



PAMELA MILES

REIKI VIBRATIONAL HEALING

Interview by Bonnie Horrigan • Photography by Mathew McCabe

Pamela Miles, founding director of the Institute for the Advancement of Complementary Therapies, is a clinician, educator, writer, and researcher in integrative medicine, who has more than 30 years experience in natural medicine. Ms Miles is a master in Reiki (a Japanese healing practice) and a member of the Reiki Alliance. She has developed complementary treatment programs for major New York City hospitals to address a wide variety of medical and surgical problems in adults and children using traditional healing practices, especially Reiki and meditation. She has participated in several clinical trials on Reiki including an NIH-funded study of Reiki in the treatment of stroke and a study on the use of Reiki in the management of HIV-related anxiety and pain.

In addition to her work as a consultant and educator for hospitals, medical schools, and other organizations, Ms Miles has a private practice in which she offers Reiki treatment and training. Ms Miles, who leads intensive healing retreats for individuals and groups, specializes in compassionate end of life care, providing pain management, peace of mind, and guidance for patients, families and caregivers. She has written on natural approaches to healing for both professional and popular publications, including an overview of Reiki recently published in this journal.

Alternative Therapies interviewed Pamela Miles in Seattle, Wash. at the Eighth Annual Alternative Therapies Symposium, where Ms. Miles taught a Reiki workshop.

Seen here in Riverside Park near her home in New York City, Pamela Miles teaches Reiki to patients, families, and physicians. She finds Reiki integrates easily into conventional care as it has no contraindications, offers rapid stress reduction, facilitates the delivery of invasive interventions, and empowers physicians and patients alike with a simple, effective technique of self-healing.

Alternative Therapies: Tell me how you got started with Reiki.

Pamela Miles: I first experienced Reiki in 1986. I was pregnant with my youngest and feeling quite depleted. A friend gave me a treatment that I found deeply restorative, relaxing and pleasurable. I had been studying yoga and meditation since adolescence and spent 2 years living in a monastery in India, so subtle energies were not new to me. Reiki drew me in immediately; it felt very right, very much a continuation of what I was already doing.

My academic education and years of spiritual practice had taught me the difference between what can be learned academically and what is learned from practice—rather like the difference between understanding musical structure and playing an instrument. I understood there would be immediate benefits and others that would develop out of continued practice. I knew better than to try to “improve” the practice I’d been taught, that the point of practice is not to change it, but to let it change you, change your understanding.

I began practicing Reiki self-treatment and my physical health turned around 180 degrees. Since learning Reiki, I rarely get ill. When I notice my sense of well-being lessen, I have an effective intervention I can use immediately.

AT: You can apply Reiki to yourself?

Miles: Yes, that is a defining characteristic of the practice. Reiki is just as effective in self-treatment as it is when received from another person. I encourage the clients I’m treating, particularly those with chronic illness, to learn First degree Reiki, because once they start self-treatment, they receive even more benefit from our sessions. It’s a wise investment on every level. Sometimes we even do the training in their hospital room.

I’ve created programs in several New York City hospitals training people with HIV, children with cancer or sickle cell anemia, and their family members and caregivers. The more people

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in the family unit who actively engage in healing, the better the results. Everyone is suffering, and everyone needs support. Through the program evaluations, we found that after 20 minutes of Reiki treatment, the HIV outpatients reported a significant reduction in both anxiety and pain. The result was the same whether it was self-treatment or students treating each other. I found these results particularly encouraging because I've always felt that if Reiki works, it has to work at the entry level. We shouldn't need advanced training to get results.

Empowerment is a strong value for me. It's much better if people learn First Degree Reiki and practice it, than if they become a Reiki master and don't do anything with it or just treat other people. The foundation of Reiki is self-practice, even at the advanced levels.

AT: In essence, what is Reiki?

Miles: Reiki is a system of subtle, vibrational healing that has no medical contraindications. It is holistic in that it does not attack disease in any form, but rather, it encourages the individual towards balance. Reiki operates on the premise that the subtle vibrational blueprint is the foundation for everything that happens on the mental, emotional, physical, and spiritual levels. Even the subtlest shift on the vibrational level carries the potential to affect every level of our experience. The term Reiki refers both to subtle vibration and to this particular way of accessing it.

