Interviews with Energy Healers: Perspectives on Trauma and Practice

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Interviews with Energy Healers: Perspectives on Trauma and Practice

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St. Catherine University

May 15, 2019
Acknowledgements

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Dedication

In honor of those who have experienced trauma and the energy healers who hold them in the light, that they may each find wholeness and resilience within.

Photo by Max Pixel
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Abstract

Healing from trauma is a complex process, and current recommendations include working with the body. Energy healing (EH) is a holistic health practice using light or near-body touch to balance the body’s energy system. Research indicates EH reduces trauma associated symptoms. The pervasiveness of trauma makes it probable EH practitioners encounter trauma survivors. We interviewed 12 EH practitioners in a metropolitan area to describe perspectives on trauma and practice, initiating action research through information gathering and interpretation. Results of descriptive and conceptual analysis show in several ways EH practitioner’s perspectives and practices align with a trauma-informed approach even with little trauma training. They are aware of trauma prevalence, knowledgeable about signs and symptoms, use a client-centered approach, and emphasize self-care. Yet, in order to feel more effective with clients, the EH practitioners in this study are eager to learn more about trauma and consult with other practitioners. This study offers direction for supplemental EH training to include scope of practice, spiritual nature of EH and practitioner responsibility, as well as future research to include client perspectives, and to evaluate energy healing curricula for inclusion of trauma education.

Keywords: energy healing, trauma-informed, trauma, Reiki, Healing Touch, Therapeutic Touch, action research
Introduction

The paradigm of holistic health and [energy] healing guides practitioners to view person-client relationships in their wholeness, which includes understanding and honoring the vital nature of their life story, the environment in which they live and work, and the integrality of their body-mind-emotions-spirit. Treatment of one dimension of being impacts all other dimensions. (Andrus, 2014, p. 92)

Trauma-sensitive, or trauma-informed, practice means that we have a basic understanding of trauma in the context of our work…. we commit to recognizing trauma, responding to it skillfully, and taking preemptive steps to ensure that people aren’t retraumatizing themselves under our guidance. (Treleaven, 2018, p.7)

Trauma and energy healing each affect the whole person - body, mind and spirit (Kelsch & Ironson, 2014; Kristoffersen, Stub, Knudsen-Baas, Udal, & Musial, 2019; Mohan, 2017). However, where trauma produces physical, mental, and spiritual imbalances and shatters a sense of wholeness, energy healing re-establishes balance and harmony (Dale, 2013). In this research, we bring trauma and energy healing together through interviews with energy healing practitioners. In this precursory section, we lay the groundwork for our research by providing brief introductions to trauma and a trauma-informed approach, followed by an overview of energy healing. We then present our research purpose and an outline of the upcoming chapters.

Overview of Trauma

Traumatic events are situations that are shocking and emotionally overwhelming, challenging a person’s normal coping abilities. Traumatic experiences can involve actual or threatened death, serious injury or threat to physical integrity (ISTSS, 2018) and can be single-incident, multiple-incident or chronic in nature. Single incident experiences include events such as rape, violent attack, and natural disasters (Herman, 1992). Chronic trauma includes ongoing experiences of abuse, domestic violence, war, and torture (Herman, 1992). The definition of complex trauma is chronic interpersonal trauma that involves a primary caregiver, such as child
abuse, neglect, and maltreatment (Cook et al., 2005) and many researchers and clinicians support its addition to the Diagnostic and Statistical Manual of Mental Disorders (DSM), (Cloitre et al., 2009; Cook et al., 2005; Herman, 1992; Williams, 2006). The experience and impact of complex trauma has received a great deal of attention in recent years because it influences the neurobiology of the brain (Ringel, 2012) and physical health (Felitti et al., 1998).

The landmark study of Adverse Childhood Experiences (ACEs) is one example of studies (Felitti et al., 1998) connecting physical health with trauma and provides evidence for what many psychiatrists and trauma therapists feel is essential when working with trauma survivors, which is working with the body, as well as the mind, to heal (Herman, 1992; Levine, 2010; Ogden, Pain, & Fisher, 2006; van der Kolk, 2014). ACEs (Felitti et al., 1998) exposes the prevalence of acute and chronic trauma and connects traumatic experience with increased risk of physical disease. Realizing the prevalence of trauma is a fundamental tenet of a trauma-informed (TI) approach (SAMHSA, 2014), which is a framework for creating and delivering services.

**Introduction to a Trauma-Informed (TI) Approach**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency within the Department of Health and Human Services agency of the United States Government whose purpose is advancing the behavioral health of the nation (SAMHSA, 2014). They suggest a trauma-informed (TI) approach is an important framework for understanding and interacting with individuals who have experienced trauma (SAMHSA, 2014). It is consciousness of, rather than treatment of, trauma that is essential for service providers to understand. The goal of a TI approach is to provide services in a way that avoids unintentional re-traumatization through the physical environment, policies and procedures, and attitudes and beliefs (Sharp, & Ligenza, 2012). Mental health, medical and social service settings, as well as public health
settings are adopting trauma-informed approaches (Baker, Verlenden, Black, Brown, Wilcox, & Grant, 2017; Barnett, Cleary, Butcher, & Jankowski, 2019; Emerson, Sharma, Chaudhry, & Turner, 2009; Goodman, 2017; Green et al., 2016; Hall et al., 2016; McEvedy, 2017; SAMHSA, 2014; Tompkins & Neale, 2018; West, Liang, & Spinazzola, 2017). SAMHSA has developed trauma-informed principles and guidelines (SAMHSA, 2014). In February of 2018, the House of Representatives in the United States Congress approved a bill recognizing the importance and effectiveness of trauma-informed care (Gallagher, 2018). As a TI approach gains momentum, practitioners are responsible for self-education, especially those who acknowledge working with trauma survivors, including energy healers.

Overview of Energy Healing

One way of working with the body when healing from traumatic experience is through energy healing. Energy healing is a holistic, integrative health practice that uses light or near-body touch to balance the energy system of the body and support the body’s natural healing processes (Hover-Kramer, 2011; Quest, 2009; Wardell, Kagel, & Anselme, 2014). Its lineage dates back thousands of years to East Asian and Indian healing traditions (Levin, 2011). Within the United States in the last century, some commonly used types of energy healing are Therapeutic Touch, Healing Touch, and Reiki (Hart, 2012; Levin, 2011). Approximately 1,077,000 adults in the United States used energy healing in 2012 according to the National Health Interview Survey (Clarke, Black, Stussman, Barnes, & Nahin, 2015). The National Center for Complementary and Integrative Health (NCCIH) recognizes energy healing as a complementary healthcare approach (Clarke et al., 2015; NCCIH, 2017). Energy healing is part of a family of complementary and alternative medicine approaches known as energy healing that
includes qigong, magnetic therapy, Emotional Freedom Technique, Thought Field Therapy, and others (Institute for Noetic Sciences, 2018).

Leaders in the field of energy healing indicate that practitioners commonly employ energy healing techniques to treat trauma and related symptoms (Hover-Kramer, 2011; Mentgen & Hutchison, 2018; Quest, 2009; Wardell et al., 2014). Only a handful of research studies assess the effectiveness of energy healing as a treatment for trauma (Collinge, Wentworth & Sabo, 2005; Jain et al., 2012). However, many research studies show that energy healing is effective in treating symptoms associated with trauma, such as depression, anxiety, and chronic pain (Bowden, Goddard, & Gruzelier, 2011; Jain & Mills, 2010; Meissner & Koch, 2015; Post-White et al., 2003). In addition, energy healing promotes a sense of calm and reduces stress (Bukowski, 2015) and according to Herman, “chronically traumatized people no longer have any baseline state of physical calm or comfort” (1992, p.86). Energy healing practitioners incorporate principles of self-empowerment and collaborative client-practitioner relationships, as well as safe healing environments (Feinstein & Eden, 2008; Healing Touch International, 1996; Therapeutic Touch International Association, 2005). The emerging movement of trauma-informed care shares these and other principles (SAMHSA, 2014b).

**Research Purpose**

According to Felitti et al. (1998), more than fifty percent of the US population experiences trauma, therefore, it is probable energy healing practitioners work with individuals who have histories of traumatic events. Many health-related organizations are adopting a trauma-informed approach to delivering services (Green et al., 2016; Hall et al., 2016; McEvedy, Maguire, Furness, & McKenna, 2017) and one key assumption is realizing the widespread impact of trauma and understanding the potential for multiple paths to recovery (SAMHSA, 2014b).
Therefore, the purpose of our research project is to describe energy healing practitioners’ perspectives on trauma and working with trauma survivors.

This research project begins with a review of the literature about trauma, a trauma-informed approach, and energy healing. The lenses chapter outlines the research paradigm and culture of inquiry, theoretical assumptions, professional background, and personal experiences that influence our research. Next, we describe the research method and rationale for its use. Lastly, we share the results of our research and discuss relevant implications.
Literature Review

The purpose of this chapter is to review the literature on trauma, trauma-informed care, and energy healing. We begin with an overview of trauma, including trauma related diagnoses and their presentation, how trauma affects the brain and nervous system, and recommendations for treatment. Next, we describe a trauma-informed (TI) approach, its principles, application, and discussion of use within holistic health. We follow with a discussion of energy medicine and its use for trauma, which leads us to a form of energy medicine called energy healing. We outline the definition of energy healing and several types of energy healing, including Reiki, Therapeutic Touch, and Healing Touch. We then recognize other types of energy healing and the importance of the therapeutic relationship. The effects of energy healing and a discussion of its use as an adjunctive therapy in the treatment of trauma follows. Lastly, we compare energy healing and a TI approach, noting overlapping principles and identifying gaps. We end with a summary of the literature and our research question.

Trauma

According to the International Society for Traumatic Stress Studies (ISTSS) (2018), traumatic stress is a shocking and emotionally overwhelming situation that may involve actual or threatened death, serious injury, or threat to physical integrity and challenges a person’s normal coping abilities. Traumatic experiences can be single-incident, multiple-incidents, and chronic stressors (Ringel & Brandell, 2011). Single-incident traumas include, but are not limited to rape, violent attacks, school shootings, natural disasters, accidents, and medical procedures. Multiple-incident trauma describes situations such as domestic violence, child abuse, war, torture, human trafficking, racism, oppression and poverty.
Other concepts and terminology related to trauma that have gained awareness in recent years are historical trauma (Brave Heart, n.d.), intergenerational trauma (Bowers & Yehuda, 2016), and vicarious, or secondary trauma (NCTSN, 2019). Historical trauma is the “cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma” (Brave Heart, n.d.), a composite of psychological trauma and historical oppression (Hartmann & Gone, 2014). Intergenerational trauma is the passing of trauma from one generation to the next, and beyond (Bowers & Yehuda, 2016). “Secondary traumatic stress is the emotional duress that results when an individual hears about the first-hand trauma experiences of another” (NCTSN, 2019, para.1). In addition, complex trauma (Cloitre et al., 2009; Grasso, Dierkhising, Branson, Ford, & Lee, 2016) is a recent descriptor in the evolution of understanding traumatic stress which characterizes traumatic childhood experiences throughout the first decade of life that are ongoing and can include, but are not limited to, abuse, primary attachment disruption, deculturalization, and multiple medical procedures (O’Neill et al., 2018) and can result in altered biology (Ringel, & Brandell, 2011).

Not everyone responds the same to trauma (Wilson, Pence, & Conradi, 2013) and when effects from a traumatic event linger, mental health professionals may give a diagnosis for a psychological disorder, such as Post Traumatic Stress Disorder (American Psychiatric Association, 2013). In the next section, we provide brief history and description of trauma related psychological diagnoses, acknowledge prevalence of and physical manifestations of trauma, and discuss the effect of traumatic stress on the brain and nervous system. We conclude this section with recommendations for healing.

**Trauma related diagnoses.** One indication an individual has experienced traumatic stress is if they have an official diagnosis indicating such. The Trauma- and Stressor- Related
Disorders section of the Diagnostic and Statistical Manual of Psychiatric Disorders (DSM-V) (American Psychiatric Association, 2013) includes diagnoses of Posttraumatic Stress Disorder, Reactive Attachment Disorder, Disinhibited Social Engagement Disorder, Acute Stress Disorder, and Adjustment Disorder. Additionally, clinicians who work with trauma survivors note children, adolescent and adult clients often receive non-trauma and stressor related diagnoses (Cook et al., 2005; van der Kolk, 2012), including separation anxiety/overanxious disorder, phobic disorder, attention deficit hyperactivity disorder, oppositional defiant disorder, depression, suicidality, conduct disorder, borderline personality disorder, somatization disorder, eating disorders and substance abuse disorders (Cook et al., 2005; van der Kolk, 2014). Many clinicians support a more encompassing trauma diagnosis to avoid numerous and inconsistent diagnoses (Friedman, 2016; Ringell, & Brandell, 2011).

In 1980, authors of the DSM added the diagnosis of Posttraumatic Stress Disorder to the third edition to acknowledge experience “outside” an individual such as war, torture, rape, natural disasters and accidents could produce lasting distress (Friedman, 2016). This was a new and important concept for the psychiatric world because it acknowledged external events could cause distress as opposed to the historical perspective that internal weakness of character resulted in trauma (Friedman, 2016). The establishment of the PTSD diagnosis played an important role in recognizing the impact of external events, and many clinicians now support expansion of the original traumatic stress diagnosis (Friedman, 2016; Ringell, & Brandell, 2011) to more wholly capture client symptomatology and experience.

In 1992, Herman (1992) acknowledged some individuals who experience chronic exposure to distressing events do not fit into the diagnosis of PTSD. Symptomatology includes characterological changes, vulnerability to repeated harm by self and others, somatization,
dissociation and affective changes (Herman, 1992). Somatization is the presence of physical symptoms with seemingly no organic cause. Dissociation includes altered sense of reality, inability to remember an event, numbing, and detachment from body (American Psychiatric Association, 2013). Affective changes include depression and the related loss of faith, hopelessness, self-hatred, and suicidality (Herman, 1992). Herman proposed an additional diagnosis of Disorders of Extreme Stress Not Otherwise Specified (DESNOS) for the fourth edition of the DSM to encompass additional symptoms; however, the authors denied the request. Despite rejection, researchers and clinicians continue to support the change.

Many clinicians strongly support diagnoses of Developmental Trauma Disorder for children (Cloitre et al., 2009; D’Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012; Teague, 2013; van der Kolk, 2005) and Complex PTSD for adolescents and adults (Cook et al., 2005; Ford et al., 2013; Herman, 1992; Williams, 2006) to more fully describe experiences of clients and more accurately target symptoms for treatment. The limiting diagnostic criteria of PTSD is detrimental to clients because it may lead to ineffective treatment and delayed healing (Cook et al., 2005), but the DSM authors of the most recent edition again denied proposals to include the additional trauma disorders, Developmental Trauma Disorder and Complex PTSD, to the DSM citing lack of research and claiming symptoms are covered within a subsection of the PTSD diagnosis. There is additional speculation as to the purpose of leaving the diagnoses out of the DSM, but that exploration is out of the scope of this project. Regardless of the rejections (and recognizing the need to use PTSD as the diagnosis covered by insurance companies) trauma practitioners commonly accept complex trauma and Complex PTSD (Friedman, 2016) as terms that capture experiences of clients with chronic traumatic backgrounds whose symptoms fall outside the more limited parameters and presentations of PTSD. The purpose of noting potential
diagnoses related to traumatic histories is that there are multiple diagnoses that may signal to a practitioner that a client experiences lingering effects of traumatic stress, potentially noted during an intake or conversation with the client. Results from the original Adverse Childhood Experiences (ACEs) study (Felitti et al., 1998) inadvertently uncovered various health conditions and behaviors that may also indicate past traumatic experience.

**Prevalence of trauma and the ACEs study.** Data from the ACEs study demonstrates the prevalence of traumatic experience in the US population (Felitti et al., 1998). Upon follow-up in 2015, the data remains consistent (Gilbert et al., 2015). In 1995, mass data collection by Kaiser-Permanente Health Maintenance Organization (HMO) in California showed the lasting physical impact of childhood traumatic experiences (Felitti et al., 1998). Sixty percent of the over 17,000 individuals surveyed from 1995-1997, experienced one or more adverse experiences as children within the categories of abuse, household challenges, and neglect (CDC, 2016). The ACEs study reveals prevalence of adverse experiences and the greater the number of ACEs the higher the risk of health related issues: alcoholism, chronic obstructive pulmonary disease, depression, fetal death, health-related quality of life, illicit drug use, ischemic heart disease, liver disease, risk for intimate partner violence, multiple sexual partners, sexually transmitted diseases, smoking, suicide attempts, unintended pregnancies, early initiation of smoking, early initiation of sexual activity, adolescent pregnancy, and risk for sexual violence (CDC, 2016; Felitti et al., 1998).

Household dysfunction adds to traumatic exposure, including situations such as loss of a parent by divorce or death and living with a parent who has mental health or substance abuse issues (CDC, 2016; Felitti et al., 1998). Data collected from 53,998 respondents in 10 states and the District of Columbia in 2010 (Gilbert, et al., 2015) echoes results of the original study. In
addition to ACEs data, the CDC reports 1 in 4 children experience some type of abuse or neglect in their lifetime, 1 in 4 women and 1 in 9 men is a victim of partner violence, and sexual violence affects 1 in 3 women and 1 in 6 men (CDC [Child abuse fact sheet], 2018; CDC [NISVS infographic], 2018). Chronic childhood stress can lead to changes in the brain and body and lead to disease such as depression and heart disease (Felitti et al., 1998; McEwen, 2012; Ringel, 2012), but can also manifest in less obvious, but equally disruptive conditions.

Physical manifestation of trauma appears in many forms. Common somatic complaints include chronic pain (Asmundson, 2014), sleep disturbance (Miller, Jaffe, Davis, Pruiksma, & Rhudy, 2015), tension headaches, gastrointestinal disturbance, abdominal, back, and pelvic pain, tremors, choking sensations (Herman, 1992), rapid heartbeat, asthma, chronic fatigue and disengagement from life (Levine, 2010). Some people recognize traumatic symptoms manifest in somatic complaints, while others disconnect physical symptoms from the original trauma because they are so accustomed to the pain (Butehorn, 2015; Herman, 1992; Levine, 2010). For example, an individual may present to a practitioner with chronic low back pain and not realize it is a physical representation of trauma. Asmundson, Coons, Taylor, and Katz (2002) state clients diagnosed with PTSD report pain as one of the most common co-occurring symptoms.

