki practitioners were already in some accredited profession of care, as mentioned in the discussion of *alteration* (Chapter 3). Howard, not part of a care vocation, was the most prolific in his answer,

"Why Reiki?" ...it is the simplest and most effective form of integrative healing I have come across. It doesn't require an in-depth knowledge of, say, anatomy. If you have a love of people, if you want to help people to address their health problems, then Reiki is The One. [...] It is entirely natural; nothing goes into the body or the mind that shouldn't be there. It doesn't affect other forms of treatment that the client might currently be receiving. (However, on the other hand, those forms of treatment might, themselves slow down the progress of the *reiki*.) And all the client has to do is just to lie there (or sit there) and relax; it's their subconscious mind working in conjunction with their body that's doing all the work.

This statement was typed by Howard in an email reply and is relevant in that *he* used the expression (note uppercase letters) ‘The One,’ implying the only one, the be all and end all, the definitive form of healing. Another important aspect of this statement is the line ‘If you have a love of people...’ For Howard, his imperative for healing derives, first of all, from his love of people. Secondary values placed on this imperative are aspects such as natural,

complementary and empowerment resulting from the ability of the client's body to heal itself. Certainly, Howard could have done a nursing course or some other accredited healthcare profession, however what mattered to him, what had value was his love of people. And this love created an imperative, an intention to provide well-being through care and Reiki practice.

This imperative, it should be noted, is not limited to those who are deemed socially appropriate or acceptable by the practitioner. For instance, Howard had explained that he provided *reiki* to a person who was to go to court for accusations of paedophilia. There was great discussion in the group when he told this story about whether or not he was comfortable touching and connecting with someone who had potentially been involved in such a crime. He could have refused to provide the Reiki *session* based on his own values and ethics as a social norm. His ethic of well-being and his moral imperative to provide healing was strong enough to overlook this aspect of the individual and to overcome any aversion based on wider social norms. Out of compassion, Howard felt this individual was in need of care and provided a Reiki *session* without judgement.

In taking a deeper look at Reiki practice, where through the intentional moral imperative, the emotion of love and compassion compels practitioners to promote well-being at the social level. This ethic is not grounded in self-interest. As in the argument of Aristotelian Ethics (Aristotle and Crisp 2000: xxvii), when people know what the right thing to do is and doing it becomes a practical ethic. Love as *agápē* creates a moral imperative for practitioners that dictate for them what the right thing to do is. In respect to the feelings of love and compassion, practitioners are moved (Aristotle and Crisp 2000: 29) to provide care for others. In this manner the ethic of well-being becomes a moral imperative of care through healing, care for oneself and care for another.

Reiki as Care

It has been demonstrated that Reiki practice reveals a practical, moral imperative of care through the act of healing in order to pursue well-being. How is this care perceived by clients? By considering the client experiences this discussion brings the ethic of well-being along the continuum of the treatment experience, from the practitioner to the client. This consideration takes the subjective aspect of healing and expands it into the intersubjective

aspect of care. In order to highlight how Reiki clients have interpreted their treatment experiences, I provide a combined narrative from client interviews in the following Vignette.

Vignette – Combined Client Narrative

I receive Reiki treatments in order to have a patient experience. I didn't want to take any medication, because I knew that it was something wrong inside of me, something inside me that could be put right without medication. They think I'm just the one for the job because I'm so calm, but I'm not, not inside. Not in here, I'm not. But I think it was just to try something for myself that would help with my emotions. Reiki reaches a part of me that other things don't reach. Talking is great when you talk to a friend, it's really good and it can fulfil that part of you, but, actually Reiki is that unspoken part of you. Maybe you do touch in meditation, that part of you that is more than your body, more than your mind, that is part of you part of all of us, its connected, that bit. I think it touches that part because that is what the energy is all about really. I have always had the same experience when I have treatments; a great feeling of peace, of relaxation, a feeling that things are being put back where they should be and not where they have gone, a lovely feeling of relaxation and rather like walking on air. I know, even if she's not touching, I know where she is, because I do feel this intense heat from her hands, but then afterwards I usually feel freezing cold. Now I feel just happy to be the way I am, just happy to be me. I'm happier with me, who I am. I knew I wasn't right; I was searching for myself again. I did talk to my GP about this, that I had lost myself somewhere and I didn't know where it was, I wasn't me anymore. I believe in God, I'm a Catholic. I just think that it's the only thing that's ever really helped me. It's the thing that's made me as strong a person and able to deal with life more, more than the tablets, and there's not those horrible side effects. I receive an incredibly calming sensation that lasts well after the session. I also had one or two experiences of feeling energy almost like electric shocks. I asked her why when she was working why I could feel something shooting up both legs not unpleasant but like an electrical shock. I suppose it is intimate, it gets into your whole body and your whole soul... I think that the Reiki has helped me find myself, a big factor in that... and I feel more balanced now.

The Subjectivity – and Intersubjectivity – of Care

Csordas and Kleinman (1996: 18) have suggested that to fully understand a particular form of therapy, both practitioner and client should be taken into account. The experiences of the

Reiki practitioner have been discussed at length throughout this text. Here the Reiki client will be explored in order to fully understand the concept of care within Reiki practice: this section sets out to explore the clients' views on the intersubjective experience. The experiences that constitute the vignette narrative above happen in tandem with the practitioner, as *reiki* energy is directed from the practitioner during the process of healing. It is equally intersubjective in that they are 'each motivated and coordinated by and through an orientation to the other' (Crossley 1996: 32). As has been explained to me by many practitioners, in a treatment their attention is focused on the client and their bodily responses to the Reiki *session*. Equally, Reiki clients have explained that they receive a *session* with the intention of remaining open to the experience and therefore open to the practitioner. This degree of intersubjective focus has also been offered as a somatic mode of attention where an embodied intersubjectivity constitutes meaning for those involved (Csordas 1993: 140-141). This meaning will be explicated as a particular condition of care and caregiving which is a 'relational practice that resonates with ...both carer and sufferer' (Kleinman 2012: 1551). Consequently, this meaning is mirrored between practitioner and client as they embody an orientation to the other in the Reiki session, as in Matthew's earlier metaphor of the Madonna and Child painting.

The intersubjective aspect of the subjective is illuminated by Alfred Schütz's (1951) concept of inner time. As in my earlier discussion of Reiki as a way of life (Chapter 3), inner time is characterised as a flux of experiences expressed by the communicator and shared by the receiver in a 'vivid present together' (Schütz 1951: 96). This concept of an experience between individuals, based on inner time, can structure the intersubjective nature of the connection between Reiki practitioner and Reiki client with a particular emphasis on the idea of being in the here and now, or present together. For example, when I have given *reiki* to a client, the surge of heat I experience in my hands informs me that there is a strong flow of *reiki* moving through me to Jacob, the client. When Jacob has acknowledged that heat and questions the experience without me verbally communicating anything, I know that we participate in an intersubjective experience that is a tuning-in during a present moment together. The same can be proposed about the narrative offered by Donna, a Reiki client, regarding her treatment experiences,

...she always seems to know, like if I suffer from anxiety, so she works more on the solar plexus, but I haven't always told her beforehand how I'm feeling

and where that awful feeling is but she always seems to know that that's the place that needs, that's where she spends more time.

The Reiki *session* is described here in terms similar to the concept of inner time, where the practitioner has tuned-in with the client and is able to focus attention on the area that the client is suffering from, despite any communication beforehand about these conditions. The communicator, or in this case the practitioner, is sharing the present moment with Donna in the inner time conceptualised as a knowing where the pain is and where it is interpreted by the hand placement of the practitioner. Inner and outer time merge in this intersubjective experience between client and practitioner and care is offered through the Reiki *session*. The vivid *present together* creates a subjective space where care is both given and received.

This quality of care has been further classified by Ami, another Reiki client as,

... it's more a spiritual care, the fact that it's dealing with things on a spiritual level. Not a completely bodily level if you like so, I would say that the care comes from that, a peace of mind knowing that when I have Reiki things are being sort of sorted out, sort of changed and that's how I sort of feel about it.

In this statement, it is evident that Ami is aware of the spiritual underpinnings of Reiki and suggests that the kind of care that is given in a spiritual manner is a peace of mind. This has also been described in a more subtle way by a Reiki client who told me that for him Reiki is the true patient experience. In this experience, he said, one can expect to be treated as the main focus of attention and concern for a full hour, not the regulated seven minutes with a General Practitioner. In a Reiki treatment he can discuss his concerns with his practitioner, or not, whatever suits his needs for that dedicated amount of time where there is no rush as can be experienced in Western medical systems.

In Chapter 1 Reiki was considered as a medical culture. This was in contrast to the idea of Reiki as a medical system populated by 'patients who recognize existence of such a group and accept its theory and logic as valid,' (Last 2007: 5). In discussing Reiki practice with Reiki clients it was clear that most do not understand the way *reiki* energy works or why, they just know that they feel better after a treatment. They would not recognise the Reiki group's

theory and logic and therefore not able to determine its validity. When discussing the *session* and how the client understands the way in which Reiki works, Donna said,

I didn't really know an awful lot about it, like I say, and I didn't really know what to expect [...] but for me it was about the relaxation and the sort of resting and the sort of coming back down to earth and being able to forget about everything else externally and just concentrate on myself which I hadn't been able to do with all the other things going on around me so for me it was about the relaxation at first [...] to be honest I wasn't much of a believer at first, I have to say, but I thought right, as long as I'm relaxing and doing something for me, I don't care, I'll just carry on with it and go on with...

Similarly, those that attended the Reiki Taster Day (Chapter 2) had the following comments to make on the after-treatment questionnaire (Appendix 2: Survey), that asked what they had hoped to achieve by attending the taster session,

I was open to what would come my way.

In a similar manner,

I remained open and had no expectations. I was very relaxed.

Both these individuals were focused on remaining open to the experience and the consequences of the treatment. There was no indication that these individuals knew anything about what would happen with the *reiki* energy being directed to the body. Similarly, another participant offered,

...a chance to relax and feel attended to, a sense of gentleness, care and pleasure.

In being attended to, this Reiki Taster participant wanted the chance to feel a sense of care. While these are accounts of people who only received Reiki for 20 minutes and perhaps only on this one occasion, Mary, who has received several treatments had the following to say,

I have always had the same experience when I have treatments. A great feeling of peace, of relaxation, a feeling that things are being put back where they should be and not where they have gone.

The theme of relaxation and peace continues, as with the practitioners, even with this client who has received dozens of treatments by several practitioners over the course of 15 years. As Mary describes it, along with relaxation is this new idea of things being put back where they should be. When I probed her further she offered the following,

...from a purely medical point of view, it helps my arthritis; there is no two ways about it. If you just look at purely medically, it does help to rebalance the parts of my body that need it. I have a lot of problems with arthritis. And I feel better physically. But I feel it does more for me spiritually than physically. I think spiritual health might be the way of putting it. Yes it does actually, it settles, I am always searching, I am a searcher in life, I am always looking for answers to questions, for answers for things and it helps. How else can I put it? I feel better afterward, I feel more contented in myself, and to me it is a way, one of the many ways forward for me.

For Mary, there is a physical effect, although she is more interested in ‘spiritual health’, as she calls it. Similarly, Ami referred to a ‘spiritual care’, is achieved. Reiki treatments help Mary’s arthritis, but more importantly the treatments help her answer the questions she has in life, putting answers in place for her so that she can move forward and be content. This is her characterisation of the quality of peace, feeling content, and this characterisation can be found to infer a quality of well-being.

This idea of things being put back in place was similarly raised by Donna,

Why do I continue? Because every now and then I feel life just gets just a little bit too much and I feel like everything starts to whirl out of balance and I don’t prioritise correctly the things that should be prioritised and I start worrying about little things which are trivial and unnecessary and I know at that point I need to do something to set myself back on the right track again.

Suffering from depression and extreme anxiety, Donna had previously been medicated for her condition. While she is no longer medicated she continues to receive Reiki *sessions* in order to get back on the right track, ‘to put things back in place’. In this place she is able to prioritise and her worry lessens. For Donna and Mary, Reiki *sessions* offer a subjective level of care that allow them to cope mentally and emotionally by putting things back in the right place, where they should be. Lucy, a Reiki client who did not want to be medicated for her condition had the following to add about her Reiki experiences,

Yes, we don’t communicate verbally during the treatment, and yes, there is a great sense of caring coming from her, as if I had been nurtured during that treatment. There is a connection, it is something really caring for me, and it is difficult to explain.