Although we sometimes see cure, the emphasis is on healing. Sometimes cure is not available, but healing is always within reach, even at the end of life. People experience Reiki as supportive regardless the availability of cure. Reiki provides symptomatic relief without suppressing symptoms. Reiki moves with nature, not counter to it. One indication of a possible fracture, for example, is if the pain returns as soon as the Reiki hand is lifted. Reiki will relieve pain, but it won't mask pain that is a sign that other treatment is needed.

Reiki is not directed by the practitioner, and, in this way, it is very different from other vibrational or bioenergetic modalities such as Therapeutic Touch and qigong. Those treatments are more similar to medical interventions in that practitioners evaluate the patient and devise a treatment plan. Reiki needs no diagnosis because the flow of subtle healing vibration is spontaneous and drawn by the recipient. The practitioner simply places her hands on the recipient for First Degree treatment, or makes the connection for distant healing at Second Degree level, and then the practitioner becomes a completely passive conduit for the vibration to be drawn by the person receiving the healing. There is no diagnosis. Because it is patient-driven, there is no possibility of over-treating or of incorrect treatment. The person receiving treatment draws Reiki like a dry sponge drawing water. No matter how long you leave it in a pool of water, the sponge won't draw any more than it can hold. An experienced practitioner becomes sensitized to this flow of energy, and lets it guide the treatment.

I use a treatment protocol of 12 hand placements. When I place hands on someone it's like feeling an orchestra in my palms—I feel many different notes and qualities of vibration, and it keeps

changing. It may be very busy for a while, and then there is a point at which it slows down and I know it's time to move to the next position. A beginning practitioner can simply time the change of positions until she feels confident in sensing the vibrational flow.

Another characteristic of Reiki is that it is extremely flexible in delivery. If we can do a full treatment, great. But in an emergency, as the medics work on an unconscious patient, a Reiki student can help even by holding a foot that's still in a shoe. Any Reiki is better than no Reiki. Reiki has a local and a systemic effect. It gives near immediate pain relief and lessens the effects of trauma, while also affecting the deepest possible rebalancing.

Reiki gives the experience of pulsating consciousness, of spirit, without the encumbrance of dogma. It connects people with their own innate spirituality, the part of them that endures, that always pulsates with well-being. It gives access to their unique inner resources, regardless their belief system or lack thereof.

AT: In therapeutic touch you don't actually touch the person. But with Reiki, you're physically touching the person, is that right?

Miles: Whenever possible, we do touch. The benefits of touch alone are well documented by the work of the Touch Research Institute, and Reiki can be thought of as potentized touch. But sometimes even light touch is contraindicated, and then you can offer Reiki just off the body. If there is an open wound, a lesion, or a burn that's very sensitive, you can hold the Reiki hand just above the body. With non-contact Reiki, you lose the benefit of touch, but you still have the benefit of Reiki.

AT: What are the 12 hand placements and what are they based on?

Miles: They are based on Asian medical theory that sees the head and torso as the center of the body's subtle bioenergetic system. It's like watering a plant at the roots. The plant absorbs the water and distributes it as needed. So we're watering the body with this nourishing vibration at the core of the subtle energetic system. Then the person's own bio-energetic mechanism distributes the pulsation as needed. The 12 placements refer to areas of the body with which we want to connect in giving a full treatment. They are a guideline to ensure that even a beginning practitioner, who may not yet sense the vibrational flow, gives a complete treatment. The full protocol is optimal, but we can also give abbreviated treatments according to what the circumstances allow. For example, I might simply place hands on the crown and over the heart while a client receives chemotherapy.

AT: Would you use the same 12 positions no matter what was wrong with me or would your practice vary according to my symptoms?

Miles: Yes, when I am giving a full treatment, I use the same 12 placements, because I'm treating the person, not attacking the disease. Each treatment is customized inwardly as the recipient draws the quality of vibration needed at that time. The amount of time I spend at each placement depends on what I experience

there. If my client also wants my hands local to an injury, I'm happy to comply. But even clients in specific pain feel relief in that area soon after I place hands at the crown, where I usually begin treatment. Reiki normalizes the circulation of the subtle vibrational body, and that can be affected anywhere on the body.

AT: Where does the healing actually happen? Is it when your subtle vibrational body touches my subtle vibrational body? It's not happening because of the contact with the skin, is it?

Miles: All we do is place hands and the energy flows according to the needs of the person who is receiving it, whether that's myself or someone else. The person is healing as you offer treatment and you can feel the vibrational flow changing as the recipient responds. The healing happens at all levels. Even the practitioner partakes of the healing, because the vibration is coming through her, not out of her.