Traumatic experiences change physical and psychological responses and those changes imprint on our being (Cross, Fani, Powers, & Bradley, 2017; Levine, 2010; Porges, 2001; Ringel, 2012; van der Kolk, 2014). A look at the physiological effects of trauma helps explain the relationship between ACEs and development of risk factors for disease.

**Brain structure, function, and change related to trauma.** The brainstem, limbic system, and prefrontal cortex make up the 3-part, triune, brain (van der Kolk, 2014). Each part
does not function separately but works together to manage the life of an organism (Levine, 2010).

The brainstem (medulla oblongata, pons and midbrain) or reptilian brain is instinctual, functions to immobilize, conserve metabolic processes and shutdown in the face of danger when there is no possibility of escape (Levine, 2010). The brainstem also takes care of basic housekeeping, such as arousal, sleep/wake cycles, hunger/satiation sensations, breathing and chemical balance and is highly responsive to threat (van der Kolk, 2014; Levine, 2010). When impacted by trauma, the brainstem can throw the entire system into disequilibrium, resulting in difficulties with sleep (Miller, Jaffe, Davis, Pruiksma, & Rhudy, 2015), appetite, touch, digestion, and arousal (van der Kolk, 2014).

The limbic system, or mammalian brain, houses the hippocampus, amygdala, thalamus, hypothalamus, basal ganglia, and insula (Levine, 2010; van der Kolk, 2014). Very basically, this system manages emotions and interactions, judges what is frightening and what is important for survival. Its development is dependent on experience in the world. If a child experiences fear and feels unwanted, this area becomes focused on managing fear and abandonment instead of play and exploration (van der Kolk, 2014). Traumatic impact in this area can include inability to feel one’s body, identify emotions and recognize a of sense of self (Levine, 2010). The amygdala’s job is to decide what is relevant for survival and trigger the release of stress hormones cortisol and adrenaline, which influence heart rate, blood pressure, and breathing and when impacted by trauma may lead to feelings of agitation and hyperarousal and result in emotional outbursts and shutting down (Ringel, 2012). Reduced volume of the amygdala and hippocampal region is associated with exposure to trauma and diagnoses of PTSD (Ahmed-Leitao, Spies, van den Heuvel & Seedat, 2016; O’Doherty et al., 2017; Woon et al., 2010). The same change in
hippocampal volume does not appear to be present in individuals with Acute Stress Disorder (ASD) indicating that trauma that is longer in duration is related to the size differentiation in brain structures (Szabo, Kelemen, Levy-Gigi, & Keri, 2015).

The prefrontal or neo-cortex, the rational brain, is the youngest part of the brain and is responsible for a sense of time, understanding social interactions, executive function, such as working memory, cognitive flexibility, abstract thinking and impulse control (Cross, Fani, Powers, & Bradley, 2017). It allows individuals to plan and reflect, imagine and play out future scenarios (van der Kolk, 2014). Trauma can result in loss of a sense of time where situations can feel like they will last forever, such as reliving the trauma as if it is happening right now (van der Kolk, 2014), and impact working memory and behavioral flexibility (Cerqueira, Mailliet, Almeida, Jay, & Sousa, 2007). When Broca’s area (located within the prefrontal cortex) is disrupted it can be difficult for an individual to describe thoughts and feelings (van der Kolk, 2014). The prefrontal cortex also regulates the vagus nerve (Levine, 2010), which interacts with the heart, lungs and digestive tract. In addition to the brain, trauma influences change in the nervous system as well.

The nervous system and Polyvagal Theory. The sympathetic and parasympathetic nervous systems make up the autonomic nervous system (ANS) and they serve as the body’s accelerator and brake, respectively (van der Kolk, 2014). The sympathetic nervous system (SNS) initiates the body processes related to the fight or flight response: blood to the muscles and release of adrenaline, resulting in increased heart rate and blood pressure (Seaward, 2018). The parasympathetic nervous system (PNS) releases acetylcholine to slow down the heart, relax the muscles and slow down breathing for the body to return to normal (Amri & Micozzi, 2015). Heart rate variability (HRV) is a way to measure how well the two systems are working together.
or if there is dysfunction (van der Kolk, 2014) and indicates effectiveness of treatment modalities.

Polyvagal Theory explains the evolution of the autonomic nervous system and human response to traumatic events (Porges, 2001). The term polyvagal references the many branches of the vagus nerve that connect organs such as the brain, lungs, heart, stomach and intestines (van der Kolk, 2014). The responses developed from bottom-up, the most primitive to the most sophisticated. However, when confronted with traumatic stress individuals respond in a top-down fashion with the most sophisticated response engaging first. The most primitive stage is related to the immobilization, or freeze, response to a threatening environment. The next stage to develop is related to the sympathetic nervous system and is responsible for the fight or flight response. The most sophisticated stage in the evolutionary responses is unique to mammals and is responsible for social interaction, with nerves connecting the brainstem to facial muscles for expression and vocalization (Porges, 2001). The social engagement part of the nervous system is for creating bonds and attachment and is the first system that attempts to navigate a threat. If social interaction is not effective, the next system in line reacts, which is fight or flight and if neither is successful, the last and most primitive system engages the immobilization response (Levine, 2010). Levine (2010) explains the immobilization system dominates in chronically abused or neglected individuals. They tend to experience dissociative symptoms, somatic complaints and a decrease in heart rate. Conversely, those who experience single-incident trauma tend to be stuck in the fight or flight response system and suffer from a racing heart and flashbacks (Levine, 2010).

Normal response to traumatic stress includes change in arousal, attention, perception, and emotion and is adaptive for the individual, moving a person to respond to threat. When escape or
resistance is not possible the nervous system becomes overwhelmed and disorganized rendering the event traumatizing (Herman, 1992). Porges (Rottweil interview, May 28, 2016) states that looking at reactions from the evolutionary perspective of the Polyvagal Theory creates a new framework, one in which victim becomes survivor and is responding in an adaptive way. With this new framework and years of accumulated understanding of what happens to the body after traumatic events comes a variety of treatment recommendations.

**Trauma treatment recommendations.** Common practice to treat PTSD is Cognitive Behavioral Therapeutic (CBT) practices and medication (Friedman, 2016). Despite the widespread acceptance and use of those techniques, Friedman (2016) admits PTSD is complex and does not always respond to current treatment methods. For example, a meta-analysis by Benish, Imel, and Wampold (2008) indicates trauma focused CBT is not more efficacious than other psychotherapeutic methods. In response to the complexity of trauma symptomatology and the ineffectiveness of some common treatment methods, which focus mostly on the mind, many researchers and practitioners support a mind-body approach (Herman, 1992; Levine, 2010; Ogden & Minton, 2000; van der Kolk, 2014). The adaptive reactions of arousal, attention, perception, and emotion affect both body and mind (Herman, 1992) and because of the complexity, type of exposure, longevity, and developmental stage within which trauma is experienced, treatment needs to extend to both mind and body (Hart, 2010; Holman, 2016; Levine, 1997; Ogden, Pain, & Fisher, 2006; van der Kolk, 2014).

Herman (1992) claims there is not one best treatment intervention, but that complex trauma needs a comprehensive approach addressing biological, psychological, and social components. Mind-body recommendations for treatment (Herman, 1992; Levine, 2010; Ogden, Pain, & Fisher, 2006; van der Kolk, 2014) all correlate with Porges’ Polyvagal Theory (2001).
Considering the response systems of traumatized individuals (discussed above), treatment planning addresses both mind and body. Two different approaches to treating trauma are “top-down” and “bottom-up.” Top-down focuses on thoughts and is talk therapy, but according to Levine (2010) ignores the bodily experience that Porges’ Polyvagal Theory shows are intertwined with the higher brain. A client must first change the relationship to their body (Levine, 2010), which is a bottom-up approach. Treatment starts by addressing body responses, gradually working to integrate thoughts as the individual’s body stays regulated while returning to thoughts and memories of the traumatic experience. Van der Kolk (2014) credits Polyvagal Theory with providing support for using both top-down and bottom-up treatment approaches and states people need to activate the social engagement system, from the top, and calm physical tensions in the body, from the bottom. The Sensorimotor Approach/Psychotherapy is a method supporting both top-down and bottom up processing of traumatic experience (Ogden, & Minton, 2000; Ogden, Pain, & Fisher, 2006). Trauma victims are unlikely to recover until they become familiar with and befriend the sensations in their bodies (van der Kolk, 2014), and effective treatment must address basic housekeeping functions of the body (Levine, 2010; van der Kolk, 2014), including a bottom-up approach.

In van der Kolk’s recent book, *The Body Keeps the Score* (2014), he offers several recommendations for treating trauma with both top-down and bottom-up approaches. He acknowledges that traumatic events need revisiting but only after learning to cope with feeling overwhelmed by the sensations and emotions associated with the past (van der Kolk, 2014). There are many options he recommends for calming the body including breathwork, chanting and moving, yoga, neurofeedback, mindfulness, movement, rhythms, and action, tai chi, qigong, rhythmic drumming, martial arts (van der Kolk et al., 2014; Price et al., 2017), and yoga (Price et
which currently has the most research to support efficacy.

Van der Kolk (2014) also recommends clients engage in bodywork, such as therapeutic massage, Feldenkrais or craniosacral therapy because to release feelings held in the body, the body needs to let go of the tension. Although there are additional recommendations, we limit focus to those directly related to healing the physical body because energy healing, which includes working with the physical body, is the focus of our research. Since growing numbers of health-related care providers integrate a TI approach into their practices, discussion of this approach is next.

**Trauma-Informed (TI) Approach**

A trauma-informed (TI) approach includes a set of assumptions and principles that guide delivery of services, rather than specific treatments for trauma (Isobel, 2016; Levenson, 2017). Because trauma may influence an individual’s ability to verbalize their experience with trauma (van der Kolk, 2003) clients often do not overtly share traumatic experiences with service providers. Therefore, within a trauma-informed approach, the responsibility of recognizing trauma within clients lies with providers. In this section of the literature review, we discuss assumptions and principles of a TI approach, as well as the emerging conversation of a TI approach within the holistic health community.

**Assumptions and principles of a Trauma-Informed (TI) approach.** The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) recognizes a TI approach as beneficial to helping care providers understand the impact and representation of trauma and provides guiding principles for integrating trauma awareness into practice (SAMHSA, 2014). A trauma-informed program, organization or system, according to SAMHSA (2014), follows four
assumptions, the four R’s: \textit{Realizes the widespread impact of trauma and understands potential paths for recovery}; \textit{Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system}; \textit{Responds by fully integrating knowledge about trauma into policies, procedures, and practices}; and \textit{Actively seeks to Resist re-traumatization}. The TI approach guides service provision rather than prescribes a set of practices and is broken down into six more specific principles from the four assumptions.

The guiding principles fall into six categories, 1) \textit{Safety}, 2) \textit{Trustworthiness and transparency}, 3) \textit{Peer support and mutual self-help}, 4) \textit{Collaboration and mutuality}, 5) \textit{Empowerment, voice and choice}, and 6) \textit{Cultural, historical, and gender issues} (SAMHSA, 2014). \textit{Safety} requires that the physical setting is safe to someone who has experienced trauma and the interpersonal interactions between practitioner and client encourage a sense of safety. \textit{Trustworthiness and transparency} asks the practitioner to make decisions that are transparent to the client in an effort to build trust, possibly explaining why and how things will be done. \textit{Peer support and mutual self-help} uses client stories to promote healing. \textit{Collaboration and mutuality} acknowledges the power differential between practitioner and client and works to share power in decision-making. \textit{Empowerment, voice and choice} focuses on client strengths and the possibility of recovery, as well as supporting clients to make their own choices and goals to aid in their recovery process. \textit{Cultural, historical and gender issues} recognizes, acknowledges and moves past stereotypes and bias and requires the practitioner to be responsive to unique needs of individuals, as well as recognizing historical trauma.

The above descriptions of the principles are meant to be general and need to be adapted for particular programs or services. Among the organizations and systems that have begun to integrate trauma-informed principles are criminal justice and education (SAMHSA, 2014),
medical settings (Green et al., 2016; Hall et al., 2016; McEvedy, 2017), residential treatment (Baker, Verlenden, Black, Brown, Wilcox, & Grant, 2017; Tompkins & Neale, 2018), foster care (Barnett, Cleary, Butcher, & Jankowski, 2019), addiction recovery programs (Goodman, 2017), and yoga (Emerson, Sharma, Chaudhry, & Turner, 2009; West, Liang, & Spinazzola, 2017). In addition, practitioners within the area of holistic health are also initiating conversation about a TI approach.

**Holistic health and a TI approach.** Termed by Smuts in 1926, holism is the idea that individuals cannot be reduced to anything less than their whole (Micozzi, 2015). As related to healthcare, holism is a way of healing body, mind, spirit and emotions and striving for balance. Ill-health comes from one or more areas being out of balance and influencing the others (Mohan, 2017).

Further calls for the integration of a TI approach come from the holistic health community. Trauma Center-Trauma Sensitive Yoga (TCTSY) leads the way in adapting a TI approach within the holistic realm (Price et al., 2017; West, Liang & Spinazzola, 2016) and was in SAMHSA’s National Registry of Evidence-based Programs and Services (NREPP, 2017) prior to the organizational change and is now listed in the Evidence-Based Practices Resource Center (SAMHSA, 2019). Other holistic practitioners that recognize the need for greater understanding and teaching of trauma are within the areas of mindfulness meditation (Treleaven, 2018), homeopathy (Buterhorn, 2015), Chinese medicine (Holman, 2016), including acupuncture (Liberation Acupuncture, 2015), and massage (Benjamin, 1991; Hayes, 2018; Prashant, 2006).

Although acknowledgment of TI principles is emerging within the field of holistic care there is a gap in the literature regarding research of a TI approach and holistic practices, specifically in
regards to energy healing, therefore, we now describe energy medicine, energy healing and the potential for healing trauma.

**Energy Medicine**

Energy medicine is a broad term that encompasses many energy-based therapies, including energy healing. In this section, we define energy medicine and provide examples of energy-based methods for treating trauma. We then review energy healing in greater depth in a subsequent section of the literature review.

**Definition of energy medicine.** Energy medicine refers to “any energetic or informational interaction with a biological system to bring back homeostasis in the organism” (Srinivasan, 2010, p. 1). As a form of complementary and alternative therapy, it recognizes chi, also known as life force or energy, which flows throughout the body. Energy medicine practitioners and their clients access chi via several aspects of human energy anatomy, including the chakras, meridians, and biofield, to influence health and wellbeing (Brennan, 1988; Thomas, 2010; Weiner & Frank, 2012). Energy medicine also acknowledges thoughts and intentions are forms of energy that affect individuals (Weiner & Frank, 2012). Energy medicine encompasses a variety of modalities and techniques that utilize subtle or low-level energies to influence a person’s health (Thomas, 2010). Examples include energy psychology (Association for Comprehensive Energy Psychology, 2018), Thought Field Therapy (Irgens, Dammen, Nysæter, & Hoffart, 2012), Emotional Freedom Technique (Bougea et al., 2013), qigong (Lee, Lee, Kim, & Moon, 2003), acupuncture (Crespin et al., 2015), and energy healing (DiNucci, 2005).

**Energy medicine for trauma.** Examples of energy medicine modalities and techniques used to treat trauma and associated symptoms include Thought Field Therapy (TFT) (Conolly &
Sakai, 2011), Emotional Freedom Technique (EFT) (Sebastian & Nelms, 2017), and energy healing (Jain et al., 2012).

TFT influences the body’s energy field by lightly tapping certain areas of the body that correspond with energy meridians and focusing on a chosen distressing thought (Callahan & Callahan, 2009). The TFT Foundation is a non-profit organization that supports the work of TFT-trained therapists in areas of the world affected by trauma (Edwards & Vanchu-Orosco, 2017). TFT is helpful for reducing trauma symptoms in multiple situations, making it a flexible and easily accessible option for trauma survivors (Edwards & Vanchu-Orosco, 2017).

Another example of energy medicine used to treat trauma is Emotional Freedom Technique (EFT), which is similar to TFT in that it also uses tapping to stimulate the meridians (Gilbert & Gilbert, 2003; Schiffman, 2012). EFT is effective in reducing anxiety (Clond, 2016). It also leads to reduced depression and pain in adults who experienced psychological trauma during childhood (Benor, Rossiter-Thornton, & Toussaint, 2017).

Additionally, energy medicine practitioners frequently employ a variety of techniques known as energy healing in the treatment of trauma (Hover-Kramer, 2011). Two examples of energy healing for trauma survivors are Reiki (Collinge et al., 2005; Lipinski, 2013) and Healing Touch (Burr, 2005; Collinge et al., 2005). Homeless military veterans, many of whom suffer from PTSD, benefit from Reiki (McCutcheon, 2014). Reiki and Healing Touch lead to improved “psychotherapeutic outcomes” and positive changes within trauma recovery such as sense of safety, establishing boundaries, and improved body awareness and acceptance (Collinge et al., 2005, p. 569). Further evidence from a randomized control trial of active-duty military shows that Healing Touch with guided imagery significantly reduces PTSD symptoms (Jain et al., 2012).
Energy medicine practitioners treat trauma and its symptoms using multiple modalities. For purposes of our research study, we focus on energy healing. To supplement the limited research on energy healing and trauma cited above, we describe energy healing in more depth and its effects on several symptoms associated with trauma.

**Energy Healing**

In this section, we define energy healing as one of the energy-based therapies within the broader field of energy medicine. We summarize research on the effects of energy healing and describe several types of energy healing, highlighting Reiki, Therapeutic Touch, Healing Touch, and others. We explain the importance of a therapeutic relationship between the client and energy healing practitioner and address the role of energy healing as an adjunctive therapy in the treatment of trauma.

Due to the wide variety of energy healing modalities, in this research we reference specific types of energy healing whenever possible for clarity. When referring to more than one type we use the phrase energy healing rather than listing multiple types.

**Definition of energy healing.** Energy healing is a gentle form of bodywork based on the theory that each person has a unique human energy field, also known as the biofield, within and surrounding the physical body that is connected to a larger, universal energy field (Brennan, 1988; Feinstein & Eden, 2008; Hover-Kramer, 2009). The human energy field contains inherent patterns that influence physical, emotional, mental, and spiritual health (Brennan, 1988; Krieger, 1993). Energy healing can affect these patterns, which develop throughout the lifespan (Hover-Kramer, 2009). The National Institute of Health National Center for Complementary and Integrative Health (NCCIH) recognizes the following definition of energy healing:

A technique that involves channeling healing energy through the hands of a practitioner into the client’s body to restore a normal energy balance and, therefore, health. Energy
healing therapy has been used to treat a wide variety of ailments and health problems, and it is often used with other alternative and conventional medical treatments (Clarke et al., 2015, p. 14).