Through the connection, in the vivid present moment, Lucy feels that sense of caring coming from her Reiki practitioner. This care is qualified as a nurturing that occurs in the intersubjective connection in a *session* experience. As a result of a practice devoted to concern for another, comes caregiving (Kleinman 2009: 293), practitioners are in a sense caregivers in that they practise this level of care for their clients during the Reiki *session*, in whatever form that may manifest. Through the intersubjective experience of the tuning in relationship, where practitioner and client communicate and connect without verbal interaction, the subjective experience of care is experienced by the client. This experience of care is articulated in various ways such as ‘relaxation’, ‘peace’ and ‘putting things back in place’, for example. And this level of care, both personal and social (Livingston 2012: 96) are important to the clients in their effort to achieve a state of well-being.

Chapter Conclusion

In this chapter I have presented the concepts of healing and care from the perspective of Reiki practitioners and clients. I began by distinguishing between well-being and health, necessitated by the invocation of this term by Reiki practitioners when discussing the motivations underlying healing and care. However, within anthropology there is a shortage of contributions to the study of well-being (Thin 2009: 26). I aim to correct this shortage by adding to existing contributions with my discussion and conceptualisation of healing as a

process (Ostenfeld-Rosenthal 2012: 9) that elicits well-being as an outcome within a particular mode of care. This mode of care has two considerations for the Reiki milieu. In the first instance I qualified care as an imperative imbued with an ethical quality. In the second instance care was characterised as a subjective and intersubjective experience. Using Alfred Schutz's concept of 'tuning in' where the practitioner and client are experiencing a 'vivid present together' (Schütz 1951: 96), I explored how care is understood from the experiences of Reiki clients. The processes of healing and care reflected within Reiki practice characterise the social and cultural values of well-being (Adelson 2009: 109) for the Reiki milieu. In this chapter I illuminated love as a value in the healing process of well-being and how it underpins the moral imperative to provide care. This imperative becomes a practical ethic when knowing what the right thing to do means actually doing it (Aristotle and Crisp 2000: xxvii). Love, as it is used in the West, is problematic however in that it leaves little room for understanding what is going on (Oord 2008: 135). I navigated this problem by discussing love analytically, aligning it to the term *agápē* understood as an intentional response to promote well-being (Oord 2005: 934). Therefore, within Reiki practice as healing and care, it was demonstrated that love is a foundational value of well-being.

Chapter 8: Reiki as Commodity

Chapter Introduction

By drawing on previous chapters I open a window into Reiki where one view of the practice is increasingly marketed as a commodity within healthcare. As a result, it is undergoing a disparate process of definition amongst the Reiki community and regulatory bodies. These efforts of defining the practice apply contrasting points of ‘framing’ and ‘valuation’ and the processes of ‘entanglement’ and ‘disentanglement’ of Reiki practice. I draw on the definition of commodity given by Nicholas Thomas as ‘objects, persons, or elements of persons, which are placed in a context in which they have exchange value’ (1991: 39). Value, in this chapter, is used in the sense of merit or importance rather than monetary value. Furthermore, sociologist Michel Callon suggests that ‘one is not born a commodity, one becomes it’ (1998: 19). This process of becoming a commodity, or *marketization*, involves ‘efforts aimed at describing, analysing and making intelligible the shape, constitution and dynamics of a market’ (Çalışkan and Callon 2010: 3). Central to this discussion of Reiki as a commodity, immersed in marketization, are aspects involved in framing Reiki practice as a service in the healthcare market and the ‘marketizing agencies’ (Çalışkan and Callon 2010: 8) involved in the construction of valuation. Marketization is found here to be a contested process. These marketizing agencies consist of the Advertising Standards Authority (ASA), Reiki practitioners and Reiki membership associations. Additionally, Reiki practice will be presented in three phases or ‘social lives’: ‘commodified’, ‘decommodified’ and ‘recommodified’.

Complementary and Alternative Medicine (CAM) has gained the attention of regulatory bodies such as the ASA. One form of regulation of Reiki practice, a component of the greater CAM market, is presented here as originating from the ASA, a non-statutory, self-regulated, private limited company (Whitehouse 2014) that enforces advertising mandates from the Committee of Advertising Practice (CAP). When TV advertising became prevalent in 1961 and followed by radio advertising in 1973, advertising associations collaborated to produce the British Code of Advertising Practice. These codes were meant to address the concerns of the public as they became more aware and critical of advertising content. The advertising industry response to this public awareness, in its forming of the ASA, was

welcomed in the Lords Sitting of Parliament on 14 November, 1962. This was in large part as Parliament did not feel that it should be the government's place to monitor advertising activities and were happy to let the industry associations manage the task (Commons and Lords Libraries 1962). Therefore the ASA appointed itself, in 1962, to regulate advertising. In 1988, the Office of Fair Trade (OFT), a governmental office responsible for protecting consumer interests within the UK, introduced the Control of Misleading Advertisements Regulations which in essence provided the legal backing for the ASA. In April 2014, the OFT was closed and their former responsibilities were passed on to different organizations.

Today, the ASA still works as an autonomous regulator of advertising practices. Originally the OFT served as a legal backstop for their adjudications where now it appears that it is the Competition and Markets Authority (CMA) that enforces guidance originally published by the OFT. However, the ASA, on their website, for the breach of CAP code predominantly list their sanctions to consist of bad publicity or referrals to other regulatory bodies such as Trading Standards or OfCom. In other words, these sanctions tend toward provocation rather than legal action. And yet, the ASA states that 'Referral to Trading Standards is a last resort and rarely needed: the overwhelming majority of advertisers work within the system' (Advertising Standards Authority 2014).

Agents, such as the ASA, instrumental in this process of marketization are not necessarily from the healthcare domain. In Chapter 3, I drew on technologies of the self and those specific operations that one conducts on oneself in attaining a 'certain state of happiness, purity, wisdom, perfection or immortality' (Foucault in Rabinow 1997: 224). In this chapter I introduce the second technology within governmentality, the technologies of power, which serves to 'determine the conduct of individuals and submit them to certain ends or domination, an objectivizing of the subject' (Foucault in Rabinow 1997: 224). By widening the scope of this thesis to include marketization, I highlight the submission of Reiki practice and Reiki practitioners within the social context of healthcare. By encompassing Reiki practice into the domain of commodity, the practice and moreover the practitioner will be considered to have been objectivised.

In addressing a multiplicity of agents and addressing the variety of issues that can be raised, this discussion can also be considered political (Çalışkan and Callon 2010: 20) in that lines are drawn over such things as liabilities, profits and ethical and political interests (Slater

2002: 243). Reiki as a commodity is a platform in which to highlight the tensions and current issues that face Reiki practice as it concerns the wider public domain, specifically as it concerns the ethical interests of public safety. Where previous literature surrounding CAM and conventional medicine has favoured a hegemonic discourse demonstrating a divide between these domains (Cant and Sharma 1999: 133), this discussion takes a different approach. The divide, I offer, is not found explicitly between CAM and conventional medicine. Rather it is found in the process of valuation, an aspect of marketization, wherein conventional medicine is used as a tool by third party interests to compare and ultimately highlight paradigmatic dissimilarities.

The introduction to this tension begins with an ethnographic account of the technologies of power, or marketizing agencies in action. In the following vignette, the cultural submission of Reiki practitioners is evidenced. This facilitates a discussion of commodity, where through the submission to and domination of market forces Reiki has been characterised as a generic market brand. In discussing Reiki as commodity, the history of CAM regulation and Reiki practice in Britain are highlighted. One motivation for this regulation is clear: to have Reiki practice on offer as a service within the National Healthcare Service (NHS) requires a particular valuation of the service. It is this motivation and the marketization of the Reiki brand that brings the scientific world of evidence based medicine (EBM) and randomised control trials (RCTs) to bear on Reiki practice. This vignette provides the platform where these two paradigms meet in a regulatory encounter.

Vignette - Adjudication

In 2011, Christina Moore, a Reiki Master since 1997, received a complaint from the Advertising Standards Authority (ASA) raising three issues: first, ‘challenging whether the claim “The aim of crystal healing is to restore wholeness, balance and health on all levels - emotional, mental, spiritual as well as physical’ was misleading and could be substantiated”; second, “whether the claims that Reiki could treat grief, insomnia, tinnitus, lack of confidence, back pain, constipation, Candida, skin disorders, anxiety, stress, tension, worry and phobias were misleading and could be substantiated”, and lastly whether “the ads reference to the serious medical conditions high blood pressure, stroke and addictions, could discourage essential treatment”’ (Advertising Standards Authority 2011). Unbeknownst to her, all these details along with Christina’s full name and address had been posted publicly to the ASA’s website on

June 29, 2011. The following are details of the context of this situation and a narrative of my conversation with Christina.

On March 1st 2011, the ASA established new rules applicable to complementary therapies, natural health products and therapy courses and training. These new rules required that complementary therapists, Reiki practitioners included, have to provide, through the use of peer reviewed medical journals, evidence that backs their claims for healing or curing conditions. In other words, those advertising their services through non-broadcast media, such as websites, have to back their claims with evidence based on research that involved double blind trials and matches the highest standards of evidence. For Christina, an independent Reiki practitioner without any support of a professional body, this became problematic. When these new rules were instated, organizations like the Nightingale Collaboration, a private limited company founded by Alan Henness and partially funded by Science writer Simon Singh, filed formal complaints against individual practitioners like Christina. The Nightingale Collaboration do this because they wish 'to improve the protection of the public by ensuring that claims made in the promotion of healthcare therapies are not misleading' (2014). However, as it pertains to Christina, these aims of the Nightingale Collaboration were not as benign as they seem.

When Christina was contacted by the ASA, the complaint, the issues at hand and the full account of the adjudication had already been posted online for public scrutiny on the ASA's website. It was argued that the information on her website had breached CAP Code (Edition 12) rules 3.1 (Misleading advertising), 3.7 (Substantiation), 12.1 and 12.6 (Medicines, medical devices, health-related products and beauty products) and CAP Code (Edition 12) rule 12.2 (Medicines, medical devices, health-related products and beauty products). According to Christina, she was hand-picked by the Nightingale Collaboration to be an example for Reiki practitioners as it pertains to these new codes. While Christina appreciates the concern for public safety, she feels that the handling of the adjudication and her own safety was not on equal footing to their concern for public safety. In other words, the adjudication was so heavy handed that Christina felt her personal safety was compromised in the ASA's attempt to provide safety for the wider public.

According to Christina, the process of the adjudication as dictated by the ASA (not a legal entity) was 'horrible, uncomfortable and stressful'. She had no support from anyone at the time as she attempted 'to fight for the Reiki profession'. Meanwhile, as she dealt with these strict requests for conformity, she was put at risk as her information was open to the public. As the process continued she received daily phone harassment by strangers that would call and make lewd comments or simply laugh at her before hanging up. She began to screen her calls and haltingly reply to anyone who did phone. She feels that she lost a significant amount of business and believes that potential clients were most likely put off from her services. She felt restricted about what she could or couldn't say. She was so frightened that the ASA or Nightingale Collaboration might be doing check-up calls that this affected the way in which she spoke about Reiki. The process did not, however, affect the ways in which she practised.

The letter of adjudication she received stipulated that she would have to pay a £1000 fine if she did not comply. If she did not comply they would continue to increase the sanctions, with a suggestion that they would demand that online service providers discontinue her web presence. I have seen that in some cases they have posted online ads announcing the adjudications on popular browsers for the general public to see. The final sanction, in Christina's case, would be a referral of non-compliance to the Office of Fair Trading. She was given very little time to respond to the complaints and without an understanding of peer-reviewed medical journals or how to access them, was unable to substantiate her claims. She said 'the threat of compliance was so severe, that there is no arguing'. While she attempted to explain her claims to the ASA and provide evidence for the treatments, all these attempts were turned down as not being rigorous enough to meet their standards. Overall she perceived this adjudication to be a threatening act. Generally, this process created a fear factor for Christina regarding how an individual is treated and presented to the public through this process.

She has since advocated that Reiki practice be a professional therapy backed by research in order that it can be more 'mainstream'. She feels that without research and without the professionalization of Reiki practitioners the practice will not become mainstream and the public will not be educated properly on Reiki practice. She feels

the Complementary and Natural Health Care Council (CNHC) still needs to tighten up their regulations in order to allow Reiki to become more professionalised.