We don't usually touch skin to skin except for the face, and even there, many practitioners use a tissue. Reiki hands often get hot, and skin-to-skin contact may not be comfortable, so Reiki is commonly given through clothing or a blanket. Not having to disrobe makes Reiki appealing to rape victims or others with abuse histories.

AT: What do you mean, Reiki hands?

Miles: Reiki hands are the hands of someone who has received the Reiki initiations from a Reiki master. You can't learn Reiki from a book. Reiki training includes a series of initia-

tions or empowerments that open an inner connection to the subtle vibration we call Reiki. The initiations are at the core of the practice and they are passed directly from Reiki master to student in a documented lineage. It is because of the initiations that Reiki pulsations flow spontaneously and effortlessly.

AT: But there is no intentionality involved?

Miles: There really is no intentionality with Reiki. We simply place hands. That's not to say intentionality is not operative. We all carry intentions, consciously or unconsciously, and it's wise to have high, clear intentions, but Reiki flows of its own accord, with or without our intention. We might be touching someone affectionately and be surprised to feel Reiki pulsate in our hands. If a person who had Reiki training were in a coma, and you placed his hands on his

body, Reiki would flow. It bypasses the conscious mind. When I initiate a young child, I often feel her hands get hot, with no intention on her part. If you fall asleep with your Reiki hands on your body, the vibration continues to flow even as you sleep, for as long as it is needed. This, of course, makes it much easier to practice Reiki than to practice meditation!

AT: You keep talking about a vibration. Where does it come from?

Miles: We speak as if the vibration or pulsation is coming from somewhere but in fact, it's everywhere. What we're doing is zeroing in on it. Reiki gives us access to that level of reality so that no matter what our emotional state or mental health or physical well-being, we can connect with the pulsation of primordial consciousness and bring it forward. I experience the access point at the center of the subtle heart, at the place where the universal and the individual intersect. In deep meditation, you can feel the pulsation arise from the stillness at the core of the heart.

Reiki practice does not require presence of mind. It's different from Therapeutic Touch or qigong, in which the practitioner must become centered before the intervention. We don't need to become centered before practicing Reiki. Rather, the practice itself is centering. Students in the hospital HIV classes report using Reiki to support recovery from serious substance abuse. Addicts in recovery practice self-treatment in the midst of a drug craving, placing their hands, often on the chest, and experiencing their state rebalance within minutes, faster than they could get a drug fix.

It may be that Reiki works through a form of subtle vibrational entrainment. Reiki hands are like tuning forks reminding us of the vibration of wellness, shifting our attention from what's wrong to what's right, like a figure/ground reversal. The mind augments what it attends to. This is the basis of healing imagery. Reiki may operate through a similar mechanism. Reiki heals from the perspective of enhancement rather than correction.

AT: Where did Reiki originate?

Miles: The technique came out of Japan just before World War II. Mikao Usui (1865-1926), a lifelong practitioner of Tendai Buddhism, developed Reiki as a spiritual practice which also included healing. When people came to Usui, he would place his hands on them briefly, give them a healing, and teach them

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spiritual practices. Their instruction would continue individually according to the diligence with which they practiced and the results they were getting. Usui initiated 17 or 18 Reiki masters before he died. The word “master” can be confusing. It means that the practitioner is functioning at the level of initiating and training others; it does not mean that the Reiki master controls the flow of Reiki, or that he knows everything about Reiki.

One of Usui’s master students, Chujiro Hayashi, approached Usui about offering some of the healing practices separately from the more stringent spiritual practices. Usui was already teaching very openly, which was not common in Japan at that time. Hayashi was taking this openness to another level by asking in essence, ‘since everyone is suffering, can’t we make this healing available beyond the circle of spiritual aspirants?’ Usui agreed, and they wrote a handbook together before he died later that year.

Hayashi had further simplified the practices by the time he trained Mrs Hawayo Takata (1900-1980), a first generation American who was visiting family in Japan. Takata had come to Hayashi’s clinic in Tokyo with serious health concerns. After 4 months of daily treatments, she completely recovered her health.