Although there are several types of energy healing, the above definition applies to all of them. Reiki, Therapeutic Touch, and Healing Touch are three common types of energy healing in the United States (Hart, 2012; Levin, 2011). Each recognizes energy centers called chakras that exist at the major nerve plexuses of the body, as well as a multilayered aura surrounding the body (Kunz & Krieger, 2004; Quest, 2009; Wardell, Kagel, & Anselme, 2014). By placing hands gently on or near the body with a conscious intention toward the individual’s wellbeing, practitioners of Reiki, Therapeutic Touch, and Healing Touch clear the aura and balance the chakras to support the body’s natural healing ability (Kunz & Krieger, 2004; Quest, 2009; Wardell et al., 2014). Next, we synthesize research on the effects of energy healing with descriptions of Reiki, Therapeutic Touch, Healing Touch, and other forms of energy healing.

**Effects of energy healing.** An array of research studies on energy healing describe its effects on mood (Bowden et al., 2011; Mangione, Swengros, & Anderson, 2017; Post-White et al., 2003; Uchida, 2012), well-being (Meissner, 2015), anxiety (Bowden et al., 2011; Brooks, 2006; Jain & Mills, 2010; Mangione et al., 2017; Maville, Bowen, & Benham, 2008), depression (Bowden et al., 2011; Brooks, 2006), quality of life (Anderson & Taylor, 2011; Cook, Guerrero, & Slater, 2004; Jain & Mills, 2010), substance use (Brooks et al., 2006), fatigue (Jain & Mills, 2010; Post-White et al., 2003), relaxation (Mangione et al., 2017; Maville, Bowen, & Benham, 2008), and pain (Brooks et al., 2006; Cook et al., 2004; Jain & Mills, 2010; Post-White et al., 2003). Research methods, sample sizes, and populations vary among research studies of energy healing. For example, in a systematic review of randomized control trials (RCT’s) of non-contact touch within a variety of energy healing therapies, Hammerschlag, Marx and Aickin (2014)
found that although the small sample size of randomized controlled trials (RCT’s) “precludes drawing any robust conclusions,” two-thirds of RCT’s reported statistically significant beneficial outcomes (p. 881). Some academic experts claim research on energy healing is not very high quality and subjective self-report measures used in energy healing research are not empirically based (Hufford, Sprengel, Ives & Jonas, 2015), or that research studies have methodological flaws (vanderVaart, Gijsen, de Wildt, & Koren, 2009) and lack theoretical perspectives (Levin & Mead, 2008). However, the nature of energy healing does not easily lend itself to the same type of RCT’s that are the gold standard of scientific research (Hintz et al., 2003; Ives & Jonas, 2011). One reason for this is that energy as it is used within energy healing practices does not always follow generally accepted rules of energy and can be difficult to measure with physical instruments or biomarkers (Hintz et al, 2003). Another reason is that energy healing treatments are largely non-standardized (Baldwin, 2016).

Bearing in mind the wide range of research on energy healing, next we describe several types of energy healing and their effectiveness on reducing some of the mental health symptoms associated with trauma such as anxiety, depression, and substance use (van Der Kolk, 2014). We then highlight how energy healing affects pain and chronic pain, which is a common physical manifestation of trauma (Asmundson, 2014).

Reiki is a type of energy healing that evolved in the early 1900’s in Japan when a Buddhist priest, Dr. Mikai Usui, began accessing spiritual energy through his hands to help others (Quest, 2009). Reiki practitioners consciously direct this spiritual energy, also called universal energy or life force, toward others or themselves. In the US, practitioner training involves three levels of direct instruction by a Reiki Master. Each level includes information and attunements through which students receive Reiki energy and learn the hand positions, symbols,
and treatments for various illnesses (Quest, 2009). The length of time to complete the three levels and become a Reiki Master varies from a few days to a few years, depending on the instructor and the student’s preference (Stein, 1995).

Reiki positively affects symptoms of trauma including depression, pain, and anxiety (Shore, 2004; Tsang, Carlson, & Olson, 2007; Vitale & O’Conner, 2006). It may also safely improve mood and mental health wellness, while reducing stress (Mangione et al., 2017). Specifically, Reiki reduces anxiety and depression for those with high levels of depression and/or anxiety (Bowden et al., 2011).

A similar type of energy healing is Therapeutic Touch. Developed by lay healer, Dora Kunz, and nurse, Dolores Krieger, in the United States in 1972, it “operates on the principle that the human body is an open energy system with innate therapeutic functions, and this system forms energy patterns discernible to the trained and mindful healer” (Kunz & Krieger, 2004, p. 2). The founders established the Nurse Healers Professional Associates International, Inc., which sets standards and offers credentials for practitioners and teachers of Therapeutic Touch. Students complete a 12-hour basic course, 14-hour intermediate course, as well as a one-year mentorship to become Therapeutic Touch practitioners (Therapeutic Touch International Association, 2010).

Therapeutic Touch reduces several symptoms related to trauma including anxiety, pain, and addiction. For instance, Therapeutic Touch significantly reduces pain and stress hormone levels compared to standard care in post-operative patients (Coakley & Duffy, 2010) and reduces pain and anxiety in cancer patients (Jackson et al., 2008). Therapeutic Touch is also effective in treating addiction compared to mock Therapeutic Touch and standard care (Hagemaster, 2000).
It leads to increased periods of abstinence from alcohol and other drugs, as well as significant improvements in depression and social support (Hagemaster, 2000).

Healing Touch is another form of energy healing and builds on the basic principles of Therapeutic Touch to incorporate concepts and techniques from several energy healers. Healing Touch originated in the 1980’s in the United States from the work of holistic nurse, Janet Mentgen (Hover-Kramer, 2009). Similar to other forms of energy healing, the specific mechanism through which Healing Touch operates is unknown (Wardell, et al., 2014). Healing Touch practitioner training requires five levels of classes, a one-year mentorship, and the completion of several additional assignments that encourage the self-development of the healer. Although all Healing Touch practitioners receive similar training, some differences exist depending on the organization providing the training. The American Holistic Nurses Association endorses two organizations that govern the standards and credentials for Healing Touch practitioners, Healing Beyond Borders and Healing Touch Program (Healing Touch International, 2017; Healing Touch Program, 2018). Although they are two separate entities, Healing Beyond Borders and Healing Touch Program share similar energy healing techniques and codes of ethics (Anselme, Kagel, & O’Neill, 2010a; Anselme, Kagel, & O’Neill, 2010b; Healing Touch International, 1996; Healing Touch Program, 2013a; Gordon, Hutchison, Lockwood, Pointer, & Tovey, 2010; Day et al., 2011).

Research on the effects of Healing Touch reveals it reduces anxiety, pain, and depression, which are common symptoms of trauma, and induces physiological effects of relaxation. Clients cite reduced anxiety as a common outcome of Healing Touch sessions, as well as relaxation (Maville, Bowen, & Benham, 2008; Wardell et al., 2014). Healing Touch may safely improve mood and mental health wellness, while reducing anxiety and stress (Mangione et al., 2017). It is
more effective than presence alone or standard treatment in reducing mood disturbance in cancer patients undergoing chemotherapy (Post-White et al., 2003). While Healing Touch reduces pain immediately after each session, it may not significantly reduce pain over the course of several weekly sessions (Post-White et al., 2003). It also affects respiratory rate and reduces heart rate and blood pressure immediately after each session (Post-White et al., 2003). Compared to mock therapy, it leads to statistically significant differences in vitality, pain, and physical functioning among women receiving radiation therapy for breast or gynecological cancers (Cook et al., 2004). Significant improvements in pain and anxiety are also evident in the use of Healing Touch for post-operative bariatric patients (Anderson et al., 2015).

In addition to Reiki, Therapeutic Touch, and Healing Touch, several other modalities use light or near-body touch to influence the chakras and/or energy field. For example, Johrei, also known as Okada Purifying Therapy (OPT), has a worldwide network of wellness centers founded by Mokichi Okada (Johrei Fellowship, 2018; MOA International, 2018). It increases the power of alpha brain waves (Uchida, Iha, Yamaoaka, Nitta, & Sugano, 2012) which may in turn reduce depression (Kan & Lee, 2015). For clients in a substance abuse program, Johrei leads to improvements in stress, depression, physical pain, trauma symptoms, externalizing behaviors, and vigor as well as increases in positive emotional and spiritual states, energy, and overall well-being (Brooks, Schwartz, Reece & Nangle, 2006).

Another example of energy healing is Brennan Healing Science. Developed by spiritual leader, healer, and educator Barbara Brennan, Brennan Healing Science is based on the dynamics of the human energy field and combines hands-on techniques with “spiritual and psychological processes” (Barbara Brennan School of Healing, 2019a, para. 1). The Barbara Brennan School of Healing is a four-year training program founded in 1982 (Brennan, 1993). Effects of Brennan
Healing Science include improvements in spiritual factors, psychosocial symptoms/stressors, and physical symptoms such as insomnia (Kelsch & Ironson, 2014).

Several other types of energy healing do not have formal names but utilize the basic concepts of energy healing. For example, a “touch-based healing ritual” improves subjective well-being “regardless of [the client’s] prior experience or expectations” (Meissner & Koch, 2015, p. 1). The ritual induces an anticipatory stress response during which sympathetic arousal increases to discern a sense of safety (Meissner & Koch, 2015). This anticipatory stress response is a normal part of the relaxation response (Stefano, Stefano, & Esch, 2008). Another example is “intuitive energy healing” treatments from healers approved by the Norwegian healers’ association (Kristoffersen et al., 2019, p. 116). Clients report “substantial improvement” in symptoms such as pain, psychological problems and fatigue, as well as increased well-being and activity level (Kristoffersen et al., 2019, p. 115). Approximately forty percent of clients experienced aggravation of their symptoms after the energy healing session, typically lasting one day or less (Kristoffersen et al., 2019). The healers informed clients about the possibility of such “healing aggravations,” which are common among complementary and alternative therapies and considered part of the natural process of healing, and the authors surmise this may have influenced the high number of reported aggravations (Kristoffersen et al., 2019, p. 122; Pitchford, 2002).

In the following section, we highlight pain because it is a typical presenting complaint of energy healing clients (Rahtz et al., 2019) and is a common manifestation of trauma within the body (Asmundson, 2014). Many research studies describe the effects of energy healing on pain (Anderson et al., 2015; Cook et al., 2004; Denison, 2004; Fazzino, Griffin, McNulty, & Fitzpatrick, 2010; Gordon, Merenstein, D’Amico, & Hudgens, 1998; Jain & Mills, 2010; Kelsch
An explanatory model for the effectiveness of energy healing for relieving chronic pain is that it changes the somatosensory cortical maps within the brain (Kerr, Wasserman, & Moore, 2007). According to this model of cortical plasticity, chronic pain is associated with maladaptive changes in the areas of the brain representing the painful body parts (Kerr et al., 2007). Oppositely, energy healing initiates beneficial changes within the brain by repeatedly guiding a patient’s focus to non-painful areas of the body and reducing stress within a context of positive expectations (Kerr et al., 2007). “Strong evidence” exists for the effectiveness of energy healing in reducing pain among persons suffering from pain-related disorders such as arthritis and diabetic neuropathy (Jain & Mills, 2010, p. 1). Energy healing may also reduce pain in hospitalized patients or those with cancer (Jain & Mills, 2010). A case study involving energy healing treatment from a Brennan Healing Science (BHS) practitioner suggests BHS may be effective in reducing pain after hip arthroplasty (Namavar, 2014). In contrast to these beneficial effects, a systematic review of energy healing for symptoms of chronic illnesses indicates inconclusive results and a need for further research (Rao, et al., 2016). Similarly, Fazzino et al. (2010), call for further research comparing Reiki, Therapeutic Touch, and Healing Touch with one another. Their literature review of the effects of energy healing on pain indicates that a common outcome of energy healing is reduced use of pain medication or increased time between doses (Fazzino et al., 2010). Other studies show beneficial effects for chronic pain conditions such as osteoarthritis (Gordon et al., 1998; Lu et al., 2013; Smith et al., 2008) and fibromyalgia syndrome (Denison, 2004). Given the outcomes of energy healing on pain and other symptoms
associated with trauma described above, next we note how the client-practitioner relationship plays a key role in its effectiveness.

**Healing relationship.** Development of a healing relationship between the energy healing practitioner and client or patient is an important aspect of energy healing (Stöckigt et al., 2015) and is defined in multiple ways. The Samueli Institute (2016) describes the concept as follows:

Healing relationships reflect the social and professional interactions that foster a sense of belonging, well-being, coherence and healing. Healing relationships are intentional, adaptable, cohesive, covenantal, and reciprocal in nature. The nurturing of healing relationships is one of the most powerful ways to stimulate, support and maintain wellness and recovery (para. 1).

Similarly, a qualitative study of patients, physicians, nurses, and clinical staff in the primary care setting advances a definition of healing in which relationships between patients and their care team are fundamental to the healing process (Hsu, Phillips, Sherman, Hawkes, & Cherkin, 2008). Participants emphasize the “healing powers of communication, information, support, empathy, and compassion” (Hsu et al., 2008, p. 311). A related concept from the field of psychotherapy is therapeutic relationship. Also known as therapeutic alliance, it requires therapists to meet the following conditions: 1) demonstrate empathy for the client’s point of view, 2) hold a sense of “unconditional positive regard” toward the client, and 3) be authentic in the context of the relationship (Overholser, 2007, p. 71). For purposes of this research, we use the term healing relationship as defined by the Samueli Institute (2016).

Healing relationships may contribute to the quality of patients’ lives and improved clinical outcomes (Ananth, 2009). Positive interactions with healthcare providers are associated with an increased sense of empowerment among adults receiving a variety of complementary and alternative medicine services, which in turn leads to better symptom relief (Bann, Sirois, & Walsh, 2010). The presence of a caring professional who is attentive to the client has beneficial
effects on mood and well-being in studies using placebo energy healing (Uchida et al., 2012), presence alone (Post-White et al., 2003), and friendly nurse visits (Lu et al., 2013). In addition, patients who experience supportive interactions with acupuncture providers have better outcomes than those who do not receive support, especially if the patients tend to be socially isolated (Conboy et al., 2010). Interactions between clients and practitioners are also key factors in the use of energy healing to support the treatment of trauma, which we discuss next.

Energy healing as an adjunctive therapy in the treatment of trauma. In this subsection, we describe several recommendations for incorporating energy healing into the treatment of trauma and specific techniques used by energy healing practitioners.

A commonly held view of the role of energy healing is found in the code of ethics of Healing Touch which states it is intended to be a complementary therapy that works in collaboration with conventional healthcare practices (Hover-Kramer, 2009; Wardell et al., 2014), or used as a sole modality (Hover-Kramer, 2009). As such, Healing Touch is an appropriate integrative therapy within treatment programs for trauma survivors (Burr, 2005). Several leaders within the Healing Touch community recommend energy healing practitioners refer clients to psychologists or other mental health providers if emotions related to past trauma arise or if the clients’ needs are beyond the practitioners’ scope of practice (Anselme, Kagel, & O’Neill, 2010; Gordon, Hutchison, Lockwood, Pointer, & Tovey, 2010; Hover-Kramer, 2011).

Ethicists Benjamin and Sohnen-Moe (2005) corroborate this sentiment and recommend that several client prerequisites be in place before trauma survivors engage in bodywork of any kind, including energy healing. One is that trauma survivors actively work with a psychotherapist with whom the practitioner collaborates closely (Benjamin & Sohnen-Moe, 2005). Another prerequisite is trauma survivors achieve a significant sense of safety within their
recovery to allow them to integrate their trauma experiences (Benjamin & Sohnen-Moe, 2005). In addition, the psychotherapist and client should decide together whether the client is at an appropriate stage for bodywork (Benjamin & Sohnen-Moe, 2005).

In addition to the above-suggested prerequisites for trauma survivors to work with an energy healer, clients may identify trauma through an intake form or verbally during an initial session with an energy healing practitioner. Several organizations that train energy healing practitioners provide sample intake forms (Anselme, Kagel & O’Neill, 2010b; Gordon et al, 2010; International Association of Reiki Professionals, 2019; International Center for Reiki Training, 2019) and recommend practitioners ask their clients to complete a form before or during their first energy healing session (Anselme et al., 2010b; Brennan, 1993; Gordon et al, 2010; International Association of Reiki Professionals, 2019). The questions included on the intake forms vary widely depending on the type of energy healing, however they typically ask clients to identify their reasons for seeking energy healing, medical history, stress, and areas of concern (Anselme et al., 2010a; Gordon et al, 2010; International Center for Reiki Training, 2019). One sample intake form also asks clients to identify if “Trauma PTSD” is a concern and any history of “mental/emotional traumas” (Healing Touch Program, 2016). In addition to intake forms, several guidebooks for energy healers encourage practitioners to complete a verbal “interview” to discuss the client’s needs before doing any energy healing interventions (Brennan, 1993, p. 61; Mentgen, 2002, p. 166; Quest 2009).

After identifying the client’s needs, energy healing practitioners use specific techniques to address trauma. Depending on the type of energy healing, training on the use of trauma-related techniques varies and may occur during required coursework (Anselme et al., 2010a; Gordon et al., 2010), as a supplemental training (Mentgen & Hutchison, 2018), or through reading a
recommended guidebook (Rather & Johnson, 2014; Szczepanski, 2014). For example, Healing Touch training curriculum includes Body Memory Interview with Chakra Connection (Anselme et al., 2010a) and Chakra Connection with Body Centered Interview (Gordon et al., 2010). The intention of each of these methods is to clear energetic congestion or blocks that may be trapped in the energy field due to traumatic experiences (Anselme et al., 2010a; Gordon et al., 2010; Hover-Kramer, 2009). Similarly, the Trauma Release Technique, also known as Trauma Release Method, is used by experienced energy healing practitioners who have completed specialized training in Healing Touch to treat residual symptoms of trauma (Hover-Kramer, 2009; Mentgen & Hutchison, 2018; Wardell, 2000). It involves clients describing in detail their traumatic experiences, followed by deep relaxation, re-telling of the traumatic experiences, and identifying physical sensations within the body that are then energetically released by the practitioner (Mentgen & Hutchison, 2018). Also, the Trauma Chakra Connection is a technique that supports repairing the root chakra and reconnecting it with all of the other chakras (Slater, 2004). A recommended, but optional guidebook for Healing Touch practitioners contains another technique called Amygdala Connection that also repairs the root chakra and re-establishes energetic connections between the root, adrenal glands, amygdala, brain stem, and prefrontal cortex of the brain (Rather & Johnson, 2014). The same guidebook also includes a section on Trauma Informed Care that acknowledges the widespread effects of trauma including physical problems or illnesses related to chronic stress (Szczepanski, 2014). The author advises Healing Touch practitioners to establish a trusting relationship, carefully observe a client’s response to treatment, and use non-contact techniques during short sessions (Szczepanski, 2014). In addition to addressing trauma in these ways, energy healing includes several underlying principles that
may be influential in working with trauma survivors. Next, we review these principles and how they relate to a trauma-informed approach.