As an outcome of this experience, Christina has changed her website language in order to fall in line with the ASA guidelines and to end the stressful process of adjudication. To repeat, while this experience has changed the way she speaks about Reiki, it has not changed her practice. As a Reiki Master, 'reiki is her lifeblood, her energy, and without it she is not herself'. Without Reiki practice Christina is not 'happy or at peace. Reiki practice allows her to want for nothing or to have a need for anything', which for Christina is the 'ultimate goal in Reiki practice'.

Recent activity of the ASA

After hearing from Christina and discussing her case, I looked into how Reiki practice has since been treated by the ASA. Since 2011, there have been two additional ASA adjudications pertaining to the way in which Reiki practitioners present or make claims regarding Reiki practice. At the time of this writing, no Reiki practitioners were listed on the ASA's non-compliant advertisers list.

Organizational History, Regulation and Reiki Practice

The vignette above presents the current state of regulation for Reiki practice. The history of CAM regulation within the UK, however, was initiated by Prince Charles:

In February 1996, HRH Prince Charles proposed the Integrated Medicine initiative to encourage conventional and complementary healthcare to work together within the NHS for the benefit of the British public. For this to happen, complementary therapies were required to be self regulated and to develop robust systems to ensure high standards of practice and levels of care, to bring them in line with other healthcare professionals who are also expected to hold nationally recognised qualifications.

The House of Lords (Science & Technology Committee) Report on Complementary Therapies in 2000 advised that Voluntary Self Regulation be introduced for Complementary Therapies. As a result of this 12 different therapy groups were invited by the then Prince of Wales Foundation for Integrated Health (PWFIH), to be involved with the consultation and process towards Voluntary Self Regulation. This

went through what was called the “Federal Working Group” and culminated in the introduction of the CHNC as one regulatory body, although others have subsequently been formed. (<http://www.reikifed.co.uk/reiki-regulation>)

Of particular interest is the point made in the first paragraph above, ‘bring them in line with other healthcare professionals’. This requirement of bringing CAM practitioners in line sets the stage not only for professionalization, but also for a particular valuation of Reiki services, as part of the CAM network. This valuation implies that Reiki practitioners should have a value, or merit, that is equal to that of other healthcare professionals within conventional medicine achieved through nationally recognised qualifications. This statement is loaded with inferences of inequality, where a particular medical culture (Chapter 1) is to submit to the dominant medical system that has accumulated more merit. The medical culture of Reiki practice and the medical system in Western societies as demonstrated in Chapter 1, do not, however, operate on the same paradigm. Reiki practitioners conceptualise a paradigm aligned to an emphasis on a return to holistic homeostasis. In contrast, conventional medicine is focused on illness and condition as a means to a cure.

Sharing a concern for imminent regulation, two membership Reiki associations formed. The Reiki Association (TRA) was established first in the UK by Kristin Bonney in 1992. The organization honours the teaching of Usui Shiki Ryoho (USR), however accepts members of all lineages and requires that members have been in the physical presence of their training Masters during initiation. When I spoke to Kristin she said that TRA was created ‘partly as a means of networking with other Reiki practitioners and partly to organize qualifications in order to meet the threat of regulation’. At that time this threat was coming from Europe and would potentially impose regulations on all therapies involved with the public. However, at the time Phyllis, both then and currently the lineage bearer of USR, did not consider Reiki practice to be a therapy. When Kristin asked her for clarification, she said, Phyllis was adamantly not in agreement that Reiki was a therapy; rather it was a spiritual practice. It was also at this time that other USR practitioners began to ask for a clear understanding of what Reiki was. Alongside this clarification and organisation, the TRA was meant to develop specific training that would meet regulatory standards. Much has transpired since then and the training they sought to develop at the beginning has now become available. Julie, a member of TRA, outlined her involvement in this process,

I am on the Reiki Council...a separate organization that is a collection of Reiki organizations; it sets group standards for Reiki practitioners... It has developed a corporate code of ethics... I'm also on a professional specific board for the CNHC, the Complementary and Natural Healthcare Council. [...] it is quite specific work, in terms of regulation for Reiki practitioners...

This 'specific work', as Julie calls it, while making headway, is still a work in progress as a result of the many agents involved in the process of defining Reiki practice.

The second Reiki organization, also based in the UK, is the UK Reiki Federation (UKRF). The UKRF was formed in 1999 and approaches its membership differently. Zoe, a former chair of the organization, said that it 'serves as an umbrella organization to all Reiki lineages' with the primary aim of promoting standards of good practice for Reiki. However, this focus on standards has left some practitioners, like Carrie, a multiple Reiki *form* practitioner and originating member of UKRF, with a sense that the organization is 'about ticking boxes and lacks a sense of community'. Laura, a Reiki Master in Usui Reiki, added:

...it's getting more and more bureaucratic so that it can be seen as not a poor relation to biomedicine so you've got your regulation and you've got your forms and your boxes are ticked in the appropriate order and yes it's credible.

Therefore, for some practitioners like Carrie and Laura, these works are motivated by the desire to create a sense of credibility, a point of valuation, in relation to conventional medicine. One of these tick boxes is 'Usui Lineages are a requirement for regulatory purposes and it is important that lineages are traceable back to Mikao Usui in an unbroken link for anyone wishing to apply for registration with a regulatory body' (<http://www.reikifed.co.uk/about-us/50-practitioner-membership>). Therefore, for regulatory purposes, Reiki practitioners' lineage must start with Usui.

The promotion of good standards and practice takes place in the form of Continuing Professional Development (CPD). Members who join a regulatory body, such as the CNHC, are required to undertake 12 hours a year of CPD work. CPD courses are offered by the UKRF with the purpose of maintaining and building on practitioner skills and knowledge. Additionally, the organization promotes the recently approved (2009) National Occupational

Standards (NOS). The NOS are statements which describe what an individual needs to be able to do, know and understand in order to be safe and competent to practice. An independent agency called Skills for Health is responsible for establishing NOS for a wide range of health care disciplines, including many complementary therapies. The self-regulation, as introduced by the House of Lords, is voluntary not compulsory, therefore serves to regulate the practitioner, not the practice. However, the work conducted by the organizations like the UKRF has ‘made a major contribution towards the regulation of Reiki as a profession’ (<http://www.reikified.co.uk/reiki-regulation>). Therefore it appears that regulation, or the objectification of knowledge (Timmermans and Almeling 2009: 22), is taking place for the practitioner and the practice. There are other membership and professional bodies, including the Federation of Holistic Therapists, supporting Reiki practices which have not been included here as they exceed the purpose of this discussion.

Framing a Commodity

The above vignette and prologue demonstrate tensions resulting from the early and subsequent attempts at defining and valuing Reiki practice as it entered the healthcare market. Before engaging with aspects of this work of defining and valuing Reiki, I will first discuss theoretical applications concerning commodities and markets for this endeavour.

The market is understood as a space for calculation and part of this calculation involves a complex process of valuation involving things and people (Çalışkan and Callon 2009: 393). With the market already established — healthcare — the issue of calculations does not concern this discussion. As it concerns marketization, things that are being valued and those that do the valuing are part of a larger consideration related to the framing of a commodity (Çalışkan and Callon 2010: 5). Framing is a conceptual process that helps to understand how a market comes to exist and how goods are brought into that market (Callon 1998: 17) through entanglement and disentanglement. Entanglement is a term Callon adopted from Thomas (1991: 4), who employed the expression to discuss the historical and social relations attached to objects within indigenous economies. Disentanglement involves disconnecting the object from agents involved in the market exchange, wherein after the exchange both parties are ‘quits’ (Callon 1998: 17). These multiple processes are the framing of an object, defining it as well as the agents involved in the objects of production and circulation. Callon further adds that framing is never over, there are always relations that defy framing, these relations are

called ‘externalities’ (Callon 1998: 17) and the impossibility of framing is called ‘overflowing’ (Callon 1998: 18).

It is this area of impossibility that brings Appadurai’s work on commodity to bear.

The overflowing of a commodity, or the impossibility of a commodity to be defined, highlights the potential for a commodity to be considered a ‘thoroughly socialized thing’ (Appadurai 1986: 6) in that it can be commoditized, decommoditized and recommoditized (Callon 1998: 18). Furthermore, commodities can never be fixed, rather they characterise different things at different points in their social lives (Appadurai 1986: 13). What is of interest regarding these concepts of commodity is the creation of a commodity through the definition and valuation by multifarious agents at different points of a commodities’ life. One dimension of the social life of Reiki practice as a commodity is found in the regulatory process within the healthcare market. As healthcare has shifted to a market economy, healthcare has been transformed from a service relationship to a service commodity (Stoeckle 2000: 141). As a service commodity, the object of framing is to objectify and transform the service into things which can be valued (Callon 1998: 7). This sense of value is impacted by the ways in which a commodity is framed, in other words, the ways in which it is entangled or disentangled and the agents involved in this endeavour.

Marketizing Agents and Commodity

The ASA, in enforcing CAP mandates from complaints by individuals and groups such as the Nightingale Collaboration, is one agent involved in framing Reiki as a commodity.

Additionally and more recently, Reiki practitioners represent another set of agents involved in this process, by entering the healthcare market and advertising their services, for instance, on the World Wide Web. As a result of this activity, Reiki practitioners become susceptible to ASA sanctions whose mission is, ‘to ensure that advertising in all media is legal, decent, honest and truthful, to the benefit of consumers, business and society’

(<http://www.asa.org.uk/About-ASA/Our-mission.aspx>). Similarly, the World Health Organization (WHO) states, ‘...national and regional policies and regulations have been established to promote the safe use of T&CM (Traditional and Complementary Medicine) products, practices and practitioners’ (WHO 2013: 21). These two examples highlight the primary regulatory concern for CAM is for the public and their safety alongside the promotion of safe use. These groups engage in a ‘government of risk’ where the strategies

they employ are meant to ‘reduce aggregate levels of risk across a population’ (Rose 2001a: 7). As it concerns this discussion the population, the British public, is thought to be at risk of unsafe CAM practices and this serves as a rationale for instituting regulation (Cant and Sharma 1999: 148). This reduction of risk can be interpreted using Mary Douglas’s concept of an ambiguous event, where an anomaly is labelled dangerous and unclean, a matter out of place that must be brought to order (Douglas 1966: 40-41). CAM practices, specifically in this discussion of Reiki service, are an anomaly and a matter out of place in the healthcare market. Therefore, ASA regulation aims to cut out ambiguous definitions and values used in the practitioners’ process of framing and bring order to advertising.

In contrast, the motivation to foreground public safety developed in 2000 when the House of Lords began an inquiry ‘because there is a widespread perception that CAM use is increasing not only in the United Kingdom but across the developed world’ (Science and Technology Committee 2000). CAM as both product and service is being used widely which demonstrates a point of value, or importance, as it pertains to health and well-being. The perception of value is supported by the overall, annual out of pocket cost for users of CAM services in the UK which was estimated at £1.6 million in 2006 (Posadzki *et al.* 2013: 126). As the interest in CAM began to increase, a government of risk was employed in order to make the British public aware of the potential risks involved in the use of CAM. However and moreover ironically, the public, the object of this risk, is increasingly becoming involved in the very service that they are meant to be protected from.

With regulation looming on the horizon in the 1990s, Reiki practitioners and lineage bearers were forced openly to define their practice. Jillian said, “The public perceives Reiki to be a therapy,” and yet, as stated earlier by Kristin, Phyllis (lineage bearer for USR) did not agree with this. This discord has been played out in the market and the regulatory bodies within Britain. Consequently, as it concerns the market sector, Reiki has become a generic brand. As a brand that is fundamentally immaterial in that it is a service not a tangible product, this branding process transforms the intangible into something of value (Ryder 2004: 3). Furthermore, with this focus on value an object is transformed into a brand (Foster 2005: 10), resulting in Reiki practice acquiring a fixed identity. Consequently, it is identified as a therapeutic brand service within the consumer market. As it concerns this commodity, the regulation and framing of Reiki using the World Wide Web has been instrumental in driving this value.