Takata didn’t want to return to Hawaii and leave the only thing she could trust to maintain her healthy in Japan, so in a bold move she petitioned to learn Reiki. It’s hard for us to appreciate how outrageous this was. She was a woman and a foreigner. But Hayashi accepted her as a student with the provision that she would study the same way all of the students studied—learn First and Second Degree Reiki and practice for a year in the clinic.

Takata began to understand that there was more to Reiki than was apparent. As she immersed herself in Reiki practice, her intuition was enhanced, her understanding of healing deepened, and her conviction became very steady. When it was time for Takata to return to America, Hayashi told her to bring Reiki to the West. Takata was a pragmatic, feisty, earthy woman who understood she would have to be skillful in communicating the practice in a new culture. Directly from Takata’s efforts, Reiki is now practiced in every country of the world. Hayashi predicted that in spite of her diligence, people would change the practice, and that is what has happened.

AT: Are there different schools?

Miles: Yes, but all lineages originate with Usui, and in the West, from Usui through Hayashi/Takata. We often hear that Reiki is an ancient Tibetan Buddhist technique, but that is not true. Reiki came from Usui. He did not consistently use the term Reiki, but the lineage started with him. There is a printed interview with Usui in which he refers to himself as the founder of the technique. There are certainly other valid forms of bio-energetic healing, but it’s not correct to refer to them as Reiki, even if they are accessing primordial consciousness.

We have no statistics, but my guess is that most Reiki practitioners outside Japan are not attached to lineages, meaning they cannot trace their practice back to Takata and they are not practicing as she taught. The practice has gotten very

splintered perhaps because, outside of the native culture, Americans don’t have a tradition of spiritual practice. Hybridization has occurred as many Westerners changed the practice without ever having done the practice. Although sometimes changing the practice took people in the direction of more meditation, more often it took them in other directions, away from the integrity of the practice. There are no standards in Reiki education. This does not pose a problem in personal practice because Reiki is non-invasive and doesn’t require regulation. But the lack of standardization creates challenges to the integration of Reiki into conventional medical environments and public health programs. I am developing a voluntary certification program for Reiki practitioners who want to collaborate with medical professionals. Reiki practitioners can educate themselves regarding the scientific paradigm and basic protocols of conventional medical practice, so they understand how to function as part of a health care team, how to conduct themselves in hospitals, how to make case notes, etc. This can be an important step towards integration. It also will help the medical profession, which has no way to identify expertise that lies outside the academic paradigm. The certification I envision rests on a thorough education in Reiki, coupled with supervised clinical practice and the basic concepts of conventional medicine.

AT: Can you give me an example of how Reiki can be integrated with conventional care?

Miles: Patients integrate Reiki into conventional care on a case-by-case basis, with or without the knowledge of their physicians. Reiki is frequently used by people with HIV or cancer as part of a comprehensive care program, especially for support when using invasive conventional treatments or pharmaceuticals with strong side effects. Since Reiki treats people, not disease, it can be useful



for anyone. However, results are often particularly dramatic with conditions that have a large nervous system or endocrine system component, conditions whose subtlety confounds science—pain syndromes, irritable bowel syndrome, fatigue syndromes, dysmenorrhea, PMS, to name a few. I've seen many diabetics lower their insulin needs with Reiki.

Reiki is increasingly integrated into conventional care programs either in hospital or in the doctor's office. Reiki can be brought into conventional care at any time, so we want to think about why would we introduce Reiki, what are we targeting? Reiki is useful to address the anxiety of the diagnostic process, particularly when it's prolonged. A staff member can offer Reiki while patients are waiting—even a few minutes can reduce anxiety and help the patient be more centered when speaking to the physician. The patient educator could inform patients of the possibility of learning Reiki self-treatment. Sometimes classes are offered on site, and sometimes patients are referred elsewhere.

We know that stress can aggravate any medical condition. Extremes of anxiety can reduce a patient's ability to care for himself and make sensible lifestyle decisions. We're asking people receiving serious diagnoses to make important decisions about treatment when they are least equipped to make any decision. Reiki can help patients gather the composure, clarity and confidence that can improve medical outcomes.

Stress creates degenerative biochemical changes. Simply reducing stress may give patients the edge they need to manage life-threatening illnesses. Improving the patient's state of mind can positively affect the practice of medicine. Empowering patients with a simple tool to address anxiety and pain can impact the quality of interaction with the provider as well as improve medical outcomes. People undergoing invasive therapies and procedures report feeling that Reiki helps reduce side

effects and hasten recovery. The earlier Reiki is brought into the picture, the better. Too often people call for treatment only after conventional care has been exhausted. The likelihood of pathology reversing at the 11th hour is pretty slim. But if brought in early, Reiki can provide patients with support that enables them to continue even invasive conventional treatments, get the best possible results, and then rebuild their well-being.