**Comparison of the Principles of Energy Healing and a Trauma-Informed Approach**

Energy healing and a trauma-informed (TI) approach are based on many of the same principles. Some TI principles also overlap with fundamental concepts of complementary and alternative medicine, such as the understanding that psychological stress can cause illness (Micozzi, 2011; Oral et al., 2016). In contrast, several gaps exist. In this section, we describe the ethics and principles of energy healing, the similarities between the ethics and principles of energy healing and a TI approach, identify gaps between energy healing and TI principles, and note the need for further research on the practical use of a TI approach among energy healing practitioners.

**Ethics and principles of energy healing.** Energy healing practitioners use a variety of spiritual principles and codes of ethics to guide their work, depending on the type of energy healing they practice (Barbara Brennan School of Healing, 2019b; Dale, 2013; Healing Touch International, 1996; Healing Touch Program, 2013a; Innersource, 2010; Quest, 2009; Therapeutic Touch International Association, 2005). We provide several examples and acknowledge they are only a portion of the breadth of principles and ethics used by energy healing practitioners. We begin with a description of the spiritual principles of Reiki, followed by the codes of ethics of Healing Touch and Therapeutic Touch, and conclude with the principles of practice from Brennan Healing Science and the *Caritas Processes* of Caring Theory.

Reiki includes a set of spiritual principles to assist practitioners in their “personal and spiritual development” (Quest, 2009, p. 252). Several versions of the principles exist. Table 1
lists those most commonly used in the Reiki community with brief descriptions of each (Quest, 2009).

Table 1
_Reiki Spiritual Principles and Descriptions_

<table>
<thead>
<tr>
<th>Spiritual principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Just for today - living in the present</td>
<td>“… living in the moment and being aware of what is going on around you…having your mind right here, right now, not allowing your thoughts to wander into memories of time gone by or imaginings of time to come.” (Quest, 2009, p. 254)</td>
</tr>
<tr>
<td>Just for today do not anger</td>
<td>“Use Reiki and meditation to help you to develop forgiveness and understanding of yourself and others.” (Quest, 2009, p. 254)</td>
</tr>
<tr>
<td>Just for today do not worry</td>
<td>“Doing Reiki on yourself can help you achieve a less anxious, more positive frame of mind… to help you discover and calm your fears, and to develop hope and trust.” (Quest, 2009, p. 255)</td>
</tr>
<tr>
<td>Honor your parents, teachers and elders</td>
<td>“…honor and respect everyone you meet…” (Quest, 2009, p. 255)</td>
</tr>
<tr>
<td>Show appreciation and count your blessings</td>
<td>“We need to appreciate many things in our lives and and be grateful for our many blessings… every experience is valuable because it helps to make you who you are.” (Quest, 2009, pp. 255-256)</td>
</tr>
<tr>
<td>Earn your living honestly</td>
<td>“No matter how spiritual you become, you will still need to work in some manner to feed yourself…being honest with yourself, as well as with others…” (Quest, 2009, p. 256)</td>
</tr>
<tr>
<td>Be kind to every living creature</td>
<td>“… there is no place for prejudice, prejudgement, cruelty or indifference in a world where we are all connected…” (Quest, 2009, p. 257)</td>
</tr>
</tbody>
</table>

*Note: Spiritual principles and descriptions are from Quest (2009, pp. 252-257).*

Healing Touch is another type of energy healing with established guidelines for practitioners (Healing Touch International, 1996; Healing Touch Program, 2013a). Although two branches of Healing Touch exist, one called Healing Touch Program and the other known as Healing Beyond Borders, their codes of ethics are quite similar (Healing Touch International, 1996; Healing Touch Program, 2013a). Table 2 lists the thirteen points included in the code of ethics of Healing Touch Program with descriptions of each.
### Table 2

**Healing Touch Program Code of Ethics**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scope of practice</strong></td>
<td>Healing Touch practitioners use Healing Touch within the scope of their background, current licensing and credentialing. They represent themselves to the public in accordance with their credentials. They practice within the guidelines of this Code of Ethics; the Healing Touch Program’s Scope of Practice statement; and state/province, local and federal laws and regulations.</td>
</tr>
<tr>
<td><strong>Collaborative care</strong></td>
<td>Healing Touch is a complementary energy therapy, which can be used in conjunction with traditional therapies or as a sole modality. Practitioners know the limits of their professional competence and do not step beyond these boundaries. They do not diagnose, prescribe, or treat medical conditions or disorders unless they hold a license that permits them to do so. They are credentialed and in good standing with their respective/legal licensing or credentialing body/bodies. Appropriate referrals to other health care professionals are made when necessary.</td>
</tr>
<tr>
<td><strong>Intention</strong></td>
<td>Healing Touch is used to promote the well-being and healing for each client. Client safety, educational needs, and well-being are safeguarded by the practitioner. Practitioners working with subtle energies are careful to use their ability only in a manner beneficial to the client. Instead of trying to change the client in any way, practitioners use their intentionality to cooperate “with the field, the emerging order” (Watson, 2005, p. 101, as cited by Healing Touch Program, 2013a). They use their abilities with humility, consciousness and professionalism.</td>
</tr>
<tr>
<td><strong>Principles of healing</strong></td>
<td>Healing Touch (HT) practitioners know that healing is a personal, individualized process that occurs from within the inner dimensions of the client. The client is supported by the HT practitioner in self-directing this sacred process. The HT practitioner creates a conscious, reverent, caring-healing environment. Practitioners foster an optimal condition for that client to remember and move toward their wholeness through the steps of the HT Sequence and the practitioner-client relationship.</td>
</tr>
<tr>
<td><strong>Respectful care</strong></td>
<td>Healing Touch practitioners maintain high standards of professionalism in their care. They treat clients and colleagues with respect, courtesy, care and consideration. HT practitioners respect their client’s individuality, beliefs, inherent worth, and dignity. They respect the client’s right to be involved in their treatment and they empower the client to give feedback, alter or discontinue the session at any time. Practitioners provide information that assist clients in making informed decisions about their care.</td>
</tr>
<tr>
<td><strong>Equality and acceptance</strong></td>
<td>Healing Touch practitioners work in partnership with the client to promote healing regardless of race, creed, color, age, gender, sexual orientation, politics or social status, spiritual practice or health condition. The client’s inner process, spiritual practices and pacing of healing are respected and supported. No specific religious/spiritual belief or practice is promoted in Healing Touch.</td>
</tr>
</tbody>
</table>
Table 2 (Continued)
Healing Touch Program Code of Ethics

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating a healing environment</td>
<td>Healing Touch is provided in a variety of environments. Practitioners provide (when possible) a private, safe environment conducive to healing in which the client can relax and be receptive to the healing process. Safe and clear professional boundaries are described and maintained. Permission for receiving Healing Touch is obtained through the informed consent process. Where hands-on touch is appropriate for the healing process, it is non-sexual, gentle and within the client’s consent and boundaries. The client is fully dressed except in medical situations, or other professional therapies requiring disrobing, in which case appropriate draping is used.</td>
</tr>
<tr>
<td>Healing Touch sequence</td>
<td>The Healing Touch practitioner uses the ten-step process as a foundation and guideline, for administration of the work and in documentation. The ten steps are: (1) Intake/Update; (2) Identification of Health Issues; (3) Mutual Goals/Intention for Healing; (4) Pre-Treatment Energetic Assessment; (5) Practitioner Preparation; (6) Healing Touch Interventions; (7) Post-Treatment Energetic Assessment; (8) Ground and Release; (9) Evaluation and Feedback, and (10) Plan. Sequential order of the ten steps may vary depending on the specific situation, methods administered and flow of the session.</td>
</tr>
<tr>
<td>Disclosure and education</td>
<td>Information is provided to the client on an individualized basis taking into account expressed needs and personal situations. The practitioner informs the client of her/his educational and experiential background in Healing Touch and any other related credentials they hold. They also provide an explanation of the treatment to the level of client’s understanding, and clearly and accurately inform clients of the nature and terms of the service. The practitioner discusses the HT treatment process as well as any relevant limitations or issues before HT interventions begin. Practitioners supply resources and/or additional materials that may support the client.</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Client confidentiality is protected at all times and records are kept in a secure and private place in accordance with state and federal regulations. The practitioner also informs clients of exceptions to their confidentiality such as disclosure for legal and regulatory requirements or to prevent eminent harm or danger to client or others. Client health information and treatment findings are documented appropriately and are specific to the practitioner’s background and setting. Information is shared only with client’s written permission.</td>
</tr>
</tbody>
</table>
Table 2 (Continued)
Healing Touch Program Code of Ethics

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legalities</td>
<td>Healing Touch practitioners are expected to understand and comply with the laws of the state(s)/province in which they are offering Healing Touch as well as applicable federal regulations in regards to obtaining or maintaining a license to touch. Those that have a professional license are expected to understand how touch either is or is not included or restricted in their scope of practice and comply accordingly. It is expected that HT practitioners will carry liability/ malpractice insurance according to state/province, federal and professional laws to protect themselves and clients. It is expected that HT practitioners will maintain the appropriate business licenses according to their state/province requirements.</td>
</tr>
<tr>
<td>Self-development</td>
<td>Healing Touch practitioners practice self-care to enhance their own personal health in order to provide optimal care for others. They practice from a theoretical and experiential knowledge base as they continue to deepen their understanding of healing, the biofield, spiritual development, and personal evolution. They keep themselves current in the practice and research of Healing Touch and related areas and seek to continually expand their effectiveness as a practitioner.</td>
</tr>
<tr>
<td>Professional responsibility</td>
<td>Practitioners and students represent Healing Touch in a professional manner by exercising good judgment, practicing with integrity, and adhering to this Healing Touch Program (HTP) Code of Ethics and the HTP Scope of Practice. Through their words and actions, they encourage ethical behavior of all parties. They consult a supervisor, HT mentor, HT instructor, member of the HTP Ethics Committee or HTP Program Director when an ethical issue occurs. The HTP Code of Ethics will be the practitioners’ minimum Ethical Code when practicing Healing Touch. If they practice any other kind of energy medicine/therapy/modality within a HT session, they must do so with the prior knowledge and informed consent of the client, and they will be bound by the HTP Code of Ethics.</td>
</tr>
</tbody>
</table>

Note: Codes and descriptions are from Healing Touch Program (2013a, pp. 1-2).

Similarly, we list the twelve standards and their descriptions from the code of ethics for Healing Touch from Healing Beyond Borders in Table 3 (Healing Touch International, 1996).
Table 3  
*International Code of Ethics/Standards of Practice for Healing Touch Practitioners/Students*

<table>
<thead>
<tr>
<th>Code / Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scope of practice</strong></td>
<td><em>Healing Touch practitioners integrate and practice Healing Touch within the scope of their education, training, current licensing and credentialing. They represent themselves to the public in accordance with their credentials and practice within the guidelines of Healing Touch International’s Scope of Practice statement.</em></td>
</tr>
<tr>
<td><strong>Collaborative care</strong></td>
<td><em>Healing Touch is a holistic therapy that is complementary to conventional health care and is used in collaboration with other approaches to health and healing. Healing Touch practitioners must know the limits of their professional competence. Health/medical conditions are to be followed by health care professionals. Referrals are made to appropriate health care professionals as needed.</em></td>
</tr>
<tr>
<td><strong>Self development</strong></td>
<td><em>Healing Touch practitioners work from a theoretical and practical knowledge base of Healing Touch. They integrate self care practices to enhance their own physical, emotional, mental and spiritual well-being. They maintain a commitment to ongoing learning and self growth.</em></td>
</tr>
<tr>
<td><strong>Equality and acceptance</strong></td>
<td><em>The practitioner and patient are equal partners in the process of healing. Honoring individual autonomy, growth, and self empowerment, patients will be respected and valued at all times regardless of race, creed, age, gender expression, disability, sexual orientation, or health condition, honoring individual autonomy, growth, and self-empowerment in keeping with the United Nations Declaration on the Rights and Dignity of Persons with Disabilities, which is recognized internationally by 160 countries. The Healing Touch practitioner respects the individual spiritual beliefs and practices of the patient. Healing Touch does not promote a particular spiritual practice.</em></td>
</tr>
<tr>
<td><strong>Communication and education</strong></td>
<td><em>Information given to the client is individualized according to the expressed need, context and personal situation. The explanation about the treatment is conveyed at the level of the patient’s understanding. Healing Touch practitioners act as a resource for appropriate education materials that can support the ongoing self care of patients.</em></td>
</tr>
<tr>
<td><strong>Healing Touch process</strong></td>
<td><em>The Healing Touch practitioner obtains essential health information, an energy assessment, and sets mutual goals. Appropriate interventions are applied, the energy system is reassessed, and patient feedback is obtained. This process serves as the foundation for understanding the health/healing needs of the patient and promoting patient safety.</em></td>
</tr>
<tr>
<td>Code / Standard</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Intention</td>
<td><em>Healing Touch is offered only for the benefit of the client, with intention for his or her highest good. The Healing Touch practitioner acts with the commitment to Do No Harm.</em></td>
</tr>
<tr>
<td>Creating a safe healing environment</td>
<td><em>Healing Touch practitioners provide a safe, welcoming, supportive and comfortable environment that is conducive to healing. Consent for Healing Touch therapy and permission for hands-on touch is obtained. The practitioner is free from the influence of alcohol, recreational drugs, or prescription medication that would compromise their judgment, actions, or interfere with safe practice for the patient. The practitioner is physically, emotionally and mentally capable of providing for the patient’s care and safety during the entire Healing Touch session. The practitioner is dressed in a non-revealing manner, clean and professional in appearance, with a minimum of scent. The patient is empowered to give feedback, modify or discontinue the session at any time. Safe and clear professional boundaries are maintained. Touch is non-sexual and non-aggressive and respects the patient’s boundaries. The practitioner does not engage in romantic or sexual relationships with patients. The patient is clothed except in professional therapy contexts involving physical or medical interventions requiring disrobing, in which case appropriate draping is provided.</em></td>
</tr>
<tr>
<td>Principle of healing</td>
<td><em>Healing Touch practitioners recognize and honor the patient’s unique self healing process. The individual is acknowledged as a complex being, who is part of a social system, and is interactive with and is acted upon by their internal and external environments.</em></td>
</tr>
<tr>
<td>Confidentiality</td>
<td><em>Patient confidentiality is protected at all times. Treatment findings are documented appropriately specific to the practitioner’s background and setting. Patient records are secured in such a way as to protect privacy and be in compliance with professional and legislative regulations. Patient written permission must be obtained prior to release of or reporting of any record or information.</em></td>
</tr>
<tr>
<td>Quality of care</td>
<td><em>Healing Touch practitioners maintain a commitment to a high standard of quality care. The practitioner obtains supervision and consultation as needed from Certified Healing Touch Practitioners and other qualified professionals.</em></td>
</tr>
<tr>
<td>Professional responsibility</td>
<td><em>Healing Touch practitioners represent Healing Touch to the public in a professional manner by exercising good judgment, practicing with integrity and adhering to this HBB Code of Ethics/Standards of Practice.</em></td>
</tr>
</tbody>
</table>

*Note:* Codes/standards and descriptions are from Healing Touch International (1996, pp. 1-2).
Another example of a code of ethics for energy healing practitioners comes from Therapeutic Touch (Therapeutic Touch International Association, 2005). It contains two general standards, five standards pertaining to both practitioners’ responsibilities to clients, colleagues and community, and a policy about unethical conduct, as outlined in Table 4 (Therapeutic Touch International Association, 2005, paras 1-14).