Commoditized Through Adjudication

One way that the public obtains information regarding Reiki practice is through websites where Reiki practitioners market their services. This exposes Reiki practice to ASA regulation within the scope of non-broadcast media. It is market regulators who have largely framed the social life of Reiki as commodity. They have determined what evidence is acceptable in supporting a Reiki practitioners claim regarding their services, therefore driving its definition and valuation. The general premise that all commodities should measure up to the same standards prevails (Trebilcock 1970: 271). The use of scientific evidence to support claims within the healthcare market infers that Reiki practice should measure up to conventional medicine. The use of rigorous scientific evidence, as employed within conventional medicine, is being used as a means of establishing value for a Reiki practitioners claims. This has been the sole evidence accepted by the ASA. While there has been much scholarly work analysing the tensions between conventional medicine and CAM (Bakx 1991: 21; Saks 2003: 65; Winnick 2005: 47), little has been done to explore how external agents, those not aligned to conventional medicine or CAM, might drive this tension. By opening this window into regulation, this tension is perpetuated by outside parties such as the ASA.

In taking a critical stance against the ASA and their regulation of CAM practices generally, they are not as transparent as they could be in how they exercise their regulatory power. This lack of transparency suggests an absence of responsibility to any authority. As highlighted in the vignette above, this self-appointed regulator adjudicates over complaints made against advertisers. The advertisers, within the healthcare market, are held to the same scientific standards as conventional medicine. Scientific evidence is requested in order to adjudicate complaints that fall under the CAP codes pertaining to misleading advertising and substantiation of health-related products and beauty products. However, in reviewing the board that comprises the ASA, no one has a background in scientific evidence based on RCTs or for that matter any medical professionals. The ASA has suggested that they bring experts in as necessary; however, the extent to which this happens is not clear. By not being as transparent as they could be they add to the tension in the process of disentanglement. This tension is grounded in the potential neglect of understanding healthcare as more than just a cure, but as a ‘moral commitment to help their patients technically and emotionally; assisting them [...] when they cannot be cured to achieve an adequate, if not necessarily a good, life (and death)...’ (Kleinman 2014: 120).

In the process of distinguishing those features of Reiki practice from features that define the practice for the public, the ASA creates a divide in value equivalence. This process of disentanglement serves to remove the aspect of Reiki practice that as practitioners' would suggest, is a core feature of the service that is the connection to *reiki* through spiritual practice. It is the discipline and *reiki* that enforces the ethical imperative for care (Chapter 7), bringing Reiki practice to the healthcare market to begin with. The attempt to align the value of Reiki practice to conventional medicine through the substantiation of RCTs strips Reiki service of the thing that defines it, *reiki* and the spiritual components of connection and love (Chapters 6). This can be interpreted as the ASA's attempts at purifying healthcare, removing spirituality as a kind of matter out of place.

An Issue of Value Equivalence

As discussed (Chapter 1), the Reiki paradigm is not comparable to conventional medicine. Where conventional medicine is perceived to be a medical system, Reiki practice has been described as a medical culture. Additionally, where medical science transforms people into objects (Timmermans and Almeling 2009: 22) in seeking cures, Reiki practitioners are tacitly more concerned with the question posed by sociologist Antonovsky, 'what are the causes of health?' (1987: 3). Consequently, the exchange value between conventional medicine and Reiki practice will similarly have points of differentiation.

Nevertheless, in drawing on scientific evidence as a means of regulating Reiki practice there is a consequence. This consequence seeks to make two things alike in value which are inherently not alike (Kopytoff 1986: 71). In regulating ways in which practitioners advertise their Reiki practice, the ASA is consequently attempting to create value equivalence between Reiki practice and conventional medicine, not in the capacity that Prince Charles initially suggested, rather through an advertising code. However consumers suggest a different motivation for their consumption of Reiki services, as demonstrated in Chapter 6 by a Reiki client who said that Reiki is the 'true patient experience'. This suggestion provides a different understanding of what Reiki practice has to offer. This is also different from what the ASA might suggest is actually on offer when applying EBM as a means of submitting Reiki practice to the value of conventional medicine. The ASA may presume the true and therefore safe patient experience to occur in the General Practitioner's office where RCTs are purportedly the rule. This experience, according to consumers, is actually taking place on the

Reiki treatment table. In regulating how Reiki practitioners define the outcome of their services, the ASA is disentangling Reiki. This process, whereby the practitioner is only able to represent a diffused representation of their work, removes the relationship, or connection aspect of the true patient experience.

In the case of Christina Moore, the ASA raised three issues of regulation that consequently help to shape public perception of Reiki service. The first of these issues was whether the claims that Reiki could *treat* grief, insomnia, tinnitus, lack of confidence, back pain, constipation, Candida, skin disorders, anxiety, stress, tension, worry and phobias were misleading and could be substantiated. The etymology of the term *treat* suggests a broader use of the term. The use of the word, in verb form, began in c.1300 and referred to those actions where people were meant to “negotiate, bargain, deal with”, from Latin *tractare* “manage, handle, deal with, conduct oneself toward” (<http://www.etymonline.com>). However in medical contexts, ‘treat’ has more recently been defined as, ‘to deal with or operate upon (a disease or affection, a part of the body, or a person) in order to relieve or cure’ (Oxford English Dictionary 2014f). The word ‘treat,’ it seems, is considered by the ASA in a conventional medical context, and by regulating use of this term, the ASA is engaging in the demand for compliance in how Reiki practitioners make use of a specific term. This submission directly relates to the way in which Reiki practitioners conceptualize and use language to define what their services provide. This distinction between treating a disease medically and treating the imbalance of homeostasis becomes problematic (Cohen 2000: 85).

With a concern for advertising and marketing activities, the ASA imposes the use of terminology in accordance with the dominant medical system where *treat* is used in a medical sense. Rather than consider other uses of the term, whereby *dealing with*, or to *conduct oneself toward* a person with the conditions that Moore described, is a correct use of the term and a valid assessment of Reiki practice according to the Reiki paradigm. If *reiki* affects all four aspects in a co-dependent plurality (Chapter 3), then it would also *deal with* anything existing within those aspects. Reiki practitioners conceptualize Reiki as bringing the body back to homeostasis in order that it can heal itself. This lack of understanding of the Reiki practice and its association with the co-dependent plurality of well-being further serves to disentangle and submit the aspect of care within Reiki practice to the framing of a commodity. This disentanglement also serves to challenge practitioners in so far as, they

must develop legally applicable definitions that capture the essence of what they are doing while also promoting the public good (Cohen 2000: 80).

The second issue raised by the ASA, applicable to this discussion, questioned whether the ads' reference to serious medical conditions could discourage essential treatment. The ASA's requirement for 'a body of robust, scientific evidence, such as clinical trials conducted on people, in order to substantiate them' (2011), fails to allow for the social aspect of health and illness as it pertains to these claims. Firstly, simply seeking a support network, a form of social support, hints at determinants of therapeutic efficacy (Csordas and Kleinman 1996: 14). Secondly, the Reiki professional body's membership requirements state that practitioners are not to discourage conventional treatments. Therefore, by disentangling the value of social support services such as Reiki within healthcare, considered 'real' or 'imagined', these serious medical conditions might be considered to put the client at risk. This risk emerges when a necessary aspect of medical treatment, the support network, is removed.

Real or Imagined, the Placebo Effect

The real versus imagined debate leads to a discussion on placebo. This is an old debate wherein placebos are often used as a control measure in RCT investigations. Looking beyond the conventional medical framework, placebo offers far wider applications than that used for RCTs. Within EBM and RCTs placebo is considered an inert substance, that does nothing, taken by subjects in a control group of an experiment (Moerman 2002: 4). Furthermore, it is claimed that 77% of UK General Practitioners prescribe impure⁸ placebos at least once a week (Howick *et al.* 2013: 3). However, wider applications of placebo are explicated in use of the term *meaning response* where 'meaning responses follow from the interaction with the context in which healing occurs – with the "power" of the laser in surgery, or with the red color of the pill that contains stimulating medication.' (Moerman 2002: 16). Therefore, considering the *meaning response* in the healing process, and where Reiki is considered complementary to conventional medicine, even the 'imagined value' as the result of a *meaning response* has wider implications for the healing experience. This is in opposition to a singular focus to the 'real value' as identified by EBM. The *meaning response* of placebo operates as a form of entanglement in the Reiki commodity discussion. This entanglement

⁸ 'Impure placebos are substances, interventions or 'therapeutic' methods which have known pharmacological, clinical or physical value for some ailments but lack specific therapeutic effects or value for the condition for which they have been prescribed.' (Howick, J., Bishop, F.L., Heneghan, C., Wolstenholme, J., Stevens, S., Hobbs, F.R. & Lewith, G., 2013. Placebo use in the United Kingdom: results from a national survey of primary care practitioners. *PloS one*, 8, e58247.: 2)

underlies the spiritual interaction taking place in Reiki service. As in previous chapters, a particular *meaning response* for Reiki practice has been found to lie in the intersubjective experience of the practitioner and client and in the social experience of the here and now.

Decommoditized through Spirituality

In relation to the ethical imperative for care (Chapter 7) these contrastive and diffused qualities of Reiki as a commodity demonstrate the externalities (or relations that practitioners share with their practice) and overflowing (or inability of framing) of the Reiki commodity. This overflowing is characterised wherein the parties in the exchange never come to an end. For instance, Reiki Master Laura had the following to say about the concept of value and Reiki service:

...it's not about capitalism, it's about how we live in this society and it's about recognising value and worth more than getting lots of money.

The ethic of care, or for Laura how we live in society, resists the effort of framing Reiki practice as a commodity service. As a practitioner, Laura is a party in the exchange and for her the Reiki experience never comes to an end, it is how she lives her life. Furthermore, when I spoke to a Reiki practitioner working in the oncology ward of a central London Hospital, she explained that she has provided 14 years of Reiki service on a voluntary basis. When I asked why, she replied, 'Because I wanted to help people, getting paid was not the point, the point was to take the pain away...'. If healthcare is a commodity, this commodity is for sale and the healthcare provider is a money-maker, yet, if it is associated with the moral imperative to provide care then it is not for sale and the provider is a healer (Pellegrino 1999: 262). Considered in this light, Reiki practitioners such as Laura can be thought of as healers where the ethic of care is the driving force in their practice.

During fieldwork I found this concern to help people common amongst practitioners and for some in certain lineages this can create strain. Some lineages teach that Reiki requires a form of energy exchange. The form and value of that exchange have been defined monetarily by the lineage in context of things such as Reiki Master training. However, Reiki practitioners such as Linda have demonstrated this value as relational wherein the exchange must have a value meaning for receiver and provider. Rather than require payment in the form of money for Reiki training, she asked for the student, a blind man with artistic talent, to paint her a

picture. Additionally, practitioners who volunteer Reiki service receive compensation in other than monetary ways. Matthew shared with me an experience he had of providing Reiki wherein this exchange resulted from his ethic of care:

I had an interesting and challenging experience once as Hospital Chaplain where a woman knew of me through a friend ...who said you should ask Matthew when you are in hospital to give you a Reiki treatment. So she said can you pull the curtain, so I pulled the curtain around her and she said I know about you, I know you are the chaplain but I would like a Reiki treatment. And I said, I can't do that here, I'm not paid to do that. And I went through a whole lot of stuff and I thought in the end; She has asked you for a Reiki treatment and it is completely within her [rights], she can't be moved away, and I can do this discreetly and appropriately with my gifting's in that field and as my role as hospital chaplain. So I did.

For Matthew, a USR practitioner providing *reiki*, this event served as an overflowing of the framing process. He provided the service simply because he could and more importantly, he felt it was the woman's right to receive the care she was requesting. Valuation in this sense is given import through the ethical imperative for care. This entanglement of Reiki practice demonstrates another social life of Reiki practice from that offered through regulation. In the life of the Reiki commodity from the view of the practitioners, Reiki service is in fact decommoditized as a consequence of the spiritual underpinnings of the practice.

However, unlike Laura and the Reiki volunteer, Barbara felt that the use of money for treatment was easier than relational forms of exchange,

I used to do a lot of exchanges in the early days ...For instance, I give you a Reiki treatment and you clean my car... when will we get together – when will the car and the person be in the same place, practical things like that. Or I give you a Reiki treatment and you just give me a gift... and then the gift is something you would not or can't use and you become resentful. Or it is not an adequate exchange, or it is too much. It is somehow cleaner to use money. I think we all had a go and find out that money is easier and cleaner.