Portsmouth Medical Center in Portsmouth, New Hampshire began offering 15-minute Reiki sessions pre- and post-op in 1995. They now give over 2,000 sessions a year to patients in every department. The data they've collected for quality control indicates patients are taking less pain medication and leaving the hospital sooner. Both patients and staff report greater satisfaction.

I would like to see Reiki integrated into medical education. It's a way of returning spirituality to medicine while giving physicians a simple, effective tool for self-care. After about 10 hours of training, physicians have this skill for life. It's a very doable step towards doctors becoming models of healthful living. They learn about healing from a different perspective that complements their conventional training. The practice also gives physicians a clinical tool that reaches beyond cure, and helps them remain present for patients even when there is nothing more that conventional medicine can offer. My physician students have shared many stories of how Reiki has broadened their clinical skills. One doctor offers a few minutes of Reiki to patients when he feels they're at loggerheads, and finds it reliably improves the quality of their interaction. The feedback from my physician students has been so encouraging that in October, I'm leading a healing retreat designed especially for healthcare professionals to learn Reiki and meditation while experiencing the healing power of retreat. Physicians can become more effective practitioners by experiencing healing firsthand.



Some of the research on Reiki documents an inexplicable bonding that occurs between the practitioner and the patient. We know that medical outcomes are better for patients who are in good relationships with their doctors, so wouldn't this enhance conventional medical care?

Another example—I began teaching Reiki in the HIV population before protease inhibitors, when conventional medicine had little to offer people with HIV. I know that's why I was allowed to teach in hospital; I was reasonable, not making claims, and every caretaker knows that a patient who gets more attention is a happier patient. The inner city clinic patients commonly have multiple diagnoses, often including psychiatric diagnoses, and substance addictions. Physicians noticed improvements in their patients who learned Reiki self-treatment. They experienced those patients as becoming more responsible in their health care, and so physicians began approaching me to learn Reiki. Some of the patients with psychiatric diagnoses such as borderline personality disorder showed a level of improvement in functioning that wasn't thought possible. Some very motivated patients were able to reduce their psychiatric medications under their psychiatrist's supervision.

AT: Can anyone learn Reiki? Can every human being on this planet be initiated?

Miles: Yes. There are no qualifying criteria. People who have developmental disabilities or who are otherwise not suited for full training can simply receive the initiations and instructions to place hands. Often these students are very sensitive to vibrational flow. They experience Reiki touch as nurturing, and it motivates them to practice. Even in a complete training, we don't so much learn Reiki, as we learn how to learn. We learn how to do the practice and the practice teaches us Reiki. I have initiated very young children who put their hands on themselves and feel the soothing vibration. Children don't need a lot of training around Reiki. They feel it immediately. Their intellect isn't talking them out of their subtle experiences yet. Children with attention deficit disorder or attention-deficit hyperactivity disorder seem to be particularly responsive to Reiki.

AT: In the Chinese concept of chi, chi is everywhere. Is this similar? Is Reiki everywhere?

Miles: Yes, Reiki is everywhere. It is related to and yet distinct from the chi that is manipulated in acupuncture. Words like chi sound very specific to us simply because it is not our language. However the term chi, like prana, covers a lot of territory. Reiki would be primordial chi, the most subtle chi, whereas the level of chi manipulated by acupuncture is just subphysical. There are biological markers around the acupuncture points. That is why I make the distinction between vibration and bioenergy. The bioenergetic level of subtle reality is almost physical; it's thicker and denser than the vibrational level. Reiki can be thought of as

the embryonic stem cell of biofield healing; it arises as a subtle pulsation but moves into denser vibrations as needed to create balance.

Primordial undifferentiated consciousness throbs and pulsates, and creates dualistic reality. Consciousness congeals, becoming denser and denser until it manifests as physical form. Physics tells us that something that looks opaque is actually more space than matter, and that if we could compress the matter of the human body, it would fit on the head of a pin. The branch of physics that is most promising to help us understand Reiki's mechanism of action is super string theory. The way the subtle "strings" vibrate determines how they manifest, and we don't know what influences them to vibrate one way or another. I propose that Reiki's impact is within these most primary subatomic spaces, where it re-tunes the subtlest underpinning of reality as we know it. This is why Reiki can be so gentle and also be so effective. There is nothing about Reiki for the body to resist. Reiki simply resets the underlying vibrational support, perhaps through a process of entrainment.