Table 4

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility</td>
<td>Accepts responsibility for the consequences of one’s actions. Requests peer and client feedback of one’s practice, education, and research to assure quality and effectiveness of one’s work. Makes a contribution to the organization through active involvement in the organization. Ensures that all marketing materials convey accurate information about self (academic qualifications/credentials/education, certification, professional affiliations and experience, practice, and research). Accurately represents the possible outcomes of the TT process.</td>
</tr>
<tr>
<td>Self-care</td>
<td>Uses self-care practices regularly to ensure one’s own health and well-being. Refrains from working with clients/students/research participants if one’s well-being may interfere with the provision of safe, effective care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibilities to clients</th>
<th>Responsibilities to colleagues and community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect</td>
<td>Respects the rights, knowledge, skills and diversity of colleagues and other health care professionals in a manner that parallels the ethical behavior for working with clients. Avoids derogatory remarks concerning the practices, abilities, or competence of another practitioner or other healthcare disciplines. Respects diversity of colleagues, peers, and other professionals. Conducts oneself in a manner of fairness, directness, openness and cooperation in all dealings with colleagues and the community.</td>
</tr>
<tr>
<td>Responds appropriately to the client’s wholeness. Honors the client’s healing potential. Respects client’s boundaries (physical, mental, emotional, and spiritual), touches the client with the client’s consent. Respects the client’s freedom to choose approaches to healing that are congruent with the client’s values and beliefs, and the right of the client to change her/his choice at will. Respects diversity among clients. Acknowledges the inherent worth and individuality of clients. Preserves and protects client information, shares information with the client’s permission.</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Responsibilities to clients</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Honesty</td>
<td>Clearly and accurately represents one’s academic qualifications, certification, professional affiliations, and experience, to the client. Clearly conveys the potential outcome of the TT session. Conducts all business within the scope of one’s practice and refers clients to appropriate others when outside of one’s own scope of practice. Provides only services for which one is contracted.</td>
</tr>
<tr>
<td>Integrity</td>
<td>Makes financial arrangements in advance of providing services to the client. Seeks fair remuneration as deserved for one’s work. Provides a safe and comfortable work environment. Provides only services for which one is contracted. Maintains a professional relationship with clients. Communicates responsibly, truthfully, and respectfully with clients. Avoids working with clients when one’s health or mental status may place the client in harm’s way or compromise one’s ability to provide the highest quality service possible. Refrains from initiating or engaging in any sexual conduct, sexual activities, or sexualizing behavior involving the client or client’s family member. Recognizes when there is a conflict of interest situation, acknowledges the conflict and removes oneself from the situation.</td>
</tr>
</tbody>
</table>
Table 4 (Continued)

*Code of Ethics of Therapeutic Touch (TT)*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responsibilities to clients</strong></td>
<td><strong>Responsibilities to colleagues and community</strong></td>
</tr>
<tr>
<td><strong>Competence</strong></td>
<td>Provides TT sessions that are consistent with the guidelines for the practice of TT. Maintains an ongoing TT practice. Provides clients with a clear and accurate description of the service to be provided, desired outcome, contraindications, and side effects, prior to the provision of that service. Ensures that the client clearly understands the explanation provided prior to the provision of the service. Ensures that the client has provided consent (implied or actual). Recognizes the client’s right to freedom of choice and that the client can decline the provided service at any time during the interaction. Maintains accurate, up-to-date records.</td>
</tr>
<tr>
<td><strong>Responsibility</strong></td>
<td>Requests client feedback as assessment of one’s practice, education and/or research. Terminates the relationship when it is clear that client will no longer benefit from the interaction. Refers to other practitioners when it is clear that the client is no longer receiving benefit from the TT sessions. Consults with other health care practitioners regarding the client’s care when such consultation could potentially benefit the client or at the request of the client.</td>
</tr>
</tbody>
</table>
### Table 4 (Continued)
**Code of Ethics of Therapeutic Touch (TT)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Responsibilities to clients</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Responsibilities to colleagues and community</strong></td>
</tr>
<tr>
<td><strong>Unethical conduct</strong></td>
<td>Matters of unethical conduct will first be addressed directly with the individual(s) involved. If there is ineffective resolution to the concern, then, the concern will be brought to the Ethics Review Committee (ERC). A formal, written concern will be addressed to the ERC and the individual or individuals involved in the concern will have the opportunity to respond in writing to charge of unethical conduct. A meeting will be held by ERC to ensure a fair hearing about the situation and how it arose is conducted. If further information is required before a final decision is made, the information will be requested from the appropriate parties. ERC will provide it’s decision and any action, if necessary, to the parties involved, within two weeks of the formal hearing.</td>
</tr>
</tbody>
</table>

*Note: Codes and descriptions are from Therapeutic Touch International Association (2005, paras. 1-14).*

In addition, Brennan Healing Science practitioners follow principles of practice adopted by the Barbara Brennan School of Healing to assist practitioners in their work and help interested clients select a healer (Barbara Brennan School of Healing, 2019b). Table 5 lists the principles, which includes 5 main principles with 17 specific points describing them (Barbara Brennan School of Healing, 2019b, paras. 5-9).
Table 5

**Principles of Practice for Brennan Healing Science (BHS) Practitioners**

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intention, integrity, and professional responsibility</strong></td>
<td>1. The BHS Practitioner commits to use his or her training, skills, and intention in service of the health, welfare, and spiritual healing of the client.</td>
</tr>
<tr>
<td></td>
<td>2. The BHS Practitioner provides those services commensurate with his or her training and competence, and refers the client to other healers and care providers in other disciplines as appropriate and necessary.</td>
</tr>
<tr>
<td></td>
<td>3. The BHS Practitioner keeps current and competent in his or her field(s) of practice, through supervision, consultations, and continuing education.</td>
</tr>
<tr>
<td></td>
<td>4. The BHS Practitioner does not offer, promise, or provide medical diagnoses or prescriptions (unless otherwise licensed to do so), and does not promise medical cures or recoveries.</td>
</tr>
<tr>
<td><strong>Client communication and professional boundaries</strong></td>
<td>5. The BHS Practitioner clearly, accurately, and truthfully communicates to the client, prior to commencement of services, the general nature of the services that may be provided, fees and billing practices, and other policies and procedures of the BHS Practitioner. The BHS Practitioner also obtains the client’s consent to these services, or as appropriate the consent of the client’s legal guardian, prior to service.</td>
</tr>
<tr>
<td></td>
<td>6. The BHS Practitioner maintains professional boundaries with the client. The BHS Practitioner is sensitive to real and ascribed differences in awareness and power between the BHS Practitioner and the client, and does not exploit such differences or perceptions during or after the professional relationship for the personal gratification or benefit of the BHS Practitioner. The BHS Practitioner supports the client in avoiding or resolving dependency on the BHS Practitioner.</td>
</tr>
<tr>
<td></td>
<td>7. The BHS Practitioner does not suggest, initiate, or engage in any romantic or sexual activity with the client. The BHS Practitioner does not engage in sexual or other harassment of the client, whether by sexual solicitation, physical or energetic advances, or verbal or nonverbal conduct that is unwelcome, is offensive, or creates a hostile or unsafe healing environment. The BHS Practitioner does not engage in sexual relations with a former client for at least two years after termination of the client relationship, and only then after a good faith determination through appropriate supervision that there is no exploitation of, or harm to, the former client.</td>
</tr>
<tr>
<td></td>
<td>8. The BHS Practitioner avoids or promptly removes himself or herself from improper and potentially harmful conflicts of interest and dual or multiple relationships with clients and former clients.</td>
</tr>
</tbody>
</table>
Table 5 (Continued)
*Principles of Practice for Brennan Healing Science (BHS) Practitioners*

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honoring the client and community</td>
<td>9. The BHS Practitioner respects the fundamental dignity, worth, and personal journey of all clients, regardless of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. The BHS Practitioner strives to be aware of and sensitive to cultural, individual, and role differences.</td>
</tr>
<tr>
<td></td>
<td>10. The BHS Practitioner respects the right of each client to hold values, attitudes, beliefs, and opinions that differ from the BHS Practitioner’s. The BHS Practitioner does not attempt to pressure or coerce the client into any action or belief, even if the BHS Practitioner believes such act or belief would serve the best interests of the client. The BHS Practitioner supports each client’s self-empowerment, self-determination, and transformational processes in learning to make life choices, and understanding the consequences of those choices.</td>
</tr>
<tr>
<td></td>
<td>11. The BHS Practitioner is aware of his or her role in maintaining the integrity of healing and the healing profession with regard to clients, to the society in which the BHS Practitioner lives, and to the global community of the sacred human heart.</td>
</tr>
<tr>
<td>Client confidentiality</td>
<td>12. The BHS Practitioner honors and does not disclose to anyone the client’s confidences or client records, if any, including the name or identity of the client or identifying information, except: (A) if and to the extent authorized by the client; (B) as required for the BHS Practitioner’s professional supervision where the client remains anonymous, and only to the extent necessary to achieve the purposes of the supervision; (C) when disclosure is required to prevent clear and imminent danger to the client or others; (D) as required by law; and (E) if the BHS Practitioner is a defendant in a civil, criminal or disciplinary action arising from the client relationship (in which case client confidences may only be disclosed in the course of that action).</td>
</tr>
<tr>
<td></td>
<td>13. At the client’s written request or approval, and according to the capabilities, good conscience, and professional judgment of the BHS Practitioner, the BHS Practitioner may consult with the client’s other healers, therapists, physicians, and spiritual teachers, as appropriate to maximize the benefits to the client.</td>
</tr>
</tbody>
</table>
### Table 5 (Continued)

**Principles of Practice for Brennan Healing Science (BHS) Practitioners**

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BHS practitioner self-responsibility, client welfare, and termination of services</td>
<td>14. The BHS Practitioner commits to his or her own self-care and ongoing personal healing, and also recognizes that this commitment is key to serving as an instrument of healing for the client.</td>
</tr>
<tr>
<td></td>
<td>15. The BHS Practitioner commits to regular individual supervision sessions with a qualified professional. The BHS Practitioner is obligated to be alert to signs of, and to obtain professional assistance for, any unresolved personal problems, countertransference, and emotional reactions, in order to prevent impairment of the client relationship.</td>
</tr>
<tr>
<td></td>
<td>16. The BHS Practitioner is not under the influence of alcohol or of any medication, drug, or substance during a client session that might impair the work of the BHS Practitioner or the client relationship.</td>
</tr>
<tr>
<td></td>
<td>17. The BHS Practitioner terminates a client relationship when it becomes reasonably clear that the client no longer needs or is not benefiting from continued service. The BHS Practitioner terminates services if and as advisable due to any physical or mental illness, or unresolved personal issues, of the BHS Practitioner. The BHS Practitioner does not maintain a client relationship solely for financial reasons, but may terminate a relationship if the client is unable or unwilling to pay for such services. Prior to any termination of service, if and to the extent applicable and practicable, the BHS Practitioner gives reasonable notice to the client of the termination and assists the client in finding alternative professional services.</td>
</tr>
</tbody>
</table>

*Note:* Principles and descriptions are from Barbara Brennan School of Healing (2019b, paras. 5-9).

The principles and codes of ethics of energy healing relate closely to the theory of Caring Science, which is an ethical paradigm for caring relationships as outlined in the Lenses chapter. Although originally developed for nursing professionals, Caring Science includes ten *Caritas Processes* listed in table 6 that apply to anyone who engages in caring relationships with another person, including energy healing practitioners (Watson Caring Science Institute, 2010; Watson Caring Science Institute, 2019).
### Table 6

**Caritas Processes from Watson’s Theory of Caring Science**

1. Practicing loving-kindness and equanimity within context of caring consciousness.

2. Being authentically present and enabling, and sustaining the deep belief system and subjective life world of self and one-being cared for.

3. Cultivating one’s own spiritual practices and transpersonal self, going beyond ego self.

4. Developing and sustaining a helping-trusting, authentic caring relationship.

5. Being present to, and supportive of the expression of positive and negative feelings.

6. Creatively using self and all ways of knowing as part of the caring process; engaging in artistry of caring-healing practices.

7. Engaging in genuine teaching-learning experience that attends to wholeness and meaning, attempting to stay within other’s frame of reference.

8. Creating healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.

9. Assisting with basic needs, with an intentional caring consciousness, administering ‘human care essentials,’ which potentiate alignment of mind-body-spirit, wholeness in all aspects of care.

10. Opening and attending to mysterious dimensions of one’s life-death; soul care for self and the one-being-cared for; “allowing and being open to miracles” (as cited in Watson Caring Institute, 2010).

*Note: Caritas Processes are from Watson Caring Science Institute (2010, p. 2).*

As shown in Table 1 through Table 6, the principles and ethics of energy healing vary according to the type of energy healing and the organization that developed them, however there are also many areas of overlap. In the next two sections, we compare and contrast the ethics and principles of energy healing with the principles of a TI approach.

**Similarities between the ethics and principles of energy healing and a TI approach.**

An overarching principle of energy medicine is client empowerment and self-care (Feinstein & Eden, 2008). This is similar to an underlying concept throughout complementary and alternative medicine that promotes the inner healing resources of clients (Micozzi, 2011). Learning how to practice Reiki for oneself or others increases self-efficacy and self-confidence (Kemper & Hill, 2017). Additionally, Therapeutic Touch improves self-efficacy in the areas of pain management,
coping, and functioning for persons with chronic pain (Smith, Arnstein, Rosa, & Wells-Federman, 2002). A TI approach shares this concept by encouraging clients to “actively [take] care of one’s own needs” (SAMHSA, 2014b, p. 121).

Several of the TI principles are similar to those of energy healing, particularly the codes of ethics of Therapeutic Touch and Healing Touch, the Reiki spiritual principles, the principles of practice of Brennan Healing Science, and the Caritas Processes of Caring Science (Barbara Brennan School of Healing, 2019b; Healing Touch International, 1996; Healing Touch Program, 2013a; SAMHSA, 2014a; Therapeutic Touch International Association, 2005; Quest, 2009; Watson Caring Science Institute, 2010). For example, the code of ethics of Healing Touch calls for “creating a safe healing environment” (Healing Touch International, 1996, p. 2) and the Caritas Processes of Caring Science include “creating healing environment at all levels” (Watson Caring Science Institute, 2010, p. 2). Both of these elements coincide with the TI principle of Safety (SAMHSA, 2014a, p. 10). “Equality and acceptance” is part of the code of ethics of Healing Touch (Healing Touch International, 1996, p. 1) consistent with the TI principle of Cultural, historical, and gender issues (SAMHSA, 2014a, p. 11). Trustworthiness and transparency is a TI principle (SAMHSA, 2014a, p. 10) reflected in Reiki’s spiritual principle of “earn your living honestly” (Quest, 2009, p. 252), as well as in the Brennan Healing Science principle of “client communication and professional boundaries” (Brennan Healing Science, 2019b, para. 6), and in the element of “integrity” within the code of ethics of Therapeutic Touch (Therapeutic Touch International Association, 2005, para. 6). See Table 7 for a list of the TI principles and corresponding ethics and principles of energy healing.
### Table 7

**Trauma-Informed Principles and Corresponding Ethics and Principles of Energy Healing**

<table>
<thead>
<tr>
<th>Trauma-Informed Principles</th>
<th>Ethics and principles of energy healing</th>
</tr>
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</table>
| Safety                     | ● Creating a safe healing environment (Healing Touch)  
                              ● Integrity (Therapeutic Touch)  
                              ● Creating healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated (Caring Science) |
| Trustworthiness and transparency | ● Professional responsibility (Healing Touch)  
                                  ● Earn your living honestly (Reiki)  
                                  ● Honesty (Therapeutic Touch)  
                                  ● Client communication and professional boundaries (Brennan Healing Science)  
                                  ● Developing and sustaining a helping-trusting, authentic caring relationship (Caring Science) |
| Peer support and mutual self-help | ● Collaborative care (Healing Touch)  
                                  ● Honor your parents, teachers, and elders (Reiki)  
                                  ● Intention, integrity, and professional responsibility (Brennan Healing Science)  
                                  ● Engaging in genuine teaching-learning experience that attends to wholeness and meaning, attempting to stay within other’s frame of reference (Caring Science) |
| Collaboration and mutuality | ● Communication and education (Healing Touch)  
                                  ● Respect (Therapeutic Touch)  
                                  ● Honoring the client and community (Brennan Healing Science)  
                                  ● Being authentically present and enabling, and sustaining the deep belief system and subjective life world of self and one-being cared for (Caring Science) |
| Empowerment, voice, and choice | ● Equality and acceptance (Healing Touch)  
                                   ● Respect (Therapeutic Touch)  
                                   ● Be kind to every living creature (Reiki) |
| Cultural, historical, and gender issues | ● Equality and acceptance (Healing Touch)  
                                   ● Respect (Therapeutic Touch)  
                                   ● Be kind to every living creature (Reiki) |

*Note: The TI principles are from Substance Abuse and Mental Health Administration (2014a, paras. 1-6). The ethics and principles of energy healing are from Barbara Brennan School of Healing (2019b, paras. 5-9); Healing Touch International (1996, pp. 1-2); Healing Touch Program (2013a, pp. 1-2); Therapeutic Touch International Association (2005, paras. 1-14); Quest (2009, pp. 252-257); and Watson Caring Science Institute (2010, p. 2).  

*a SAMHSA defines this principle as pertaining to clients (SAMHSA, 2014), whereas the principles and codes of ethics of energy healing pertain to practitioners.*

**Gaps between energy healing and a TI approach.** As noted in Table 7, the TI principle *Peer support and mutual self-help* lacks a corresponding ethic or principle within energy healing.
This may be because SAMHSA defines this principle as pertaining to clients (SAMHSA, 2014), whereas the principles and codes of ethics of energy healing pertain to practitioners. Another gap relates to practical application of the TI assumption Actively seeks to resist re-traumatization (SAMHSA, 2014). The Healing Touch Program Code of Ethics includes the intention to “promote the well-being and healing for each client” and a statement that practitioners “use their ability only in a manner beneficial to the client” (Gordon et al., 2010, p. 194). However, the interpretation of re-traumatization appears to be different between these two streams of thought.

For example, several techniques in Healing Touch encourage clients to purposely focus their attention on traumatic memories associated with each part of their bodies and describe it verbally while the practitioner directs energy toward that area (Anselme et al., 2010; Gordon et al., 2010; Mentgen & Hutchison, 2018). In contrast, a TI approach seeks to avoid triggering traumatic stress responses in situations that may mimic the original traumatic experience (SAMHSA, 2014b). One of the dangers of clients discussing their traumatic memories in the manner used in Healing Touch is that when they “disclose without proper safety nets [clients] are actually retraumatizing themselves by reliving the experience without adequate support” (SAMHSA, 2014b, p.127). A gap exists in that certifying bodies do not require energy healing practitioners to simultaneously hold professional licenses as mental health practitioners (Healing Touch International, 2017; Therapeutic Touch International Association, 2010; Stein, 1995) and thus energy healing practitioners may lack the skills to adequately respond to clients’ traumatic memories.

**Practical applications of a TI approach by energy healing practitioners.** Energy healing includes specific ways to address trauma such as Trauma Release Method (Mentgen & Hutchison, 2018; Wardell, 2000), however, there is lack of current research on practitioners’
practical understanding of trauma and how it affects their work with clients. Due to similarities between TI principles and those of energy healing, we speculate that practitioners frequently apply TI principles as inherent ways of working with clients. However, given the gaps identified above, energy healing practitioners may potentially contribute to re-traumatization in spite of their intentions to heal. The TI approach developed after common types of energy healing such as Therapeutic Touch, Healing Touch, Brennan Healing Science and Reiki. Therefore, practitioners may or may not have a complete understanding about the practical applications of a TI approach.