Clearly, the exchange per the first two accounts can and, even for Barbara, has been one consistent with a relational value leading to entanglement. These accounts lean towards an exchange not strictly related to wealth (Mauss 1990: 7), rather what can be exchanged for something of reciprocal value. However, in Barbara's case, she has experienced that the exchange of service for money is easier and does not bring with it potential entanglements.

Considering the spiritual foundation of Reiki, it might be presumed that the commodity would be found strictly within spirituality. Scholarly discussion surrounding spirituality as a commodity (York 2001: 367; Leibrich 2002: 156; Carrette and King 2005: 170) abounds, however its relevance to my ethnographic data remains unclear. In defining Reiki practice, spirituality is a foundational feature, to which Julie said,

...just because it [Spirituality] is not explicit, does not mean it is not present. You cannot take the spirituality out of Reiki. The fact is, you know, if there is no mention of it, and a Reiki practitioner goes to a person in a Hospice places their hands, something spiritual is happening. [...] And I don't think it is necessary that this aspect is explicit. What is important is that people are able to receive *reiki*.

The spiritual aspect of Reiki practice is not only fundamental in defining the commodity; it also supports the commodity in the process of valuation. This is evident in the story of Phyllis having said that she would rather receive Reiki from someone practising their spiritual discipline daily, than someone who is a Reiki Master without this discipline. This is also evident in what Julie states above in that it is the embedded element of Reiki practice. Spirituality, in this sense, is the aspect of commodity that is overflowing, it never achieves framing. Spirituality is foundational and yet it is also *nonformative* (Chapter 6), therefore it cannot be framed indefinitely as a commodity. Moreover, Bob a Reiki Master suggested,

...for me *reiki* is a spiritual discipline covering my whole life. If I just use "techniques and so called knowledge" without the depth that accompanies this wisdom and practice, than it easily slides to the practice of "money-making" on a superficial level.

This concept of spirituality as a discipline of life (Chapter 3) lends that aspect of Reiki practice to *nonformative* spiritual subjectivity, not a technique that can be made into a

commodity. In other words, Bob's spirituality is not for sale it is an aspect of his sense of self. This iteration of the social life of Reiki practice places the definition and value of Reiki commodity in an entangled frame. Similarly, in discussing the idea of Reiki and the NHS, Patricia said,

I think you will find that you cannot set up training for something that is not just skill based but will have a deep personal effect on people's lives. It is like saying we have to go off and become Mormons, you have to go off and have some spiritual training. That is a personal thing, I remember a sister Master in Ireland and she was a nurse and she decided to do nothing but Reiki...the Irish NHS asked her to do Reiki training for the nurses and she said no, they have to want to understand that they want to do this for themselves, and part of that experience is they have to have and want to have a commitment to do that...

Patricia refers to Reiki training as involving spiritual development that characterises the subjective nature of practice. It is not something that can go into a training manual but it is something to be experienced over time, an externality to the framing process. Janice, an NHS nurse and midwife, said the following regarding spirituality and the NHS,

For me, the issue is the fact that you can't prove it works the usual scenario with complementary therapies. So I don't think spirituality would come into it at all.

The first two accounts, each suggesting that spirituality is not a commodity from the Reiki standpoint, are grounded in the underlying value of a personal discipline and experience and identity. This viewpoint, coupled with the basic premise that CAM has not indisputably been proven to work, confirms the conclusion that though spirituality is not overtly at stake in the disentanglement, as Julie said, it will always be present. However, the consequences of this are that spirituality, as Janice says, is surreptitiously neglected as an anomaly, a thing out of place, in the regulation of the healthcare market.

Contrasting Understandings

The scientific evidence required by the ASA creates an issue of value equivalence between conventional medicine and CAM. With at least 21 National Health Service (NHS) hospitals offering Reiki service to patients (Appendix 4) and with medical professionals not overtly

dismissing CAM, this creates a contrast to the ASA perspective. For instance, Sandy, a pain anesthetist, said;

I have come across patients who have nerve pain from surgery... that is never going away; they just have to live with it. Medications don't work, so whatever it takes to make them happy, I am happy to go along with it.

She further stated,

...if you can prove there is evidence...the NHS supports it...the funding in the NHS is limited, whatever is offered to the patient has to have a sound background...It has to have the NICE guidelines...if it can be offered, then yes. And if it can't, then the NHS being such a public spending...thing it would be difficult.

There is a contradiction here in that Sandy, as a medical professional, is happy to go along with whatever will help her patients to assist them in what is referred to as 'living an adequate, if not necessarily a good, life' (Kleinman 2014: 120) after surgery, in other words, coping with their condition. However, institutionally, she acknowledges that whatever is on offer requires evidence of efficacy in order to be supported by the NHS and moreover, has to meet the National Institute for Health and Care Excellence (NICE) guidelines.

Furthermore Gina, an NHS Medical Doctor and Consultant said,

I think there is a scope for CAM. The way allopathic medicine works is its research based and there's randomized controlled trials and...evidence based medicine. Whereas in CAM you may not have the same sort of evidence, so it's not comparable... say there's one patient who, or one candidate who improved, it's not enough...to put into practice...that comes from a very rigid model compared to what happens in real life. I think there are two schools of thoughts in the NHS. They themselves are not sure what to do.

Gina lends emphasis to a point made earlier in remarking that CAM and conventional medicine are not comparable and that in a discussion of commodity, where RCTs are the

golden standard (Cartwright 2007), this creates an issue of value equivalence. Tellingly, she continues, ‘...compared to what happens in real life’. This statement implies that what happens in EBM and RCTs does not reflect what happens in real life. Furthermore, CAM can be considered to have a different base of evidence from conventional medicine (Barry 2006: 2651). Additionally, clinicians have been found not to follow NICE guidelines as these guidelines do not conform to real life situations. Two reasons are offered with respect to this disregard: first, insufficient evidence for strong recommendations and, second, confounding implementation due to socio-economic considerations and patient wishes (Timmermans and Almeling 2009: 25).

With all this to consider, why do NHS hospitals offer Reiki service as a patient provision, despite the difficulties caused by ASA regulation and NICE guidelines? On this point, both Reiki practitioners and medical professionals had something to say. For instance Tony said,

So Reiki is good for the NHS, palliative care, addictions... “reiki is good when”, and you can quote this, “when they don’t know what the fuck to do,” then Reiki is acceptable isn’t it? Because we can’t do anything now so it doesn’t matter what you do, nothing will change anyway or if you can make them feel a bit better than go for it because there is nothing else we can do. Then Reiki is okay.

Similarly, both Wendy and Janice, nurses and midwives in the NHS, said the following regarding the provision of CAM, and more specifically Reiki service, in hospitals,

Wendy: It's the areas where you've come to a full stop really and don't know where to go next. Take chronic pain... It's where people are, they're stuck but they want to be the person that's cured that patient really. And they would never say this out loud but this is what their thought processes are. They don't want someone to come in and alleviate the symptoms without them being sure it's the right sort of thing to do.

Janice: What I've found in homeopathy, through all my training, was that people that tended to, which didn't have a background or some knowledge of it, they came to us because everything else had failed. Everything else, everything else failed so I'll try this. Which is a shame because you were getting people with... long term conditions, like your MSAs...or you were sort of like the last resort.

[...] Other than that, you either had someone who knew about it, knew what it could do or it was like, “I’ve tried everything else. Nobody else can help me. I’m desperate. I’ll try this now,” which is such a shame.

Some medical professionals at least, agree that Reiki practice comes in handy when there is no other option. If that is the case, when someone suffers from a medical condition that conventional medicine has failed to treat, why create disparities of access and quality as a result of the diffusion of Reiki service through market regulation? Clearly, as conventional medicine works within the EBM framework, and while the NHS abides by NICE guidelines, organizations such as the ASA use these determinants in objectivizing the subject of CAM practices such as Reiki and the Reiki practitioner as commodity. What is really underneath this push for standardization and commodification? The actions of the ASA are a major stimulus, drawing less on the scientific knowledge base as medical professionals than from marketing and advertising experts enforcing advertising code supporting a government of risk. However, to repeat, this unequal use of value equivalence can be seen to lower standards amongst Reiki practitioners as they are unable to differentiate the generic brand Reiki from their lineage specific practices. Reiki practitioners feel this tension (created by organizations like the ASA) is so unpalatable that some have revoked their ethical approval to participate in this research. The main reason they give is fear of ridicule. This tension and fear of ridicule create an opportunity to investigate the response of the Reiki community and practitioners to the decommodification of Reiki practice through ASA regulation.

Recommoditized through Marketing

Thus far I have discussed the disentanglement and entanglement of Reiki as a commodity, primarily because the ASA has actively engaged in disentangling Reiki service and concomitantly Reiki practitioners and membership organisations have entangled Reiki service.

The submission of Reiki practice through marketing regulation prevents Reiki practitioners from differentiating their services as a point of value through marketing and advertising practices. The ASA’s claim that reference to serious medical conditions could discourage essential treatment as a result of the language on Moore’s web page impinges on her ability to differentiate her service value, or the entangled value of the Reiki commodity. As a result, this push for standardisation runs the risk of lowering standards (Clarke *et al.* 2004: 335).

This disagreement concerning value equivalence creates precedence within the healthcare sector in so far as two inherently different things are being treated as if they are the same. These two things (Chapter 2) are the medical system of conventional medicine and the medical culture of Reiki practice. Consequently, while an advertiser of Reiki services may have personal testimonies from clients for particular conditions in real life scenarios; these would not meet the requirement to provide a body of robust scientific evidence. Practitioners are confident that Reiki, as a medical culture, works to establish homeostasis by triggering the body's ability to heal itself. As health and illness continue to be understood in terms of cultural constructs, and where individuals would desire an understanding of their cultural needs, the regulation of Reiki results in consequences for the Reiki milieu. For instance, one consequence is a vagueness surrounding the underlying nature of the practice as a medical culture. This vagueness results in a representational disparity of the Reiki milieus' cultural views on health and illness within the healthcare market. The standardization of Reiki, through regulation as an objectified commodity consequently alters the public's perception and understanding of the practice. However, through marketing efforts, Reiki practitioners demonstrate the third social life of Reiki as a commodity, the recommoditized phase.

In the recommoditized phase of Reiki's social life, marketing efforts become paramount. The regulation of Reiki practice stymies marketing endeavours particularly from a strategic standpoint. Marketing, as a framing process, explicitly connects cultural and economic issues to the commodity (Slater 2002: 246). In the effort of marketing a commodity the question is: 'can this object be culturally entangled...defined and represented in terms of consumer lifeworlds' (Slater 2002: 247)? As a result of ASA regulation, the focus has been taken away from the social life of Reiki as a spiritual practice and has created a generic market brand. The regulation has entangled Reiki service with the healthcare market but has simultaneously disentangled it from consumer lifeworlds. As demonstrated earlier (Chapters 6 and 7), Reiki spirituality is conceptualized as 'occulture' which grounds the milieu as informed by popular culture while simultaneously contributing to popular culture (Partridge 2005: 2). If this argument holds firm then popular culture steps into the lifeworld of a spiritually grounded understanding of well-being that is simultaneously subjective and intersubjective, individual and relational. Therefore, marketing Reiki service as 'treatment' in this occultural lifeworld of consumers, serves to recommodify Reiki practice by culturally entangling it with the consumer's lifeworld. The consequence of regulating the marketing of Reiki service dilutes Reiki practice and those entangled frames of value that underpin its recent growth.

Reiki as a Market Brand

Although the idea of Reiki as a brand was not aired overtly at the beginning of this study, it has been percolating. For instance, Tony said,

Sometimes I try not to even give it the word *reiki* because I feel as though as soon as I say that I have almost weakened what it is because of the watered down ideas that people have about it.

This quality of being watered down characterises a generic brand. An example of a generic brand is ‘cola’, a generic name for the brand name commodity Coca Cola (Foster 2005: 8). Similarly, Gendai *Reiki-ho* or Reiki Jin Kei Do is now simply ‘Reiki’. By homogenizing in the effort of commoditizing (Kopytoff 1986: 73), the value of Reiki, its meaning and purpose, has been watered down to a point where Tony does not even want to use the word. Similarly, and as discussed previously, even Jillian recognises the insufficiency of the watered down version, where it is simply ‘Reiki’ as opposed to the lineage specific name Gendai *Reiki-ho*. This process of homogenizing has also been called *genericide*, where a term identifies a product class to which multiple products belong resulting in a loss of differential distinction (Manning 2010: 41). Therefore, the use of ‘Reiki’ is a consequence of both commoditisation and *genericide*. Consequently, ‘Reiki’ now serves as a diluted brand referring to a class of products within CAM, where each singular product would be the Reiki *forms* themselves.