AT: You talk about 2 levels of Reiki—on level 1 you are placing your hands on the body. What is level 2?

Miles: First Degree is hands-on or proximity healing, and Second Degree is distant healing. When you are healing through proximity, there is a limit to how far away you can be and still experience the person drawing Reiki through you. Distant healing is an entirely different function. You are accessing the same non-dual pulsation, the same non-local consciousness as in First degree Reiki, and the recipient is still drawing Reiki, rather than the practitioner directing it, but the entire process is internal; Reiki is not flowing through the practitioner's body in the same way as in hands-on treatment. It doesn't matter if I am sending Reiki across a desk, across a classroom, or to someone in China, it is the same Second degree technique. The physical distance is not operative.

The different levels of Reiki practice—First degree, Second degree and Reiki master—refer to 3 specific functions. Often researchers insist on using Reiki masters or Second degree practitioners for research, but it isn't necessary. It can also be problematic because there is such a variation in the training that Reiki masters in one tradition have less training than first-degree practitioners in other traditions.

AT: When you do Reiki distant healing, do you have the recipient in mind?

Miles: You need to have the person in mind only at the beginning, in the same way that you remember to touch in First degree practice. Beyond making the connection, intentionality is not a part of either First degree or Second degree practice. We don't offer Reiki for a specific outcome, but rather as an open-ended prayer, much like the Spindrift. Research that indicated non-directional prayer to be more effective than

praying for a specific outcome. We're not targeting cure, we're offering healing. If cure happens, of course we are grateful. But most people are not using Reiki in a way that we can attribute cure. It's most often used as part of a comprehensive care program, which makes sense. Multi-leveled care is needed to maintain well-being; it is certainly needed to rebalance a disease state.

AT: Is self-reflection part of Reiki?

Miles: Yes. Usui understood people need to create their well-being through both right action and the avoidance of actions that are depleting, such as worry. He offered his students 5 precepts to guide conduct, and encouraged contemplation.

Conventional caregivers often notice that patients' self-awareness expands once they begin receiving Reiki. The comments made by the staff at Windana, an HIV substance abuse treatment center that incorporated Reiki into their program, were the same as the comments I heard from the physicians at the HIV clinic in NYC.

Reiki self-treatment is empowering because it gives us an experience of well-being that is deep and profound, an inner anchor from which we can address parts of ourselves that are difficult to face. And reflection in turn increases our awareness of Reiki. Our vision becomes more subtle, and our patience grows. The more we practice, the more the practice gives us. This continues to

be true for me as a Reiki master. I haven't mastered Reiki; if anything Reiki has mastered me! The longer I practice, the more I rely on my silent partner. I think of myself as the delivery system, and focus on making my client comfortable and listening deeply, while the pulsation of Reiki accomplishes the healing. For years I thought I was learning to do something. One day I realized I was simply learning how to stay out of the way. The *Tao te Ching* expresses it beautifully: "When nothing is done, nothing is left undone."

AT: When you talk about intuition, how are you defining it?

Miles: As this pulsation flows through our hands we call it Reiki; as it flows through our awareness, it is intuition. The pulsation of

primordial consciousness is the very stuff of intelligence. This isn't vitalism. It's the intelligence that directs the metabolic processes on a cellular level. Even as a person is dying, there is more going right in the body than going wrong. It's just that a few critical things are failing. When you think of all the cells in the body and the complexity of the internal processes, there is enormous intelligence in nature. With Reiki, we give ourselves access to that intelligence.

Of course, intuition is much easier to read when we are inwardly still, when we are able to come to a place of composure and detachment, which is a gift of spiritual practice. We may have our preferences—I prefer that my client get well—but I'm not attached to that outcome, so my client knows I can be a supportive presence even through death. Reiki is supportive in a hospice situation for both the patient and family. It brings pain relief and peace

of mind to the dying, and helps the family align so they experience their loved one's death as sacred, blessed, and timely.