Summary

Trauma is pervasive (Felitti et al., 1998; Gilbert et al., 2015), making it likely that energy healing practitioners encounter clients with traumatic histories. A trauma-informed (TI) approach includes a set of assumptions and principles that guides delivery of services, rather than specify treatment of trauma (Isobel, 2016; Levenson, 2017). Trauma treatment recommendations include bodywork to promote wholeness in healing from trauma (Levine, 2010; Ogden, Pain, & Fisher, 2006; van der Kolk, 2014). Energy healing is a holistic, integrative health practice that uses light or near-body touch to balance the energy system of the body and support the body’s natural healing processes (Hover-Kramer, 2009; Wardell, Kagel, & Anselme, 2014). Energy healing has beneficial effects on reducing symptoms associated with trauma; chronic pain (Denison, 2004; Gordon et al, 1998; Lu et al., 2013; Smith et al., 2008; Post-White et al., 2003), anxiety (Anderson et al., 2015; Bowden et al., 2011; Brooks et al., 2006; Jackson et al., 2008; Jain & Mills, 2010; Mangione et al., 2017; Maville et al., 2008), depression (Bowden et al., 2011; Brooks et al., 2006; Hagemaster, 2000; Post-White et al., 2003), addiction (Brooks et al., 2006; Hagemaster, 2000), and it promotes relaxation (Maville et al., 2008; Wardell et al., 2014).
Energy healing practitioners use a variety of techniques for dealing with trauma (Anselme et al., 2010; Gordon et al., 2010; Hover-Kramer, 2009; Mentgen & Hutchison, 2018; Wardell, 2000). However, there is limited research on energy healers’ work with trauma survivors. Therefore, the purpose of this research project is to describe energy healing practitioners’ perspectives on trauma and working with trauma survivors.
Lenses

The purpose of this chapter is to articulate the relevant research lenses that influence the development, implementation and interpretation of this study. While not always specifically noted in published studies, we recognize how critically important it is to articulate our lenses given the changing landscape of research including multiple epistemologies, axiologies, and cultures of inquiry, not to mention multiple methods of data collection and types of data collected. When researchers do not specify their underlying assumptions, readers can only speculate as to how assumptions may have influenced the design of the study, data collection, data analysis, and conclusions drawn by the researchers. However, when researchers are transparent about their assumptions, they encourage readers to think more critically about the assumptions affecting any type of research. Moreover, researchers who do this make it possible for readers to hold them accountable to the researcher’s standards, rather than artificially impose other standards (which may or may not be relevant). The reliability and validity of this study’s findings may thus be assessed more accurately in light of this full disclosure.

In this chapter, we first elaborate on how our research paradigm and culture of inquiry frame this project. Next, we describe the theoretical lenses guiding our study and how they shape the development and implementation of this research. This is followed by articulation of relevant professional and personal lenses and how they affect this study.

Research Paradigm and Culture of Inquiry

The critical paradigm, with its relativist ontology and its subjective epistemology, along with an action research culture of inquiry, led us to the conclusion that an in-depth, semi-structured interview method was most appropriate for this study. The critical paradigm also
informs the design, implementation, and interpretation of this study and we address this more in depth in the Method chapter.

In our critical paradigm, we concluded that action research was the most appropriate culture of inquiry for this study. A culture of inquiry is a “chosen modality of working within a field, an applied epistemology or working model of knowledge used in explaining or understanding reality” (Bentz & Shapiro, 1998, p. 83). It includes the values, traditions, norms, and practices of a community of researchers. Action research presumes a number of things. First, anyone in a community or organization who wishes to explore a complex issue or problem and develop effective solutions can conduct a systematic investigation. It is not the exclusive domain of academia (Stringer, 2014). Second, attempts to apply generalized solutions may not work in all contexts or groups. Therefore, action research intends to investigate issues within a specific context or locality (Stringer, 2014). Third, individuals considered subjects from a conventional or empirical point of view should participate actively in the research process (Stringer, 2014). These assumptions underlie the spirit of action research, which is to honor the “complex social, cultural, interactional, and emotional factors that affect all human activity” (Stringer, 2014, p. 10).

Social values of democracy, equity, liberation, and life-enhancement are fundamental to action research (Stringer, 2014). Four basic, process-oriented characteristics exemplify these values: 1) positive, non-exploitative, cooperative relationships between research facilitators and participants; 2) transparent, attentive communication about the research process; 3) active involvement of participants in how the research is done and applied; and 4) inclusion of all those affected by the research, ensuring that all relevant groups benefit from it (Stringer, 2014). In keeping with the social values of democracy and equity, we gave participants several
opportunities to ask questions about the research project during the interview process and asked their opinion of what topics they thought would be important to cover in potential future research activities involving other energy healing practitioners. In the same spirit, we gave participants copies of their transcribed interviews and provided opportunities for them to clarify or add information prior to analyzing the data.

The design, implementation, and interpretation of this study reflect the above principles of action research in several ways. For example, we as researchers are simultaneously members of the local energy healing community. Therefore, we undertook this research project from the point of view of practitioners and the participants are our peers. In addition, we intentionally provided participants with a full explanation of our research purpose and the interview questions in advance of their scheduled interviews so they could make an informed decision to participate. During the process of collecting data through interviews and follow-up phone calls, we met and spoke with participants at times and locations convenient to them to eliminate hierarchy in the researcher-participant relationship. During analysis and interpretation, we consciously chose to maintain the integrity and meaning of the participants’ responses by quoting them directly as much as possible and featuring their own words in the Results chapter. In addition to the action research culture of inquiry, several theoretical lenses also influenced the design, implementation, and interpretation of our study.

Theoretical Lenses

Three theoretical frameworks provide the necessary conceptual grounding for this study: psychoneuroimmunology, Watson’s theory of Caring Science, and SAMHSA’s trauma-informed (TI) approach. We summarize each and make specific connections to this particular project.
Psychoneuroimmunology (PNI). Psychoneuroimmunology is a subspecialty of research that combines psychology, immunology, and the neurosciences and studies the intersection of the brain, immune system and behavior, the nervous system, and endocrine system (Ader, 2001). Ader, a psychiatric researcher, coined the term from work that began in the 1970’s expanding understanding of how stress and anxiety can affect the immune system (Daruna, 2012). This theory supports our research project by providing a framework that demonstrates the influence of mind on body and body on mind. Specifically, chronic stress can cause suppression of the parasympathetic response leading to increased anxiety and depression (Daruna, 2012, p.140) and energy healing initiates the parasympathetic response (Maville et al., 2008; Wardell et al., 2014). Because energy healing helps relax the body (Maville et al., 2008; Wardell et al., 2014), psychoneuroimmunology theory suggests energy healing may be useful in treating trauma.

Theory of Caring Science. Watson’s Caring Science provides a theoretical framework based in nursing practice applicable to other caring-healing professionals and energy healing practitioners (Watson, 2008; Hover-Kramer, 2009). It includes a set of Carative Factors that outline a “vision and ethical commitment to the human dimensions of caring” (Watson, 2008, p. 30). The theory goes beyond external activities or task-oriented procedures toward a model that includes Caritas Processes that encourage practitioners to develop a higher level of consciousness (See Table 6). Caritas Processes expand the Carative Factors to create a caring-healing paradigm that includes concepts such as “being authentically present,” “practicing loving kindness,” and “holding an intentional, caring consciousness of touching and working with the embodied spirit of another” (Watson, 2008, p. 31). The theory of Caring Science relates to energy healing in several ways. First, it acknowledges the energy system of the body, including the chakras, and maintains “each physical act [of a practitioner] carries a spirit-filled energy”
Second, according to Caring Science the practitioner serves as an “energetic-vibrational field of consciousness and intentionality” that creates a healing environment, which influences the wellbeing of the client or patient (Quinn, 1992; Watson, 2008, p. 26). Lastly, it addresses the nature of caring relationships from an ethical, moral, and value-based perspective (Watson, 2008).

Watson’s Caring Science shapes the design, implementation, and interpretation of this research project in multiple ways. Its primary influence is as a theoretical basis for how energy healing affects health and wellbeing. The theory also supports the ethical use of energy healing (Watson, 2008). With Caring Science as an inspirational guide, our intention is to support and collaborate with energy healing practitioners on the ethical use of energy healing with trauma survivors. Another way Watson’s theory influences this research project is by providing a connecting thread between the concepts of energy healing and the trauma-informed approach as described by SAMHSA. For example, the ten Caritas Processes of Caring Science coincide with the principles and practices of Healing Touch, which in turn overlap with the trauma-informed approach (Healing Touch Program, 2009; SAMHSA, 2018; Watson Caring Science Institute, 2010) as listed in Table 7 in the Literature Review chapter. The Caritas Processes are also similar to several of the principles of other types of energy healing such as Reiki, Therapeutic Touch, and Brennan Healing Science (Barbara Brennan School of Healing, 2019b; Quest, 2009; Therapeutic Touch International Association, 2005; Watson Caring Science Institute, 2010). This led us to speculate during the development of the study that energy healers may potentially incorporate several of the assumptions and principles of the trauma-informed approach in their work with trauma survivors, whether or not they are aware of the term “trauma-informed.” The connection between the trauma-informed approach and the theory of Caring Science also
influences our choice to analyze the data through the lens of the trauma-informed approach during process of data analysis. In the next section, we further describe how the trauma-informed (TI) approach serves as a lens through which we view this project.

**Trauma-Informed (TI) Approach.** The path to the creation of a trauma-informed approach began in the 1990’s with awareness of re-traumatization of women in in-patient or residential settings who experienced physical and sexual abuse in their past (Wilson, Pence, & Conradi, 2016). In 1998 the study “Women, Co-Occurring Disorders and Violence,” which occurred over a five-year period in 27 service delivery sites, launched and highlighted the importance of trauma-informed care (Wilson, Pence, & Conradi, 2016). Initially the National Child Traumatic Stress Network (NCTSN, 2019) focused on trauma-informed mental health interventions, but eventually realized systems issues could undermine the specific interventions and turned their attention to include organizations and systems. The Substance Abuse and Mental Health Services Administration (SAMHSA) charged with advancing the behavioral health of the nation, created assumptions and principles to guide a trauma-informed approach, rather than specific interventions (SAMHSA, 2014). The four guiding assumptions are 1) Realize the widespread impact of trauma and understand potential paths to recovery, 2) Recognize the signs and symptoms of trauma, 3) Respond by integrating knowledge of trauma into policies, procedures, and practices, and 4) Actively seek to resist re-traumatization (SAMHSA, 2014). The six guiding principles are 1) Safety, 2) Trustworthiness and transparency, 3) Peer support and mutual self-help, 4) Collaboration and mutuality, 5) Empowerment, voice and choice, and 6) Cultural, historical, and gender issues. The trauma-informed assumptions and principles influenced the development of our interview schedule and guided the conceptual data analysis. We used the TI assumptions to create questions for our interview schedule, particularly seeking
perspectives on impact of and recognizing signs and symptoms of trauma. We also used the TI assumptions and principles during data analysis to identify responses that exemplify the TI approach.

Having described our theoretical lenses of psychoneuroimmunology, Caring Science, and a trauma-informed approach, next, we identify our professional lenses and how they affect the design, implementation, and interpretation of this study.

**Professional Lenses**

Each member of our research team has varying professional experiences that provide motivation for our research study. We briefly describe them and how these experiences influence us throughout the research process.

**Allison.** I have a bachelor’s degree in Sociology and have been working with energy healing clients and adults with chronic diseases for three years. I am a Healing Touch Certified Practitioner with training in Reiki and Therapeutic Touch and completed an apprenticeship at The Healing House of St. Paul where I provided Healing Touch sessions for individuals with histories of trauma and addiction. As an apprentice, I worked collaboratively with a psychotherapist, spiritual director, and Somatic Experiencing practitioner who introduced me to trauma theory. I am also a Care Guide within a major health system. In this role, I work with patients and their families to support them as they navigate the various stages of disease, help them understand ways they can improve their health through self-care, and connect them to resources in their community and within the health care system. Several patients have diagnoses of PTSD, anxiety, chronic pain, or depression, or have histories of trauma and abuse. These professional experiences influence my participation in this project in many important ways. One way is that my apprenticeship with clients who were in the process of healing from trauma raised
questions about how to avoid re-traumatization during energy healing sessions. Based on feedback and suggestions from clients and the licensed psychotherapist with whom I collaborated, I learned to modify and enhance my own practice of energy healing to meet the unique needs of trauma survivors. As an apprentice, my professional journey led me to learn about the effects of trauma and try various ways of applying this knowledge during all of my energy healing sessions due to the high prevalence of trauma (Felitti et al., 1998; Gilbert et al., 2015), which clients may or may not disclose to me. This experience motivated me to combine the trauma-informed approach with energy healing as a topic of research. It also informs my role in this research team in the following ways. As an energy healing practitioner, I have seen its positive benefits for physical, emotional, mental, and spiritual health and as a result, I tend to view energy healing favorably. Also, the lessons I have learned from unintentionally adverse interactions with energy healing clients and patients with chronic diseases leads me to see the research through the lens of a practitioner and look for ways I can change or improve my work, particularly with trauma survivors. My academic background in Sociology, with its strong emphasis on the ideals of democracy, social justice, and equality, influences the design of this project through the choice of action research as a culture of inquiry. My role as a Healing Touch Certified Practitioner shapes the implementation of the project in that many of the participants in the study are within my professional network or know someone within my network. I gained much of my knowledge of energy healing through training, hands-on work with clients, mentorship, and readings I completed during the Healing Touch Program certification process and through graduate level energy healing coursework at St. Catherine University. This basis of knowledge affects my interpretation of the study because I have a greater understanding of
interview responses from participants who practice Healing Touch than from participants who practice other forms of energy healing.

**Dawn.** I earned an undergraduate degree in psychology and a master’s degree in clinical social work. I held several jobs working with adolescents who experienced trauma in their lives resulting in disruptive behaviors and mental health issues. I think education in mental health should naturally include learning about trauma, its impact and how to identify it. Mine did not. I also think working in mental health settings should automatically mean staff operates from a trauma-informed perspective. It does not. In my last career job, I watched staff unintentionally re-traumatize adolescents - the very staff who were there to help them feel safe. The staff viewed behaviors as antagonistic and oppositional instead of as symptoms of traumatic pasts. They often entered into control battles that led to client restraints and feelings of being unsafe, which led to more acting out. It was uncomfortable and disheartening to work in that environment. Though I understood the adolescent’s behaviors were symptoms of past experiences, I did not have the language or the framework of the trauma-informed approach to support the education I provided to staff. Not surprisingly, after raising my own children for 15 years as a stay-at-home mom, I was not interested in going back to work as a therapist in the environment I had practiced in before.

Through a winding path, I learned about a different approach to well-being, holistic healthcare. The perspective that wellness can and should be approached as a whole, and not separated into individual parts led me to the University of St. Catherine’s Master’s in Holistic Health Studies program. As part of my training at St. Catherine’s I became level 2 certified in Reiki, and level 2 certified in Healing Touch, and though it is challenging to explain exactly
what happens in an energy healing session, I believe it works to provide relaxation and alleviate pain, among other benefits.

In addition, I became certified as a yoga instructor and experienced trauma-sensitive yoga during that training. To learn more about the trauma-sensitive approach to yoga, I traveled to Kripalu Center for Yoga & Health and attended a 40-hour introduction to trauma sensitive yoga training. Staff from the Trauma Center’s Trauma Sensitive Yoga (TCTSY) program in Boston, Massachusetts, whose program is acknowledged by SAMHSA as an evidence-based practice for working with trauma survivors led the training. That experience sparked my interest in trauma-informed assumptions and principles to guide services and contributed to the birth of this research topic.

I believe people do the best they can with what they have experienced and what they have learned and that practitioners providing service to clients without the guidance of a trauma-informed framework do not operate with malicious intent. However, I also believe it is beneficial for organizations and service providers to understand trauma and the associated complexities to best serve clients. My path, evolving beliefs, and growing knowledge of trauma guided me to this project to learn more about energy healers’ perspectives on trauma and how they work with trauma survivors in practice.

**Personal Lenses**

Just as our professional experiences created lenses that are relevant to our credibility as researchers, each of us also has relevant personal experiences that contribute to how we view this topic, how we engage with it as researchers, and how we use ourselves as instruments in the research process. Therefore, we note related personal experiences or lenses along with how they influence this project.
Allison. As a white, middle-class female with a history of chronic pain, I am aware of personal biases related to this topic. My racial identity and class have allowed me to be a passive recipient of privileges in our society related to the quality of my education, healthcare, and employment. Such privileges have given me opportunities to experience holistic, complementary, and integrative healing sessions that health insurance does not cover. I am personally interested in these options to manage my own chronic pain and have found much relief through them. These include tai chi, nutritional response therapy, acupuncture, energy healing, Rolfing, massage, chiropractic, and authentic movement. As I considered ways of maintaining awareness of these issues and how they may affect this project, I have chosen to foster a neutral perspective by reading relevant literature and reporting results of the study as if I were new to the concepts of energy healing and trauma to avoid making assumptions about what would or would not be helpful to trauma survivors.

The positive outcomes I have experienced with energy healing to support my own mental and physical well-being influenced the development of this study through my choice of energy healing as a research topic. In conversations with friends, colleagues, and acquaintances, I became aware that many people are unfamiliar with energy healing. This motivated me to engage in this research project to contribute to the body of knowledge of energy healing and foster greater understanding of it within myself and our society. My personal experiences with chronic pain affect the implementation and interpretation of this project in that I have required additional self-care. My chosen method for self-care is to receive more frequent energy healing sessions in order to develop and maintain an adequate level of physical health and mental clarity to engage in research related to trauma, especially during the phases of collecting and analyzing data and reporting the results. These additional energy healing sessions have broadened my
experiential understanding of the benefits of energy healing and of potential ways energy healing practitioners could enhance their practice through incorporating the TI approach.

**Dawn.** During the last several years, I have been on a journey of self-healing. I found a connection to my body and realized the impact of body on mind and mind on body. In my mid-thirties I started having joint pain in my fingers and wrists, progressing to elbows and shoulders. My doctor tested me for rheumatoid arthritis and though I did not have the marker for it, he said my body was acting as if it did. My doctor prescribed a high dose of vitamin D, an anti-inflammatory medication, and regular check-ups. He also encouraged me to exercise regularly. I eventually found a regular exercise routine, consisting of strength training, cardiovascular work and yoga. In addition, I took my medication and managed the pain.

Through serendipitous events, I met people who suggested I take gluten out of my diet. With vitamin D, regular exercise and a simple change in diet, I no longer need anti-inflammatory medication. I had never really paid attention to my body or the signals it gave me. With some attention and simple changes in my diet, my body responded. That is where my interest in holistic health began. Our bodies give us messages and if we listen, we just may live a fuller, healthier life. A part of my personal lens is the belief that our bodies give us messages and for me that means our bodies and minds work together.

As an adult who experienced chronic stress during childhood, my body became chronically tense. I experienced migraine headaches as a child, and low back pain, temporomandibular (TMJ) issues, and neck and shoulder pain as an adult. I believe these issues are a result of over-activity of the nervous system, both sympathetic and parasympathetic physical responses. I disconnected from my body in a numbing response, thus ignoring my bodies signals, and was in a chronic state of hyperarousal, leading to shallow breathing and
I view making changes as a work in progress, and so I continue to work on paying attention to my body and engaging in self-care that allows me freedom to painlessly enjoy life.