This dilution of ‘Reiki’ is not only happening in the market sector, it is also present in Reiki practice itself. Recall that after Phyllis was questioned by her USR lineage about what Reiki was, an official designation was developed, the Office of Grand Master, that ‘offers clear teaching and guidance for understanding the form of the system as well as its universal philosophical foundation’ (www.usuishikiriyohoreiki.com/ogm). Patricia said this lineage in its current form is described as,

...a law of tradition...the only person who can define the practice, which is her [Phyllis]. You can say there is an authority there but only in the sense of definition and the people who accept that form and say I practice that form and so they accept that definition.

Therefore, since 1993, USR has had a standard definition and people who practise USR accept that definition as a law of tradition. Reflecting back (Chapter 3), this law is a recent invention that is symbolically constructed and supported by the history of lineage. Moreover they practise USR in a self-regulatory manner as there is no statutory authority embedded in this move to define Reiki practice. While there appears to be a move towards professionalization where acceptable qualifications are being established, the self-regulatory aspect implies that there is no professional body or association overseeing the conduct of members of that profession. However, codes of conduct are being established by Reiki *forms* and different associations, for example the TRA, UKRF and CNHC. This establishment of codes of conduct are crucial to the defining of the practice and the response of the Reiki community to the process of commodification.

This defining of the practice by these groups is due both to the demand for information from the public, and the increasing presence of unqualified practitioners that claim to be practising Reiki. However, Jillian said those making this claim lacked any resemblance to what others recognised as a qualified Reiki practitioner,

...there is the whole plethora of practitioners who don't belong...! This was certainly one of Julie's driving motivations in working on the National Occupational Standards, and our ideal in working towards both training and practice.

We might wonder about those practitioners who don't belong, who in fact lack qualities recognised as Reiki. Who are these people and in what way would they not belong? Barbara's recounting of the early days of Reiki's growth offers insight:

So I went to an Alliance conference in Spain in 1990 where this question was intensely up; "We've met that Reiki and this Reiki" and somebody else said "This is Reiki and you have to be having an orgasm on the Kings chambers and the pyramid and something and you have to be naked and..." "So what exactly is the system we learned, what did your grandmother [referring to Takata] teach?"

I asked her why she thought Reiki has become so diffused, or as Tony said, 'watered down'. She answered, 'Because people started adding their own bits from whatever they had learned,

being creative'. Based on her statements the attributes of what does or doesn't belong begins to crystallise.

The attributes considered *not* to belong have seen more recent developments. Aside from the recent growth of Reiki practitioners advertising their public practice online, a growing phenomenon is a Reiki attunement or initiation through the internet. By sitting in front of a computer screen and following the instructions provided in a video, an individual can purportedly be fully initiated in Reiki. This phenomenon is one of the reasons, I suggest, why the TRA and the UKRF require that a Practitioner Member must have trained in the physical presence of their initiating Master. This requirement also infers that the initiating Master can trace their lineage back to Mikao Usui. This separates, through a process of professionalization, those that do belong from those that don't.

Therefore, in becoming a generic brand, during the homogenising process, Reiki practice has acquired defining attributes. These are qualified as, being in the physical presence of their initiating Master and being part of a lineage that traces its roots back to Mikao Usui. These attributes serve to entangle and re Commoditize Reiki in this phase of its social life.

Chapter Conclusion

In this chapter I have discussed Reiki practice as a commodity. I began by considering where the commodity aspect of Reiki might be found. I looked to those aspects of Reiki practice presented in previous chapters and while each has a bearing on this discussion what was most relevant was the matter of health and care. It is this aspect of Reiki practice that is of most concern in the public domain. As a commodity and part of the CAM domain, Reiki practice has drawn the attention of regulatory action by the ASA. In this capacity the ASA consequently operates to control the conduct of others within the healthcare market. By encompassing Reiki practice into the domain of commodity, the practice and moreover the practitioner has been shown to be objectivised.

I have argued that Reiki practice, increasingly marketed as a service commodity in healthcare has undergone a disparate process of framing within the three social lives of Reiki practice qualified as commoditized, de commoditized and re commoditized. Several agents engage in this process including, Reiki practitioners, Reiki membership organisations and advertising regulatory bodies. This complex process has created tensions resulting in various forms of

disentanglements and entanglements. I have demonstrated through the Reiki example how ‘one is not born a commodity, one becomes it’ (Callon 1998: 19). My account of the process of *becoming a commodity* focused on those aspects involved in framing Reiki practice as a service in the healthcare market. Additionally, I have considered the marketizing agencies involved in the construction of the valuation of this service. In the area of the anthropology of religion/healthcare this aspect of commodity is rarely considered. Reiki as a commodity has served as a platform in which to highlight the tensions and current issues that face Reiki practice as it concerns the wider public domain, specifically as it concerns the political and ethical interests of public safety.

The vignette presented at the beginning of the chapter afforded a discussion of commodity. In this discussion the submission and domination of market forces has transformed Reiki practice into what has been characterised as a generic market brand. In discussing Reiki as commodity, the history of CAM regulation and Reiki practice in Britain and the most current issues were highlighted. Finally, I have demonstrated how the process of marketization of the Reiki brand brings the medical scientific world of evidence based medicine (EBM) and randomised control trial’s (RCTs) to bear on Reiki practice. Consequently, the spiritual nature of Reiki practice is cut out as a matter out of place in the healthcare market.

Thesis Conclusion

Looking at the past, the founder of Reiki, Mikao Usui, had little opportunity to offer insight as to what his intentions were for this practice. He presented Reiki to the Japanese public in 1922 and passed away four years later. His teachings were written and oral and what remains are the stories that have been transmitted and connected through several generations of Reiki Masters and Reiki *forms*. Reiki has seen rapid growth since the early 1980s and the practice is now taught in many countries. However, both the reason for this growth and the meaning of the practice, particularly in Britain, remains indiscernible. It is these questions of meaning that prompted this research. During fieldwork I discovered two distinct strands of Reiki practice within the British Reiki milieu, Western and Eastern *forms* of Reiki. Both strands are similar in that they combine spiritual practice and healing art. The healing aspect is immersed in a conceptualisation of well-being, based on four elements: the body, mental, spiritual and emotional aspects of health. The spiritual is loosely characterized as secular, in so far as it is devoid of religious dogma or religious affiliation. The spiritual practices of Reiki practitioners can be seen to be a process of plurality. I have focused throughout this thesis on the contribution of the ideas of spirituality and well-being to the meaning of Reiki.

I have presented Reiki practice in an innovative way, incorporating the perspectives of practitioner, client and medical professionals. It has not been my intention to assume or deny the efficacy of Reiki practice. As such, I have explored in depth the meaning of Reiki practice in Britain using an ethnographic approach. Previously, spiritual practices such as Reiki have been placed within a New Age construct and as ‘a self-contained spiritual system’ (Sutcliffe 2003: 186). Within this construct, spirituality is understood to have a secular quality, a syncretic or bricolage approach that is suggested to exist outside mainstream or popular culture, therefore alternative. In contrast, I have suggested that spirituality is affected by and related to mainstream and popular culture. I consider the role that spirituality plays within these and other concepts, such as tradition and commodity. Furthermore, I engage with spirituality in a way that it has ‘transcended the religion that once contained it’ (MacKian 2012b: 1) and where spiritual practice can be seen to highlight and challenge concepts of health and well-being.

I have focused on the ways that Reiki practice has been and continues to be informed by historical, socioeconomic and political circumstances. Additionally, the ethnographic standpoint ensured that I was centrally placed inside the field both as researcher and participant. This notion of “insiderhood” I found limiting in that any one person’s identity within a complex social setting is more multifaceted than the insider/outsider debate allows for. The fluidity of multiple identities, for instance, the transitions between my professional life and personal life (Kondo 1990: 24) suggests that researcher identity is never fully fixed. This identity is marginal, always moving betwixt and between in the field, in academia and in one’s personal life.

The themes that emerged in this ethnographic endeavour incorporate the perspectives of practitioner, client and medical professional where appropriate. In chapter one I present the terminology, ideology and the foundational paradigm that I found distinguishes Reiki practitioners within Britain while highlighting the diversity of these groups. This diversity, I discovered, is largely dependent on a practitioner’s particular Reiki training. Terms such as: *reiki*, *session*, *client*, *directing*, *lineage*, *precepts* and *form* are important to specific meaning-making while also separating Reiki practice from other practices. The Reiki *precepts* afforded insight into how a set of principles can be both individual and social through application of the subjectivization thesis. Furthermore, the performativity of this discourse and how this establishes intention for a certain outcome within the group suggest consequences of selfhood and identity. How practitioners obtain training and then how they come to embody their beliefs through action are crucial discussions to the larger question of meaning-making in Reiki practice. Additionally, I characterise Reiki practice as a medical culture, suggesting that there is no agreed upon theory or logic amongst practitioners. They are little interested in the details of bodily systems, how they are treated or the mechanics of how well-being is achieved. Furthermore, Reiki clients, when they first experience a Reiki *session*, do not necessarily know or understand what the underlying theory or logic of the practitioner or the practice is.

Chapter 2 focused on methods, analysis and ethics. After 14 months of ethnographic research, making use of methods including participant observation, informal interviews, a focus group, and a Reiki taster day, I analysed the data used for developing this thesis and provided a comprehensive discussion of a relatively novel method used in researching spirituality. This method establishes that the key aspect of a spiritual act is the identification of the moment of

interiority. This moment occurs when one recognises the potential of their interior selves and the implications of their identity for the exterior or external aspects of their lives. Interviews and participant observation were essential in identifying this moment. The analysis of transcribed interviews and focus group session, alongside the collected material, generated the themes which are the focus of each chapter.

Chapter 3 involved the thematic discussion of Reiki practice as a way of life. Statements such as, 'Reiki is me, I am *reiki*' in interviews and at Reiki Shares presented an opportunity where I was able to discern meaning-making. This was done with a dynamic, triadic model of process, that of *doing – becoming – being*. Firstly, I presented the initial aspect of this triad – *doing* – through Michel Foucault's technologies of the self. I then discussed the second aspect – that of *becoming* – explored as tacit understanding (Todres 2011: 146) as a result of the experiences of the practitioner and client. The process of *becoming* frames that moment where the body and the Reiki practice begin to take on new meaning in relation to well-being. The third aspect of the triad – *being* – was explored as an achieved state of balance and identity culminating in a transfiguration of the self whereby *reiki* is fully embodied by the practitioner and subsequently Reiki becomes a way of life. Reiki practice is presented as an experience, not as a single moment or weekend but as a discipline that requires regular and daily practice. The consequence of this discipline, an embodied practice, does not happen in a vacuum where each step in the process is its own exclusive act. Rather it occurs in fluidity, the fluid nature of culture and life as lived relationally with a quality of care (Todres 2011: 113). This process, *doing — becoming — being*, offers insight into a complex set of Reiki practitioner's experiences that are structured within the phenomenological tradition of embodiment.

In Chapter 4 I consider Reiki training stories relating to Mikao Usui, Chujiro Hayashi, Hawayo Takata and Seji Takamori. These stories constitute traditions centred on embodied practices and beliefs that are symbolically constructed and handed down through story telling. These traditions offer insight into the implications for the group as they are processed over time, how they are actively divided and further how they offer evidence for the political and social elements involved in constructing tradition. These elements operate as a means of acquiring stability, authenticity and legitimacy for the Reiki *forms* discussed. The scholarly debates surrounding tradition includes two approaches: first as symbolic construction and second as an object to be handed down from generation to generation. I considered how both

aspects are integral to Reiki tradition. The Reiki traditions are not necessarily historical facts; however they are told as healing narratives that mediate meaning and the interpretation of experience for the teller. These widely circulated stories result in group solidarity and are understood as teaching stories which are meant to impart a lesson that connects practitioners personally to the tradition of the practice, rather than stories of historical fact.