Reiki can bring this same quality of presence into the operating room. When I'm working in surgery, the surgeons think I am there to heal the patient, but I'm really there for them too. I'm just there as a conduit. The pulsation is certainly flowing through my hands to my client, but the pulsation is also in the room. It is that presence that is healing—someone who is relieved of the need to do or know is certainly able to simply be present. And our medical practitioners who do need to take

action and who do need to know can also have this centering presence. It enhances their functioning.

Richard Davidson, PhD, recently presented research linking meditation to increased left prefrontal lobe brain stimulation, and to enhanced immunity. This is very good research. It's time to look across modalities. Do we have to do all the research on Therapeutic Touch and then all the same research on Reiki? And then all the same research on meditation? Or can we look at the commonalities of these practices? Maybe they are all stimulating the left prefrontal lobe. Limited research resources could be put to better use if we learned more about the healing process itself and to what extent can we generalize research findings.

AT: Is there an association of Reiki practitioners?

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Miles: Yes. I belong to the Reiki Alliance, which is a professional organization of Reiki masters. Takata trained 22 Reiki masters. After she died, almost all those masters organized the Reiki Alliance. From 1981 to 1999, the organization grew from 20 members to almost 1,000. These are Reiki masters who want to stay close to Takata's practice without becoming fossilized. The Alliance strives for a balance of offering standards and acknowledging individual mastership. We agree to guidelines, such as giving adequate time for training and requiring considerable practice before advancing to another level. Alliance master candidates, for example, need several years of practice before participating in an apprenticeship of at least a year, and practice several more years before they endeavor to train another master. Mindful of the guidelines, it is then up to the Reiki master to discern what is best in any given situation. I accomplish this by staying in relationship with this pulsation. I feel it and I follow it. A colleague once teased me, "You're not really such a good healer. You just know how to follow directions." I laughed because that is precisely my experience. I am just following this pulsation, and it shimmers or it gets quiet. And when it's quiet, I know there's nothing to do. But when an option comes up and it's pulsating, then I follow.

AT: And when you follow, what does that mean? What do you do?

Miles: First of all, I'm mindful that I am only the delivery system. I cannot direct Reiki, so I look inside to discern what is happening. For example, in a social situation with people I don't know wherein someone has pain, I don't presume to walk over and place my hands on a stranger. But looking inwardly, if I feel the pulsation moving, then I will offer either hands-on or distant Reiki. If I don't feel the pulsation, I am still free to offer prayers, but I understand that it is not for me to do more. Being a Reiki master doesn't mean I heal the world. There is always a need for the discernment of boundaries.

For many years, I felt that although we have different lineages, different schools and understandings, we are doing the same initiations and it all comes out in the wash. Recently, after feeling the hands of people who had taken Reiki training, and discovering that their hands were blank, I've had to

reconsider this assumption. Reiki is a completely unstandardized practice. These days, people can take very abbreviated master trainings—a weekend or an afternoon—and turn around and teach Reiki the next week. But what do they have to teach? No matter what initiations they have taken, if they haven't practiced, what do they really have? I don't think the lack of integrity is deliberate. I think it's primarily a lack of understanding, because aside from native practices, which have been marginalized to say the least, there is little understanding of spiritual practice in this culture. When it comes to learning spiritual or healing practices, most Americans don't know how to identify good teachers.

The creation of an integrated medical practice requires public education. We need to become informed health care consumers. I'm writing a book to address these issues with Reiki, to explain the practice to a thinking person, how it contributes to their well-

being and supports medical care, how to integrate Reiki into various conventional settings, how to identify reliable practitioners, a continuing guide for their practice.

AT: Can Reiki harm?

Miles: Sometimes I am asked—how can Reiki help if it can't harm? This help/harm dichotomy is an understanding of power that comes from dualistic thinking. But what we are accessing here is the unified field. With Reiki there is no intervention in the medical sense, so it doesn't have to have the power to harm in order to be able to help. The help/harm duality is true when we are

talking about surgery or drugs, which function unidirectionally, but Reiki is a vibrational modulator and adaptogen. It harmonizes the nervous system, and normalizes functioning. The research on this in Reiki is still in its infancy, but it is showing up, things like blood urea levels normalizing and high blood glucose levels dropping with Reiki treatment. It could be evidence that Reiki functions as a modulator, which means the harm/health duality is not operative. Reiki functions from a more subtle level of reality.