Yoga and meditation taught me to slow down, pay attention to my body, and deepen my breathing. I often found only very brief relief from massage therapy and experienced more effective muscular release from myofascial release. A friend introduced me to energy healing and I had no idea what it was or what I was trying. However, I experienced the deepest relaxation I have ever felt and though I could not explain it, I knew something had happened. I saw an energy healer on a regular basis and experienced what seemed to be a cumulative effect of relaxation. With energy healing I experienced longer lasting relaxation than with traditional massage, and the more consistently I received energy healing the more my body remembered the new state of being.

In addition to my experience as a mental health therapist, I also have experience as a client. Through that time, I learned talking is not always enough. As noted above, several holistic, mind/body practices taught me to reconnect with myself and my life. In addition, I learned a lot about trauma on my own and believe if I had known more about trauma, I may have had a more direct path to healing. By adding a trauma-informed lens to my personal story I have a more comprehensive understanding of my own experiences, as well as of those I will one day work with. Understanding trauma adds another dimension to possibilities for healing and for wholeness. This is the personal lens that I bring to this research project.
Method

The purpose of this chapter is to describe the research design and rationale for the method used to answer our research question, “What are energy healers’ perspectives on trauma and working with trauma survivors?” We used a research design framed within the critical paradigm and grounded in action research as a culture of inquiry. Below, we provide a rationale for our research design, including our paradigm, culture of inquiry, and method. Specifically, we explain the use of semi-structured, in-depth, face-to-face interviews to answer our research question. After that, we clarify the sampling procedures and recruitment process. Then, we describe our instrumentation, followed by data collection and data analysis processes. Next, we articulate adherences to rigor within the research design, including reliability, validity, active analytical stance, and reflexivity. After that, we describe ethical considerations in the design and implementation of this study. We conclude this chapter with a discussion of the strengths and limitations of the study.

Rationale for Research Design

In this section, we describe the rationale for our research design. First, we explain our reasons for framing our research within the critical paradigm, followed by why we chose action research as a culture of inquiry. We conclude with our rationale for using the interview method.

Rationale for critical paradigm. The critical paradigm posits over time social, political, cultural, economic, ethnic, and gender factors shape reality (Guba & Lincoln, 1994). What one knows is a result of interaction between individuals and is laden with value. There is no objective truth. The purpose of doing research is to promote dialogue, social justice and raise social consciousness (Guba & Lincoln, 1994). Until recently, open discussion of trauma was circumspect. The practice of energy healing has been around for a long time, emerging in a time
when trauma was not a conscious part of conversation. Acknowledging a changing climate around trauma and wanting to hear perspectives from practitioners about their experiences working with survivors, as well as raise consciousness about potentially inclusive and supportive practices for working with survivors fit well within the critical paradigm. The critical paradigm promotes dialogue aimed at reconstructing previous structures (Guba & Lincoln, 1994), in our case hearing from practitioners and potentially adding practical, supplemental knowledge to the traditional energy healing framework.

All research paradigms are human constructions and though the critical paradigm has been gaining respect in the social sciences, a limitation is that the larger culture still considers positivist/post-positivist paradigms as superior (Guba & Lincoln, 1994). However, a strength of the critical paradigm is that it allows for the possibility of challenging the status quo and making a difference in the world itself (Asghar, 2013). Our research project is the beginning step to potentially making change within the energy healing community, by hearing what practitioners know and need and potentially expanding the education of energy healers with supplemental information about working with trauma survivors. In the following section we describe action research as our culture of inquiry, and how it grounds us as researchers to facilitate change for both practitioners who may need support and trauma survivors’ experiences of energy healing.

**Rationale for action research as a culture of inquiry.** Action research is a way for practitioners in any field of practice to investigate issues in their own work, organization, or community (Stringer, 2014). It includes cycles of 1) gathering information, 2) analyzing and interpreting it, and 3) taking actions based on that knowledge (Stringer, 2014). The role of the researcher is collaborative and facilitative rather than authoritative, hierarchical, or based on expertise (Stringer, 2014). Action research is a good fit for our project because it allows us as
practitioners of energy healing and mental health to “engage our communities of interest in careful and systematic explorations that… enable them to resolve complex issues” (Stringer, 2014, p. 6). With dual roles as researchers and novice energy healing practitioners, our intention was to engage our peers within the energy healing community to address the issue of trauma knowledge in practice and encourage dialogue about trauma-informed assumptions and principles. Currently, a trauma-informed approach as described by SAMHSA has not been articulated within the broader discourse of energy healing and systematically applied to practice, although energy healing shares some overlapping concepts with it (Anselme et al., 2010; Gordon et al., 2010; Hover-Kramer, 2009; Wardell, 2000; Mentgen & Hutchison, 2018; Quest, 2009; SAMHSA, 2014). For example, both a trauma-informed approach and the codes of ethics of Healing Touch include the concept of Safety or creating a “safe” environment for clients (Healing Touch International, 1996, p. 1; Healing Touch Program, 2013a, p. 1; SAMHSA, 2014a, para. 1). Another example is that the spiritual principle of “earn your living honestly” in Reiki overlaps with the trauma-informed principle of Trust and transparency (Quest, 2009, p. 252; SAMHSA, 2014a, para. 2).

An additional reason action research is an appropriate culture of inquiry is that because we are not undertaking research from an expert perspective or as representatives of an institution, action research allows us to explore the intersection of trauma and energy healing in ways that honor the established wisdom of energy healing traditions and that are sensitive to the needs of practitioners and clients. In the current study, we initiate the action research cycle by gathering information about energy healing practitioners’ trauma knowledge in practice and analyzing the data.
A limitation of action research as our chosen culture of inquiry is that due to time constraints we complete only the first two phases of the action research cycle (gathering and analyzing information) during the current study. After the study ends, we intend to carry out the third phase of the cycle (taking action), by sharing the results with participants and using the published findings to identify opportunities for further action research activities. At the conclusion of the interviews, we asked participants if they wanted us to contact them after the study’s completion to participate in a discussion of the findings and collaboratively plan the next phase of the action research cycle. In this way we plan to foster ongoing, positive, cooperative relationships with participants in the future and ensure that follow-up actions will benefit those involved with the research.

A strength of action research is that it provides a grassroots framework for conducting research from within the energy healing community rather than from an outside, organizational or institutional perspective. As practitioners, we are ourselves part of the energy healing community. Therefore, by forming relationships with our peers, including the energy healing practitioners interviewed in the study, we engage in this work in a collaborative way (Coughlan & Brannick, 2010; Stringer, 2014). We suspect that a collaborative approach is likely to lead to meaningful dialogue and/or changes in energy healing practitioners’ trauma knowledge in their practice because they will be key decision-makers in determining action steps after the conclusion of this research study.

**Rationale for interview method.** Our culture of inquiry necessitates collaboration with participants (Stringer, 2014) and our paradigm assumes a need for dialogue (Guba & Lincoln, 1994), therefore an interactive method of gathering data was imperative to our research project. Interviewing is not just getting the person’s beliefs and experiences prior to the interview. The
interview is a social encounter between interviewer and interviewee (Mann, 2016), which fits within the critical paradigm that states there is no objective reality, but only subjectivity between the knower and the known.

Within the framework of our study, we did not intend to look for causality, but instead describe the subjective experience of practitioners with trauma survivors, therefore the interview was the best way to elicit information, due to the ability to ask clarifying questions and explore what arose (Vogt, Gardner, & Haeffele, 2012). Interviews are endeavors of active asking and listening to make meaning of topic areas within a partnership created by interviewer and interviewee (Hesse-Biber & Leavy, 2006). We chose to utilize the method of in-depth, face-to-face individual interviews to collaboratively work with energy healers and learn about their understanding of trauma and how they integrate that knowledge in their practices. Hesse-Biber and Leavy (2006) state the division and hierarchy between interviewer and interviewee is typically low and the critical paradigm holds that understanding the meaning people make of their world comes from collaborating and recognizing the values brought to the encounter (Guba & Lincoln, 1994).

The in-depth interview is an interaction between researcher and participant for participants to share their perspectives about a topic of interest. The purpose of using in-depth interviews is, “to understand individual perspectives about a phenomenon,” (Rallis & Rossman, 2012, p.122) and look deeply at a specific issue (Hesse-Biber & Leavy, 2006) and since we wanted to look deeply at energy healers experiences with trauma knowledge and practice, rather than overall practices of energy healers, an in-depth interview was the most appropriate method of gathering information. The semi-structured nature of our interviews facilitated asking open-ended questions and eliciting experiences of the participant while at the same time guiding the
questions with theory to focus on a particular area of experience (Galletta, 2013). In addition, since energy healers operate in individual settings and not within a group, individual interviews, in contrast to group interviews or focus groups were appropriate for our study.

With diligence, accuracy and credibility are strengths of the interview method (Rubin & Rubin, 2012) and in-depth probing enhances validity (Vogt, Gardner, & Haeffele, 2012). However, a limitation of interviews is that they are time consuming. There were multiple steps for each of 12 interviews, including coordination and scheduling, the interview, transcription, reviewing the transcriptions with the interviewees and analyzing the data. In addition, the quality of the interview is only as good as the ability of the researchers to create questions that elicit the intended information as words may hold different meaning for the researchers and each of the interviewees (Vogt, Gardner, & Haeffele, 2012). The researchers’ interviewing skills also influence the quality of data collection and since each researcher has experience with interviewing and actively listening to clients, we considered this to be more of a strength than a limitation.

**Sampling**

In this section, we present our method for selecting participants and rationale for our target population and sample. We also describe the recruitment and enrollment process.

**Non-probability convenience sample.** We used a non-probability convenience sample identified through networked recruitment and snowball sampling methods. The goal of qualitative research is to select individuals “that will best help the researcher understand the problem and the research question” (Creswell, 2014, p. 189). Because it was not possible for us to access a list of all energy healing practitioners within our target population, we were not able to conduct random sampling, nor did we want to. Therefore, a non-probability convenience
sample of purposefully selected participants was the most appropriate (Creswell, 2014). Also, establishing positive working relationships between researchers and participants is integral to action research (Stringer, 2014) and an ideal way to do that is by initiating contact with individuals directly rather than from a general list.

We recruited participants by contacting individuals in our personal and professional networks within the energy healing community, a process known as “networked recruitment” (Josselson, 2013, p. 19). The initial contact was an email message introducing the study (Appendix A) sent with an attached informational flyer (Appendix B). We also asked individuals in our personal and professional networks to share our request for participants via email with people they knew who met the inclusion criteria, a sampling technique known as “snowballing” (Josselson, 2013, p. 20).

Networked recruitment and snowball sampling methods had both strengths and limitations. Our firsthand knowledge of the energy healing community allowed us to easily identify practitioners who would meet the eligibility requirements for the study. A drawback of using networked recruitment and snowball sampling was that participants were more likely to have the same opinions, interests, backgrounds, or experiences as the researchers, which limited the diversity of the sample. A more diverse sample may have provided a wider variety of answers to the interview questions and, in turn, a more realistic representation of all energy healing practitioners.

**Target population and sample.** Our target population was energy healing practitioners with two or more years of experience providing six or more energy healing sessions on average per month. As discussed in the literature review, there are many types of energy healing practitioners, including those who practice Reiki, Therapeutic Touch, Healing Touch, and others.
Given our study is the first to describe energy healers’ perspectives on trauma and practice, we wanted to get an overall sense of what all practitioners know rather than skewing the findings toward one type of energy healing. Since we see our study as a building block or stepping-stone to further exploration on this topic, we wanted to keep our inquiries broad. In addition, because all types of energy healing practitioners may work with clients who have a history of trauma, whether or not the practitioner has a particular certification, allowing all types to participate made it more likely to capture a realistic understanding of the actual work of energy healers. The inclusion criteria of two or more years of experience providing six or more energy healing sessions on average per month ensured that participants had experiences with many clients and were established practitioners in the field. It also allowed those who completed energy healing training relatively recently as well as seasoned practitioners to participate. Another inclusion criterion was that participants practice energy healing in Minneapolis, St. Paul or the surrounding metro area in Minnesota. Our rationale for including energy healers in this geographic area was to conduct in-person interviews. In order to understand each participant’s practice in a comprehensive way and foster a sense of presence and focus during the interview, we suggested meeting in their practice space. Herzog (2012) states “places are made by human practices and interpretation and simultaneously shape human practices” (p. 214). In other words, the ways in which an energy healer practices may influence his or her space and vice versa. However, meeting in their practice space was not a requirement and we made other arrangements when needed such as meeting in a public library meeting room. In addition to our goal of gaining a deeper understanding of each participant’s practice, another rationale for meeting in their practice space was to affirm the work of energy healers as important and bring
equity to the relationship between participants and researchers, in keeping with the tenets of action research (Stringer, 2014).

**Recruitment and enrollment.** Our goal was to recruit a sample of 10-12 participants. This was an ideal size due to the time and resources available for the study. Also, since our study was descriptive in nature and was not designed to test a hypothesis between two groups, we did not need to reach a minimum number of participants to claim statistical significance. A larger sample size would have yielded less new knowledge according to the “law of diminishing returns” (Brinkmann & Kvale, 2015, p. 140). A limitation of this sample size was that it did not allow for broad claims or generalizations about the prevalence of trauma knowledge among all energy healers (Brinkmann & Kvale 2015). However, it did allow us to generate useful information in response to our research question (Brinkmann & Kvale, 2015).

We sent recruitment emails (Appendix A) to 31 energy healing practitioners and two other people in our professional networks who forwarded the recruitment email to additional energy healing practitioners. Twenty-three people responded to the recruitment email and all but one of them expressed interest in participating. After individuals responded with interest in participating, we verified they met the inclusion criteria. We emailed them the informed consent form (Appendix C) and communicated that we would go over it at the beginning of the interview and they would have the opportunity to ask questions. Potential participants also received the list of interview questions (see Appendix D) and we informed them that they could read them prior to the interview if they chose. However, they were not required to do so, nor were they required to prepare for the interview in advance.

Of the 23 people who expressed interest, five did not meet the eligibility criteria, five did not respond to our request to schedule an interview, and one did not agree to be audio recorded
and therefore was unable to participate. The remaining 12 agreed to participate and enrolled in the study. In keeping with the tenets of action research, we viewed the recruitment process as an opportunity to develop relationships not only with participants, but also with all those who responded with interest. For those who did not meet the eligibility criteria or otherwise were unable to participate, we offered to send them the results of the study and to inform them of any follow-up activities after the conclusion of the study.

After recruiting participants, we used several instruments to collect data and describe these instruments and how we used them in the next section.

**Instrumentation**

In this section, we describe the instrumentation used to collect data and answer our research question, the interview schedule and researcher as instrument. We describe the instruments, communicate the development process, and discuss reliability and validity.

**Interview schedule.** This section describes our interview schedule, including how we developed, pilot tested and used it in our study and the strengths and limitations. We developed the eight-question interview (Appendix E), with each question tied to a purpose (Galletta, 2013) based on the literature. It included open-ended questions, with probing follow-up questions allowing for more directed questions oriented to the research (Morse, 2012; Vogt, Gardner & Haeffler, 2012; Rubin & Rubin, 2012). A semi-structured format was most appropriate because as researchers we have background knowledge of trauma, energy healing, and the trauma-informed assumptions and principles, as well as awareness of what was or was not pertinent to ask about the topic, but could not anticipate participants’ answers (Morse, 2012). The *semi-* part of the structure allowed flexibility with a list of prompts or secondary questions used at the
researchers’ discretion depending on unforeseen dynamics or information that came up during the interviews (Vogt, Gardner & Haeffele, 2012, p. 40).

Structure created the ability to guide the conversation and provide some uniformity (order) of answers, as we asked all respondents the same questions, in the same order (Vogt, Gardner & Haeffele, 2012). Uniformity helped with organization during analysis of our questions (Morse, 2012). Semi-structured schedules allowed for interviews to unfold in unexpected ways, as participants introduced information the researchers did not anticipate (Hesse-Biber & Leavy, 2006) and allowed respondents to answer freely (Morse, 2012). They were not restricted to predetermined responses that may not have fit their experiences.

To confirm the validity of our interview protocol, each of us conducted a pilot interview with an energy healing practitioner to determine if the questions in the interview protocol generated useful information in response to our research question, “What are energy healers’ perspectives on trauma and working with trauma survivors?” We discussed the pilot interviews with one another and though we did not need to revise the schedule of questions, one of the pilot interviewees asked a question about the research topic during the interview sparking a significant amount of thought and discussion about how to respond if participants asked questions about the topic during interviews.

After considering our paradigm and culture of inquiry, and consulting with our faculty advisor, we decided on a protocol to handle questions. We decided to first reflect back what was being asked and allow time for the participant to think about and share their thoughts to the question. Because both our paradigm and culture of inquiry encourage dialogue, awareness of power differential, and working together to make change, if the participant wanted to engage in conversation, the researchers expressed appreciation for the thoughtfulness of the question and
acknowledged we would be able to talk further once the interview concluded. We did not want to play the role of the expert and hold on to information that may encourage dialogue until after we completed the follow-up phone call two to four weeks after the interview. Consequently, we decided to engage in conversation at the conclusion of the interview and simply note it, in case it had any relevance for the follow-up phone call. For example, if they wanted to add a great deal of thoughts to the original transcript at the time of the follow-up call, we would note the additional thoughts came after dialogue, which is different than original thoughts of the participant, prior to any influence of researcher thoughts.

We started the interviews by asking participants to Describe your energy healing practice, to understand what energy healing traditions they use, and what client population they work with. It is also a benign warm-up question to ask prior to asking more potentially challenging and/or charged questions related to trauma (Rubin & Rubin, 2012). For clarification, we had prompting questions of What modalities do you use, and What are clients generally coming to you for/how do you get your referrals? Next, we asked them to, Describe your education related to energy healing and how that influences your current practice, with prompting questions, Was there anything specifically related to trauma in your training/education, and, Did you learn about trauma anywhere else? This question and prompts were used to further describe context of the practitioners healing practice and understand what supports around trauma healing are/were available to the practitioners.

The next phase of the interview had more conceptually challenging and potentially sensitive themes. The principle assumptions of a trauma-informed approach guided the next three questions and prompts (Rubin & Rubin, 2012). The guiding assumptions are 1) Realizes the widespread impact of trauma and understands potential paths to recovery, 2) Recognizes the
signs and symptoms of trauma, 3) Responds by integrating knowledge of trauma into policies, procedures, and practices, and 4) Actively seeks to resist re-traumatization (SAMHSA, 2014).