I discuss autoethnography in Chapter 5, including the categorical challenges consisting of reflexivity, voice, membership and experience. These challenges prompted me to contend with the elusive nature of the Reiki community. This has been a journey that has taken me, together with the shared experiences of my research participants, from the polemic identities of insider/outsider to something marginal, fluid and dynamic. I demonstrated how, as the researcher, I was involved as a resource in the field. As a resource, I engaged in a reflexive discussion of positionality. This led to consequences resulting in the search for an authentic voice, personal experiences of displacement and vulnerability and the knowledge gained from these engagements. Additionally, through reflection, I highlighted the construction of identity in the field as an outcome of living between the borders of researcher and group member (Neumann 1996: 187). This substantiates the idea of marginal identities where the experiences encountered occurred within a social context of the Reiki milieu rather than a definitive Reiki community. This sense of marginality has remained fluid long after fieldwork. Ethnography has simultaneously been a journey in the development of self-identity as it involves a 'rewriting of the self and the social' (Reed-Danahay 1997: 4). In my case, this was a rewriting of the self as a Reiki practitioner and as scholar.

Chapter 6 focused on spirituality in Reiki practice. I argued that because the essence of spirituality cannot be found in definitions, it was not possible to consider Reiki practice as one particular type of spirituality. Consequently, I explored how *reiki* can be found in active, everyday practice resulting in *connection*. Connection is meaningful in that one connects to oneself as the true self, to the universe, to God and/or to *reiki* energy. *What* was connected was less the issue than the *practice* of connection as a mode of spirituality. Connection, as a key feature of Reiki practice, is achieved through meditation, self-practice, public treatment, reflective activities and the Reiki *precepts*. I contend that Reiki spirituality is not a singular spirituality, but a complex and diverse mix of *nonformative* and subjective approaches for each individual. The similarities converge in the practice itself, in the active mode of *doing*

Reiki. In this active mode the theme of *connection* was joined with love and in some cases, compassion.

In Chapter 7 I present the concepts of healing and care from the perspective of Reiki practitioners and clients. I drew a distinction between well-being and health, necessitated by Reiki practitioner research participants who made use of the term well-being when discussing the motivations underlying healing and care. This discussion further aims to correct the shortage of anthropological contributions to the study of well-being (Thin 2009: 26).

Towards that end, the discussion and conceptualisation of healing as a process (Ostenfeld-Rosenthal 2012: 9) elicited well-being as an outcome within a particular mode of care. In the first instance I qualify care as an imperative imbued with an ethical quality. In the second instance care is characterised as a subjective and intersubjective experience. Using Alfred Schütz's concept of 'tuning in' where the practitioner and client are experiencing a 'vivid present together' (Schütz 1951: 96), I explore how care is understood from the experiences of Reiki clients. The processes of healing and care reflected within Reiki practice characterise the social and cultural values of well-being (Adelson 2009: 109) for the Reiki milieu. In this chapter I illuminate love as a value in the healing process of well-being and how it underpins the moral imperative to provide care. Love, as it is used in the West, is problematic however in that it leaves little room for understanding what is going on (Oord 2008: 135). I navigated this problem by discussing love analytically, aligning it to the term *agápē* understood as an intentional response to promote well-being (Oord 2005: 934). Therefore, within Reiki practice as healing and care, I demonstrated that love was seen as a foundational value of well-being.

In Chapter 8 I considered Reiki as commodity. I argued that Reiki practice, increasingly marketed as a service commodity in healthcare had undergone a disparate process of framing within the three social lives of Reiki practice qualified as commoditized, decommoditized and recommoditized. Furthermore, I identified several agents engaged in this process, including Reiki practitioners, Reiki membership associations and advertising regulatory bodies. This disparate process has created tensions resulting in various forms of disentanglement and entanglement. Furthermore, by conceptualising Reiki practice as commodity, both practice and practitioner were shown to have been objectivised. I indicated through the Reiki example how 'one is not born a commodity, one becomes it' (Callon 1998: 19). Considering Reiki as a commodity serves as a platform for highlighting the tensions and

current issues that face Reiki practice, specifically as it concerns the political and ethical interests of public safety.

Contribution to Current Knowledge

In an attempt to address the questions I had as a Reiki practitioner and a researcher I have added to the limited availability of deep qualitative research available on Reiki practice. I have considered the insights from practitioners, clients and medical professionals, something not done previously in Reiki studies. I have shown (Chapter 6) where Reiki studies to date have focused on topics such as globalization, New Age constructs, spirituality and healing and where spirituality is seen as a functional equivalent of religion. The in-depth nature of this work has allowed me to critically address how Reiki has been conceptualised in these previous works and to present new concepts where applicable. For example, the discovery of an external authority has, to my knowledge, escaped all previous work on Reiki practice.

While the thesis fills a gap in the literature it has also contributed in novel ways to the anthropology of well-being, medical anthropology and the anthropology of religion. I have contributed to the anthropology of well-being by providing an ethnographic portrayal of a particular groups understanding of this complex concept, which can add to the further comprehension of well-being in a broader sense (Mathews and Izquierdo 2009: 2). For the contribution to medical anthropology, this thesis has explored culturally situated ideas, norms, and practices related to health and illness, natural and supernatural' (Ross 2012: 13). In addressing the aspect of Reiki practice as it concerns religion, spirituality is seen to have broken free of the religious boundaries and perhaps is capable of its own anthropological inquiry. I have demonstrated that spirituality is not individualistic in a narcissistic sense; rather it is intersubjective where each person becomes tuned-in to the other through practice. Additionally, I have demonstrated that there is not a singular spirituality, but a complex and diverse mix of *nonformative* and subjective approaches for each individual. The distinctions of the intersubjective tuning-in and *nonformative* and subjective spirituality, I argue, would be specific to each culture and the environment.

While scholarly discussion surrounding spirituality as a commodity abounds (York 2001: 367; Leibrich 2002: 156; Carrette and King 2005: 170), its relevance to my ethnographic data remains unclear. I eventually discovered that the service of providing care exemplifies the commoditization of *reiki*. Reiki, as a provision within healthcare service, becomes a market

brand and then further becomes a commodity. In order to explore this process of becoming a commodity further, I focused on those aspects involved in framing Reiki practice. These include Reiki practice as a service in the healthcare market and the marketizing agencies involved in the construction of valuation of this service. In discussing Reiki practice in this way, spirituality was found to be a foundational feature rather than a commodity. Even when Reiki practice is understood as a healthcare commodity, it appears spirituality escapes commodification. Spirituality is eternally entangled with the practitioner such that ‘...just because it [spirituality] is not explicit, does not mean it [spirituality] is not present’. Where marketizing agents attempt to disentangle spirituality as a thing out of place, practitioners persistently entangle spirituality. This process of commoditization represents an area within the anthropology of religion rarely considered.

Future Research Applications

In the Thesis Introduction I discuss surrender, symbols and ritual as additional research opportunities for Reiki practice. While relevant to this study, they exceeded the scope of this thesis. In addition to these themes, there is an opportunity for further research in the social construction, *nonformative* and subjective nature of Reiki practice as discussed in Chapter 6. As a future endeavour a similar study, albeit refined based on previous research experiences, could be considered in North America and Japan. North America is of particular interest in that this is where the Western form of Reiki practice grew to what we know of today with the 22 Reiki Masters that Hawayo Takata trained. Furthermore, since this research began there have been formative shifts to the overall institution of Usui Shiki Ryoho within the United States as there is a move to finding the successor(s) for the Grand Master, Phyllis Lei Furumoto. Japan is of interest in that Reiki practice is beginning to gain in popularity as new generations of Reiki Masters, trained in the Eastern *forms*, are making contact with the West. Comparative research undertaken in these two regions might reveal different findings from the findings of this thesis within Britain. A study in each of these regions would potentially serve to uncover the *many* spiritualities that are conceptualised within different cultural groups.

The place that emotion and the body have in these various cultural conceptualisations as a means of illuminating the delicate negotiation of well-being has considerable potential for further study, especially given the intense interest in the emotions in the social sciences (Hochschild 2012; Greco and Stenner 2013; Scherer and Ekman 2014). This research has

provided a stepping off point in considering how else one can research well-being as a cultural construct. As Reiki continues to have a presence in a globalised world, how other culturally diverse regions embrace Reiki practice alongside their conceptualisation of emotion and the body will prove useful for further investigation into well-being. Equally, to do more anthropological, cross-cultural studies on healing and well-being in other religious and spiritual traditions would add significantly to the anthropology of well-being.

Frequently I recall a comment from one Reiki Master research participant, ‘...if Usui could only be here today to see what has become of Reiki practice...’. If only Usui could, we might have some very interesting insight into what his original intention was compared to this autoethnographic view of Reiki practice in Britain.

Appendices

Appendix 1: Translation of the Memorial Stone

(http://www.threshold.ca/reiki/usui_memorial_translation.html)

Translation of the Usui Memorial at Saihoji Temple, Tokyo Japan

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-- Please feel free to share this document with others -- **as is**, with no changes --

Since a friend in Japan sent us pictures of the Usui memorial in the spring of 1996, we had been wanting to put this web page up. Many other projects got in the way, and we didn't get a good close-up of the monument until our friend Shiya Fleming brought back some good photos in July 1997. Emiko and I spent several days going through the old dictionaries she had, and I was very happy at the end to compensate her with Reiki Mastership training for her part in the process. Finally, I felt we had completed enough to present this to others.

This is a fairly literal translation of the Usui memorial, as we wanted you, the reader, to get as close a rendition to plain English as possible, without any paraphrasing. This allows you to decide how you would rephrase sentences and paragraphs.

All comments in (brackets) are either our translations of previous kanji (in quotations), or our explanation of previous words. Please note: there are no periods or paragraphs on the original, so we have added these in to make it easier to read. Also, as in all translations, we had several choices of words for each kanji, and tried to pick what we felt best, depending on the content. Our thanks to Melissa Riggall and Miyuki Arasawa for their corrections offered, and to later translations shared with me.

Although this location does contain the remains of Usui Sensei's wife – Sadako; son – Fuji; and daughter – Toshiko, it only has a part of Sensei's remains. The Saihoji site is not the original resting place of the Usui family. The original grave site was set up a year after Sensei's death in a Tendai Buddhist graveyard near what is now Nakano station. Then in 1960 the entire graveyard was moved to the Saihoji Temple site in order to make way for an extension to the main subway line. This was confirmed by Saihoji Temple workers in 2009. Sensei's living students (there were several at the time of this writing in 1998) said he was a Tendai Buddhist all his life (the Saihoji temple is a Jodo Shyu (Pure Land) Buddhist temple).

There is also a small private shrine elsewhere in Tokyo - donated by an Usui doka (student) - that holds some of the original remains of Usui, as well as the original Usui Concepts (Precepts) wall hanging, and the original large photo portrait of Sensei taken by Dr. Hayashi (who was an amateur photographer). This was set up shortly after his death in 1926.

Please share this information with all, but we ask you to leave this introduction portion and copyright with it. For pictures and location of the memorial, please visit my Saihoji Temple pages.

(I would like to express my gratitude to all those who have offered changes and corrections to the translation)

===== translation begins =====



"Reihou Chousou Usui Sensei Kudoko No Hi"

Memorial of Reiki Founder Usui Sensei's Benevolence

(The kanji at the top of the memorial reads, from right to left: "Reihou" - spiritual method, Reiki method; "Chousou" - founder; "Usui"; "Sensei" - teacher; "Kudoku" - benevolence, a various (pious) deed; "no Hi" - of memorial, a tombstone, a monument - this is also what the first line in the main text says).

It is called 'toku' that people experience by culture and training, and 'koh' that people practice teaching and the way to save people. ('koh' + 'toku'= 'kudoku; Kou = distinguished service, honor, credit, achievement; Toku = a virtue, morality)

Only the person who has high virtue and does good deeds can be called a great founder and leader. From ancient times, among wisemen, philosophers, geniuses and ? (a phrases that means - very straight and having the right kind of integrity), the founders of a new teaching or new religion are like that.. We could say that Usui Sensei was one of them.

Usui "Sensei" (literally "he who comes before", thus teacher, or respected person) newly started the method that would change mind and body for better by using universal power. People hearing of his reputation and wanting to learn the method, or who wanted to have the therapy, gathered around from all over. It was truly prosperous. (by "therapy" is meant the Usui Reiki Ryoho - Usui ancestral remedy - of his Usui-Do teachings, including the 5 principles.)