To my knowledge, Reiki is the only modality in which access to primordial consciousness is institutionalized. Certainly there are gifted and skilled practitioners of other modalities who are able to drop into that space, especially if they are adept meditators. But Reiki isn't dependent on one's

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meditative acumen, because the connection to primordial consciousness is built in through the initiations. The initiations create that subtle hard wiring through which a Reiki student spontaneously accesses the healing vibrations.

Reiki is very protective of the practitioner. Even healers of other modalities often learn Reiki for their self-care. It strengthens the biofield. Untrained healers, working naively, tend to draw from their own limited resources, and they are rarely able to rebalance themselves. Reiki is as effectively used on oneself as received in treatment, because the vibration is accessed from transpersonal primordial consciousness, beyond the individual's limited biofield. As we practice Reiki over time, as we ourselves are healed, our boundaries become stronger and our detachment becomes steadier. What trespasses boundaries is the healer's intolerance of her own suffering. Healers cannot be patient and allow others to suffer something that we have not healed in ourselves; there is a subconscious drive to intervene, to fix, to make it "right." With consistent Reiki practice over time, we experience profound healing within ourselves, we attain patience—we evolve beyond being fix-it masters to becoming compassionate healers who can deeply see and accept our clients.

There is a subtle violence in needing to fix people. After giving a Reiki treatment to one of my favorite healers, he admitted it was the first time he enjoyed Reiki. In his prior treatments, he felt the practitioner was trying to do something to him, and it was uncomfortable. When people are trained too quickly, they don't have enough clinical experience to develop conviction in what they are doing. Reiki is very subtle. A sincere student who is used to doing something and unused to allowing, who hasn't practiced long enough to build conviction in the effectiveness of this subtle treatment, can get anxious simply placing hands on someone who asks for healing. Then the trouble starts because the practitioner gets complicated, whereas Reiki is very simple. When we lack conviction, we can impose ourselves on our client in ways that are not healthy for either of us.

I am often asked, "Is Reiki safe?" Yes, Reiki is safe. But is the practitioner safe? This isn't just about the Reiki practitioner; it's also relevant for the doctor, the psychologist, the physical therapist, for all caregivers—is this person safe? We have to trust our instincts. And it doesn't have to be that the person is not safe, it just might not be an appropriate match. Our best friend's therapist may not be a good therapist for us. We need to do our inner research and trust our instincts.

AT: One final question: How does Reiki view death?

Miles: Reiki is not a dogma so there isn't a formalized Reiki perspective on death. However, it is implicit in that Reiki is primordial consciousness, which is unchanging. It morphs, it is the embryonic stem cell vibration, but it is essentially unchanging—it isn't born and it cannot die. Being in intimate relationship with this unchanging level of reality makes transi-

tions of all kinds easier. As we experiencing our oneness with the underlying continuum of consciousness, the need to control lessens. We do not assume that everything is a disaster in the making. We are able to listen without needing to intervene because we can't bear the other person's pain. We can simply be present and intervene when it is appropriate.

From a spiritual perspective, all suffering is the suffering of separation. Reiki gives a profound experience of continuity. Our focus shifts from what we cannot tolerate to what we want to enhance. We have an inner anchor from which we can address our shortcomings and decipher what we would like to learn. Not in a sense of lessons and punishment, but rather full acceptance of the continuing process of life. Not challenges, but unfolding, because there will always be another place to unfold.

Reiki engenders contentment. Contentment is both a spiritual practice and a great spiritual attainment. It is not something we are ever going to get from science. It doesn't come from outer research but from inner research, from self-inquiry.

Reiki is a practice of great simplicity and depth. I learned Reiki and I practiced as I had been taught. I didn't change anything; I practiced as I had been taught. After some years, my Reiki expanded exponentially. I questioned if I could still call it Reiki. I kept practicing and contemplated deeply as Reiki moved through me in new and different ways. It moved through my eyes, it came out of my fingers like lasers. At times it felt almost surgical, both subtle and powerful.

Later, I learned some western Reiki masters had gone to Japan, connected with Usui's and Hayashi's students, and made discoveries about the history of Reiki and parts of the practice that hadn't been articulated in the West. The practice Usui and Hayashi taught included the things I was experiencing, that had just naturally developed from my consistent practice. This is the value of practice. You do the practice and it is self-developing. The practice changes you. When practitioners say they feel the need for something more, I advise them to simply practice more, and be patient. It takes time for seeds to bear fruit.

For more information about Reiki, please see www.pamelamilesreiki.com.

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