Sensei's common name is Mikao and other name was Gyoho (perhaps his spiritual name). He was born in the Taniai-mura (village) in the Yamagata district of Gifu prefecture (Taniai is now part of Miyama Village). His ancestor's name is Tsunetane Chiba (a very famous Samurai who had played an active part as a military commander between the end of Heian Period and the beginning of Kamakura Period (1180-1230). However Hirsohi Doi revealed at URRI 2000 that Tsunetane was a son of Tsuneshige, who was 1st son of Tsunekane, and that Usui Sensei is descended from Tsuneyasu, the 3rd son of Tsunekane.) His father's name was Uzaemon (this was his popular name; his given name was Taneuji). His mother's maiden name was Kawai.

Sensei was born in the first year of the Keio period, called Keio Gunnen (1865), on August 15th. From what is known, he was a talented and hard working student. His ability was far superior. After he grew up, he visited the Western world and China to study (yes, it actually says that, NOT America and Europe!). He wanted to be a success in life, but couldn't achieve it; often he was unlucky and in need. But he didn't give up and he disciplined himself to study more and more.

One day he went to Kuramayama to start an asceticism (it says "shyu gyo" - a very strict process of spiritual training using meditation and fasting.) On the beginning of the 21st day, suddenly he felt one large Reiki over his head and he comprehended the truth. At that moment he got Reiki "Ryoho" (This term originally meant ancestral remedy or therapy.)

When he first tried this on himself, then tried this on his family, good results manifested instantly. Sensei said that it is much better to share this pleasure with the public at large than to keep this knowledge to our family (it was customary to keep such knowledge in the family to increase their power). In April of the 11th year of the Taisho period (1922) he moved his residence to Harajuku, Aoyama, Tokyo. (this is next to the Meiji Outer Gardens and the huge Aoyama Cemetery.) There he founded "Gakkai." (a learning society) He taught Reiki Ryoho. (According to his student Tenon-in, who in 2003 is 106, Sensei was teaching his spiritual method simply called "his method," referred to by his students as "Usui-Do." It was based upon the concepts he wrote called Usui Reiki Ryoho.) People came from far and near and asked for the guidance and therapy, and many shoes lined up outside of the building. (In Japan you take your shoes off at the door.)

In September of the twelfth year of the Taisho period (1923), there were many injured and sick people all over Tokyo because of the Kanto earthquake and fire. Sensei felt deep anxiety. Everyday he went around in the city to treat them. We could not count how many people were treated and saved by him. During this emergency situation, his relief activity was that of reaching out his hands of love to suffering people. His relief activity was generally like that. (Mr. Hiroshi Doi was told that Sensei would actually lay on the ground and give Reiki from his hands and feet to at least 4 people at time.)

After that, his learning place became too small. In February of the 14th year of the Taisho period (1925), he built and moved to a new one (a dojo or training hall) outside Tokyo in Nakano. (Nakano is now part of Tokyo.) Because his fame had risen still more, he was invited to many places in Japan, often. In answering those requests, he went to Kure, then to Hiroshima, to Saga and reached Fukuyama. (Fukuyama was also the location of Sensei's creditors - his final trip was mainly to meet with them). It was during his stay in Fukuyama that he unexpectedly got sick and died. He was 62 years old. (In Western terms, Sensei was 60 - born August 15, 1865; died March 9, 1926 as per his grave marker; however, in old Japan, you are "1" when born and turn another year older at the start of the new year.)

His wife was from Suzuki family; her name was Sadako. They had a son and a daughter. The son's name was Fuji who carried on the Usui family (meaning the property, business, family name, etc. Born in 1908 or 1909, at the time of his father's death Fuji was 19 in Japanese years. We learned that Fuji may have taught Reiki in Taniai village. According to the Usui family grave stone, the daughter's name was Toshiko, and she died in September 23, 1935 at

the age of 22 in Japanese years. Sensei also taught his wife's niece who was a Tendai Buddhist Nun. As of this writing (2003) she is still alive - approximately 108).

Sensei was very mild, gentle and humble by nature. He was physically big and strong yet he kept smiling all the time. However, when something happened, he prepared towards a solution with firmness and patience. He had many talents. He liked to read, and his knowledge was very deep of history, biographies, medicine, theological books like Buddhism Kyoten (Buddhist bible) and bibles (scriptures), psychology, jinsen no jitsu (god hermit technique), the science of direction, ju jitsu (he also learned Judo from Jigoro Kano, according to Tenon-in), incantations (the "spiritual way of removing sickness and evil from the body"), the science of divination, physiognomy (face reading) and the I Ching. I think that Sensei's training in these, and the culture which was based on this knowledge and experience, led to the key to perceiving Reiho (short for "Reiki Ryoho"). Everybody would agree with me. (The origins of the Usui-Do system are now known to be from Taoism and Shinto brought to Japan from China, probably around the 5th century.)

Looking back, the main purpose of Reiho was not only to heal diseases, but also to have right mind and healthy body so that people would enjoy and experience happiness in life.

Therefore when it comes to teaching, first let the student understand well the Meiji Emperor's admonitory, then in the morning and in the evening let them chant and have in mind the five precepts which are:

First we say, today don't get angry.

Secondly we say, don't worry.

Third we say, be thankful.

Fourth we say, endeavor your work.

Fifth we say, be kind to people.

(My friend Emiko Arai was very firm about the above wording.)

This is truly a very important admonitory. This is the same way wisemen and saints disciplined themselves since ancient times. Sensei named these the "secret methods of inviting happiness", "the spiritual medicine of many diseases" to clarify his purpose to teach. Moreover, his intention was that a teaching method should be as simple as possible and not difficult to understand. Every morning and every evening, sit still in silence with your hands in prayer (gassho) and chant the affirmations, then a pure and healthy mind would be

nurtured. It was the true meaning of this to practice this in daily life, using it. (i.e. put it into practical use) This is the reason why Reiho became so popular. (see the my document on the Usui Precepts for more on this.)

Recently the world condition has been in transition. There is not little change in people's thought. (i.e. it's changing a lot) Fortunately, if Reiho can be spread throughout the world, it must not be a little help (i.e. it's a big help) for people who have a confused mind or who do not have morality. Surely Reiho is not only for healing chronic diseases and bad habits.

The number of the students of Sensei's teaching reaches over 2,000 people already (This number may also include the students' students). Among them senior students who remained in Tokyo are carrying on Sensei's learning place and the others in different provinces also are trying to spread Reiki as much as possible. (Dr. Hayashi took title to the dojo in November, 1926 and together with Admiral Taketomi and Admiral Ushida, re-located it to his clinic in Shinano Machi in 1926, and ran it as a hospice.) Although Sensei died, Reiho has to be spread and to be known by many people in the long future. Aha! What a great thing that Sensei has done to have shared this Reiho, which he perceived himself, to the people unsparingly.

Now many students converged at this time and decided to build this memorial at his family temple in the Toyotama district (this was originally in a Tendai graveyard near what is now Nakano station. The grave sites were all moved to the Saihoji Temple in 1960 in order to make way for an extension of the main subway line) to make clear his benevolence and to spread Reiho to the people in the future. I was asked to write these words. Because I deeply appreciate his work and also I was moved by those thinking to be honored to be a student of Sensei, I accepted this work instead of refusing to do so. I would sincerely hope that people would not forget looking up to Usui Sensei with respect. (The location of the burial plot and memorial may have been the work of the Admirals and the URR Gakkai. Usui Sensei was confirmed by his living students Tenon-in and Suzuki-sensei to have been a devout Tendai until his death. Yet the Saihoi temple is a Pure Land sect or Jodo Shu Buddhist temple.)

Edited by "ju-san-i" ("subordinate third rank, the Junior Third Court (Rank) -- an honorary title), Doctor of Literature, Masayuki Okada.

Written (brush strokes) by Navy Rear Admiral, "ju-san-i kun-san-tou ko-yon-kyu"
("subordinate third rank, the Junior Third Court (Rank), 3rd order of merit, 4th class of
service" -- again, an honorary title) Juzaburo Ushida (also pronounced Gyuda).

Second Year of Showa (1927), February

Appendix 2: Survey

Reiki Taster Survey

Name: _____

Email: _____

Age: _____ Gender: _____

When did you first hear about Reiki?

Have you had a Reiki treatment before, or was this your first time?

Did you have an enjoyable Reiki Session? Please elaborate if possible.

What experience did you have that was unexpected, or otherwise expected?

What did you hope to achieve by attending this Reiki session?

Was this achieved?

Anything else you would like to add?

Thank you for your time.

Appendix 3: Research Participants**Research participants (all anonymised)**

	Age	Level of Training	Lineage	Duration
Linda Howard	63	Reiki Master	USR	20 years
Patricia Smith	61	Reiki Master	USR	20 years
Maggie Cullen	46	Reiki Master	Usui Reiki	3 years
Timothy Collin	67	Practitioner, Level 2 Okuden and Shoden	Usui Reiki Gendai Reiki	1 year
Aaron Deitz	75	Reiki Master	Usui Reiki	25 years
Robert Reinhart	67	Reiki Master	Reiki Evolution	5 years
Tony Jesper	33	Reiki Master	Eastern Reiki	Lifetime
Kathryn Davis	34	Reiki Master Okuden and Shoden	Usui Reiki Gendai Reiki	
Holly Carmen	50	Reiki Master Okuden and Shoden	USR Gendai Reiki	8 years
Simon Phillip	45	Practitioner, Level 2	USR	2 years
Jillian Jackson	63	Reiki Master <i>Gokuikaiden</i>	USR Gendai Reiki	12 years
Harris Donald	59	Reiki Master Okuden and Shoden	USR Jikiden Reiki	13 years
Zoe Kindle	62	Reiki Master	USR, Angelic Seichem, Tibetan	13 years
Hugh Greener	59	Reiki Master	USR	17 years
Julie Katz	51	Reiki Master	USR	23 years
Regina Jones	51	Reiki Master	RJKD	10 years
Denise Jowett	58	Reiki Master	USR	19 years

	Age	Level of Training	Lineage	Duration
Barbara Klein	72	Reiki Master	USR	20+ years
Matthew G.	57	Practitioner, Level 2 Master in training	USR	11 years
Katie Baxter	38	Practitioner, Level 2	Usui Reiki	1 year
Mark Gardner	45	Practitioner, Level 2	USR	19 years
Howard K.	60	Reiki Master	Usui Reiki	14 years
Christina M.	50s	Reiki Master	Usui Reiki	19 years
Kristin Bonney	72	Reiki Master	USR	20+ years
Sandra Gordon	44	<i>Shihan</i>	Jikiden Reiki	12 years
Bob Fox	60s	Reiki Master	USR	20+ years
Carrie Lynch	53	Reiki Master Shoden	USR Jikiden	20+ years
Megan K.	61	Reiki Master	USR	12 years
Laura Storey	40	Reiki Master Okuden	Usui Reiki Gendai	3 years
Ami Atkinson	48	Reiki client		
Mary A.	63	Reiki client		
Fiona Carver	51	Reiki client		
Diana Jenkins	70	Reiki client		
Lucy Joplin	60	Reiki client		
Janice	48	Nurse/Midwife		
Wendy A.	60	Clincial Matron/Nurse/Midwife		
Gina Sanders	51	General Practitioner		
Sandy Grove	46	Aneasthetist		

Appendix 4: NHS Trusts and Reiki

NHS Trusts offering Reiki services in either palliative or oncology wards:

1. Portsmouth Hospitals NHS
2. East Kent Hospitals University NHS
3. University College London Hospitals NHS
4. Royal National Orthopaedic Hospital Trust NHS
5. Barnsley Hospital NHS Foundation Trust
6. Doncaster and Bassetlaw Hospitals NHS Foundation Trust
7. Warrington and Halton Hospitals NHS Foundation Trust
8. Buckinghamshire Healthcare NHS Trust
9. Western Sussex Hospitals NHS Trust
10. The Ipswich Hospital NHS Trust
11. Nottingham University Hospitals NHS Trust
12. East London NHS Foundation Trust
13. East Cheshire NHS Trust
14. Dudley NHS
15. Sheffield NHS
16. Aintree University Hospitals NHS Foundation Trust
17. Burton Hospital NHS Trust
18. St Helens & Knowsley NHS Trust
19. University College London Hospitals NHS Foundation Trust
20. Barnet and Chase Farm Hospitals NHS Trust
21. Dartford and Gravesham NHS Trust

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