We asked, In your own words, how do you describe trauma, with prompting questions, What types of situations do you consider to be traumatic in nature, and What do you consider to be symptoms of a traumatic experience? Next, we asked, Do you ask about trauma during an intake - either in person or on an intake form, and prompted with, If trauma history is not on an intake form or asked about in person, do you ever get a sense you are working with someone who experienced trauma, If so, what informs the sense you get, Of the clients you either know have experienced trauma or you get a sense that they have, do you work with them differently than other clients, and Of those clients, can you describe your process for working with them?

Relating to the fourth assumption, Actively seeks to resist re-traumatization, we asked about experiences that may reflect a client re-experiencing trauma, Sometimes people with traumatic histories experience agitation, flashbacks, or dissociation (zoned out or shut down, different than the usual “floaty/ungrounded” feeling). Has this ever happened during a session or afterwards? Prompted with Can you describe what happened, and Has anyone reported distress or nightmares following a session? Can you describe what happened?

Then, to understand participants knowledge of supports around working with trauma survivors, as well as decreasing the intensity of the interview (Rubin & Rubin, 2012) we asked the following two questions, What, if anything, have you heard about trauma-informed approaches to working with people? (Another commonly used phrase is “trauma-sensitive”), and, Is there anything that may help you feel more supported in working with survivors of trauma? We ended the interviews with Is there anything else you would like to share, and Are there any other questions you think we should be asking energy healing practitioners,
acknowledging they are the experts on their experience and to demonstrate our belief in the equality of interviewer and interviewee. We formally closed the interviews by thanking the interviewees for participating in the research project, reminding them we would email a transcript of their interview once it was complete and communicate with them to schedule a follow-up call for reviewing it. During the informal closing, we paid attention to potential “indirect delivery of information” during friendly chatter, and planned to make notes immediately following the interview, as described by Rubin and Rubin (2012). However, we did not note any significant additional information from the informal closing.

On several occasions, interviewees asked questions about trauma and trauma-informed principles, and as noted above, we reflected back to the participants what they were asking and allowed time for them to answer. We then told them we would be happy to further discuss at the conclusion of the interview. On one occasion, at the conclusion of the interview and on one occasion during the follow-up call, participants asked for resources about the trauma-informed approach and the researcher provided the SAMHSA website that details trauma-informed assumptions and principles. During follow-up phone calls, participants did not provide significant additional information that lead us to believe any post-interview conversations influenced participant responses.

Since there is no standardized questionnaire or interview schedule that targets our topic area, a strength of our interview schedule is that we created the schedule of questions to specifically explore energy healers’ perspectives of trauma and their work with trauma survivors. To support validity, we piloted tested the interview schedule. The questions elicited similar responses from participants during the actual interviews, further supporting validity. However,
we acknowledge that a limitation of our interview instrument is that it has not been extensively tested and is not standardized.

**Researcher as instrument.** Researcher as instrument refers to how we prepared for and facilitated the interviews. “Positive working relationships” that emphasize the concepts of “equality, harmony, acceptance, cooperation, [and] sensitivity” are a key component of action research (Stringer, 2014, p. 24). Therefore, our interpersonal skills and communication with participants before, during, and after the interviews were important parts of the research process. In addition, Brinkmann and Kvale (2015) note several interviewer qualifications that may contribute to the production of useful information and a rewarding experience for participants. These include knowledge of the topic: asking “clear, simple, easy, and short questions;” allowing interviewees to think and speak at their own pace; encouraging the expression of unconventional opinions; acknowledging emotional issues; actively listening; and “steering” the conversation toward the purpose of the interview while being open to new aspects raised by the interviewee; and other similar qualities (Brinkmann & Kvale, 2015, pp. 194-195).

Strengths of researcher as instrument are our ability to navigate the interview interaction in ways that establish positive rapport with participants and generates information pertaining to our research question. A limitation is skewed participant responses due to previously established relationships between researchers and participants. By pilot testing our interview protocol with one energy healing student and one practitioner, each researcher was able to practice using the protocol as a guide while developing the interpersonal and facilitation skills needed for successful interviewing. This contributes to the reliability of researcher as instrument. We demonstrated validity of our knowledge of the topic through training as energy healing practitioners, experiential knowledge of energy healing, and review of the literature. Our
personal and professional backgrounds also add to the validity and reliability of researcher as instrument, as outlined below.

Allison practices active listening and uses interview protocols in energy healing client intake sessions and during home visits with patients. These professional skills require developing rapport in order to establish and maintain positive working relationships. They also involve the interviewer qualifications identified by Brinkmann and Kvale (2015), such as receptivity to emotional issues, asking guiding questions, and openness to new or unexpected ideas. She is an energy healing practitioner with specialized training in an energy healing technique used to address trauma. In addition, she practices mindfulness meditation, which supports her ability to focus on the interviewee’s responses while suspending personal opinion. These skills influence Allison’s personal instrumentation validity and reliability.

Dawn has a master’s degree in clinical social work and has attended a number of continuing education conferences related to working with survivors of trauma, providing her with the background knowledge of trauma. She also attended a 40-hour trauma-sensitive yoga training that provided understanding of trauma-informed principles and initiated curiosity to further explore a trauma-informed approach. Working in the past as a clinical therapist required awareness of rapport, emotional issues, active listening, and focusing the conversation, as suggested by Brinkmann and Kvale (2015) and noted above. Dawn also practices mindful meditation enhancing awareness of self, others and environment. She also has experience giving and receiving energy healing. Knowledge and experience in these areas boosts validity and reliability of researcher as instrument.
Data Collection

This section describes our data collection procedures, including the interview protocol, interview, and follow-up phone call. We conducted in-depth, face-to-face interviews at the space the participants preferred. We held ten interviews in the healing space of the practitioners and held the other two in conference room spaces at public libraries.

Pre-interview. We developed an interview protocol (Appendix E) to ensure both interviewers followed the same procedure for each interview. Standardizing and documenting procedures with protocols increases reliability (Silverman, 2000). The pre-interview protocol presents the elements of preparation leading up to the actual asking of questions. We prepared materials prior to leaving for interviews and planned to arrive 10-15 minutes prior to the interview. To prepare for interviews, we each did a short grounding and centering exercise similar to the process energy healers use to prepare for a session with a client. The purpose of the exercise was to become fully present, suspend judgment, and create internal awareness.

Each interviewer greeted the interviewee, prepared, tested, and turned on recording devices. We recorded interviews using two separate recording devices. We also wrote brief notes to assist with the transcription process (Rubin & Rubin, 2012), but notes were kept to a minimum to focus on interviewees and the content of their answers. Focusing on the interviewee allowed us to ask follow-up questions for clarification and further detail. Because we used recording devices we did not have to rely on memory or notetaking skills and ended up with exact words to ensure accuracy for identifying themes and quoting. We went over the informed consent and explained the purpose of the research study and our intentions for the information we would gather. Then, we asked participants to describe in their own words their understanding of the form. After ensuring they understood the consent form, participants signed it and we provided
them with copies to keep. We reminded them there are no right or wrong answers and expressed gratitude for their willingness to be part of the study and began asking the interview questions.

**Interview.** We asked the interview questions according to our prepared interview schedule, allowing the interviewees space, silence, and reflection. We sought respondent validation during the interviews to ensure accuracy of the data (Brinkmann & Kvale, 2015). We asked clarifying questions and summarized participants’ responses to check meaning and understanding. When participants wanted to engage in dialogue about the topic of the questions, we responded as noted above. At the conclusion of the last question, we reviewed the interview schedule to ensure we had asked every question. We then asked participants how they were doing and gave them the mental health resource list (Appendix F). Then, we summarized the rest of the project timeline, including transcription, participant review of the transcript and the follow-up phone call. We thanked participants for their time and thoughtful answers and gave them a gift of appreciation, which was four small healing stones. We turned recording devices off. In order to notice any additional intentional or unintentional information we remained present even after we turned off recording devices. At that time, we asked participants to sign the post-study contact form (Appendix G), indicating preference for further contact regarding any subsequent discussion of the topic at a gathering of energy healers following the conclusion of the study presentation sometime after May 2019. After leaving the interview space, but before time passed and details were lost we took a few moments to note impressions and ideas.

**Data Analysis**

The purpose of this section is to explain how we analyzed data. We begin by describing how we prepared the data for analysis, followed by our coding process. We then outline our
procedures for descriptive analysis and conclude this section with our conceptual analysis techniques.

**Preparation of data.** We each transcribed the interviews we conducted with the exception of two interviews transcribed by the transcriptionist. For those transcribed by the transcriptionist, the researcher who conducted them verified the accuracy of the transcriptions. Strengths in making transcriptions are to have the ability to read and re-read the interviews when doing analysis (Rubin & Rubin, 2012) and accuracy in quoting participants. A drawback of transcribing the majority of interviews ourselves was that it was time-consuming.

We sent participants a copy of the interview transcript and asked them to review it as a form of post-interview validation (Rubin & Rubin, 2012). This additional contact was necessary to check accuracy of words and meaning. We invited participants to add details to clarify meaning or simply add something they had not thought of during the interview (Rubin & Rubin, 2012). Although checking for accuracy improved credibility, it also increased the time commitment of the participants and required more work for the researchers.

In an approximately 10 to 30-minute follow-up phone call we asked participants if there were any corrections that needed to be made in the transcripts as well as if they had any additional thoughts they felt were important to add. We audio recorded the phone calls. In addition to increasing the validity of the data, seeking respondent validation during and after the interviews fostered collaborative relationships between researchers and participants, which is a key principle of action research (Stringer, 2014).

We prepared a follow-up phone call protocol (Appendix H) to increase reliability by standardizing and documenting procedures (Silverman, 2000). We called the participant, turned on recording devices, and asked three questions; 1) *Does the transcript appear to be accurate*, 2)
Is there anything else you would like to add, and 3) Do you have any questions for me? We thanked them for their participation and reminded them they may contact us with further questions and invited them to attend the research presentation on May 15, 2019. We transcribed the follow-up phone calls within one week.

After completing the interviews and follow-up calls, each of us listened to the audio recordings of those conducted by the other researcher and made notes about concepts contained in them (Creswell, 2014). Listening to recordings of interviews that we did not participate in allowed us to gain firsthand knowledge of the content (Rubin & Rubin, 2012). We printed several copies of each transcript on colored paper, with each color corresponding to one of the participants. We then read all of the transcripts individually and reflected on the overall meanings and ideas conveyed within each one (Creswell, 2014). As we read, we noted general impressions. Then, we began the process of coding.

**Coding.** Codes are keywords attached to a portion of text that allow researchers to later identify a statement (Brinkmann & Kvale, 2015). We chose to utilize both data- and concept-driven codes. Data-driven codes are labels developed by the researchers based on the contents of the interview text (Brinkmann & Kvale, 2015). Researchers create data-driven codes for relevant words, phrases, actions, ideas, processes, and other information within the text of the transcripts (Lofgren, 2013). Our rationale for their use was to uncover common elements as well as unique, new or unexpected details contained in the participants’ responses. Oppositely, researchers co-create concept-driven codes in advance based on existing literature in the field (Brinkmann & Kvale, 2015). Since the trauma-informed (TI) approach is one of the theoretical lenses through which we view our research study, we created codes based on the TI assumptions and principles originally developed by the Substance Abuse and Mental Health Services Administration
(SAMHSA). The four assumptions are 1) Realizes the widespread impact of trauma and understands potential paths for recovery, 2) Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system, 3) Responds by fully integrating knowledge about trauma into policies, procedures, and practices, and 4) Actively seeks to resist re-traumatization (SAMHSA, 2014). The principles are 1) Safety, 2) Trustworthiness and transparency, 3) Peer support and mutual self-help, 4) Collaboration and mutuality, 5) Empowerment, voice and choice, 6) Cultural, historical, and gender issues (SAMHSA, 2014).

Our rationale was to evaluate whether trauma-informed assumptions and principles were included or excluded in the participants’ responses to interview questions. Prior to beginning the coding process, we modified SAMHSA’s definitions of each TI assumption and principle to fit the context of energy healing (See Tables 10 and 11 in the Results chapter).

We began the coding process by re-reading transcripts and writing data-driven codes next to text segments. Each of us developed our own data-driven codes, defined them on a list, and used a spreadsheet to track how often each one appeared in each participants’ responses. As we developed new data-driven codes during the process of re-reading the transcripts, we added them to the list.

We then read transcripts for a third time and wrote concept-driven codes next to text segments that exemplified them. Each of us used previously defined TI assumptions and principles to name our concept-driven codes and created a spreadsheet to track frequency of each within participants’ responses.

By utilizing both concept-driven and data-driven codes, we viewed the data through the lens of the trauma-informed approach while simultaneously taking into account unforeseen information. We ensured intersubjective reliability by using a multiple coding technique
Each researcher coded all transcripts of the interviews and follow-up phone calls. A strength of coding is that we became familiar with the details of each transcript. Coding also facilitated finding specific references to an idea, concept, or topic within large amounts of text during the analysis. In addition, it allowed us to determine how often such specific references recurred and to make comparisons among them. However, a limitation of coding is that the subtle nuances or intricacies of participants’ responses may not be fully captured, masking the complexity of meanings. In addition, due to differences in our professional experience and knowledge of the TI approach, the frequency in which we identified concept-driven codes within the transcripts varied between us.

Descriptive analysis. In accordance with the goals of action research, the goal of data analysis is to describe how participants define the topic at hand using their own language (Stringer, 2014). It builds on “terms people use to describe events in their day-to-day lives” in order to “clarify and untangle meanings and to help people illuminate and organize their experiences” (Stringer, 2014, p. 137). We chose to utilize a descriptive analysis technique to accurately synthesize, organize, and report the participants’ responses to the interview questions.

After completing the coding process described above, we each reviewed our individual lists of data-driven codes and noted those found most frequently among the participants. We also noted data-driven codes that seemed most relevant to our research question, “What are energy healers’ perspectives on trauma and working with trauma survivors?” We compared our lists of data-driven codes and grouped similar codes together to develop categories, a process known as categorization (Brinkmann & Kvale, 2015). We then combined related categories into a hierarchy of main categories and sub-categories. Our rationale for the use of categories was to make comparisons, see recurrences of ideas, and note unusual or rare content. It allowed us to
synthesize our individual lists of data-driven codes by combining them into unified categories. Whereas coding focused on single aspects of the interview content, one at a time, through the process of categorization we became cognizant of the patterns of information conveyed by the participants. Therefore, it was important to utilize categorization in order to understand the broader scope of the information contained in the interviews.

We identified three main categories and several subcategories. The first was *Understanding of Trauma* and contained the subcategories *What They Know* and *How They Know It*. The second category was *Working with Trauma Survivors* and included subcategories of *Trauma Screening*, *Client-centered Approach*, and *Perspectives on Outcome and Scope of Practice*. The third category was *Supportive Resources*, which did not contain any subcategories.

Our final step in the descriptive analysis process was to re-read the transcripts, each printed on colored paper corresponding to a participant, and cut out relevant quotes that exemplified each category and subcategory. We used quotes to describe the meanings of the main categories and subcategories using the participants’ own words. We then chose to supplement our descriptive analysis process with a conceptual analysis technique as described below.

**Conceptual analysis.** We utilized conceptual analysis to compare the data from participants with trauma-informed (TI) assumptions and principles. We based our process for conceptual analysis on a modified theory of a conceptual system that applies a set of previously developed concepts to a domain, in our case to energy healing (Saw & Gaines, 1989).

Our first step was to compare the frequency with which we each identified instances of the concept-driven codes within the data. Each concept-driven code represented one of the TI assumptions and principles. We found the number of recurrences of these codes varied widely
between researchers. However, both researchers identified all TI assumptions and principles within the data as a whole. We also noted several instances related to the TI approach in which participants said they learned from their own experiences and modified aspects of their practice.

Our next step was to re-read the transcripts, each printed on colored paper corresponding to a participant, and cut out quotes pertaining to the concept-driven codes. We then reviewed quotes, chose examples most pertinent to each of the TI assumptions and principles, and organized them into tables (See Tables 10 and 11). Lastly, we cut out quotes related to instances in which participants learned from experiences related to the TI approach to describe them in the participants’ own words.

**Design Rigor**

In this section, we address adherences to rigor throughout the design and implementation processes. We begin with a discussion of reliability, followed by strategies used by the researchers to ensure validity. We close this section by covering the topics of investigator reflexivity and analytical stance.

**Reliability.** Reliability refers to the consistency and stability of the instrumentation, as well as whether the research process is replicable (Graham & Geisler, 2006). We ensured reliability by carefully documenting our method, its rationale, and the specific details of data collection and analysis. We kept a log of our meetings, discussions, and decisions throughout the research process. These measures improved the replicability of the study.

**Validity.** Qualitative validity includes measures taken by the researchers to ensure the accuracy of the data and findings (Creswell, 2013), as well as whether the processes used in the study are fitting for the research question (Graham & Geisler, 2006). We consulted with peers, faculty, and professionals in the fields of trauma and energy healing during the planning and
implementation of this study. These consultations, combined with our use of trauma-informed principles as a lens through which we developed the study, increased the validity that the processes used were appropriate for our research question. We also demonstrated validity by accurately portraying the participants’ responses in our published results through the use of direct quotes when appropriate and phrasing our descriptions very close to their actual accounts.

**Investigator reflexivity and analytical stance.** Reflexivity includes self-examination by the researcher to “identify her ethical perspective” (Rallis and Rossman, 2012, p. 77). This concept of reflexivity recognizes trustworthiness as integral to the research process, honors the relationships between researchers and participants, and urges researchers to apply moral principles in their work (Rallis and Rossman, 2012). We practiced reflexivity by checking in with each other regularly about our perceptions. After completing interviews, we discussed our reactions to them, whether we had an emotional response, experienced stress or uncertainty, and how we navigated challenges. We also consulted with faculty and sought guidance and supervision throughout the research process. During our process of data collection and analysis, each of us became aware of feeling ungrounded. To address this, we began each subsequent study-related meeting with a meditation exercise for grounding in order to improve our ability to accurately perceive and comprehend the data.

We maintained an active analytical stance by taking a logical, ethical view of the data and our findings. This included setting aside our expectations and personal and professional opinions about trauma and energy healing to accurately perceive the information provided by participants. To assist us in developing an active analytical stance, both researchers completed CITI training prior to engaging in the research process. We anticipated questions that participants may ask during the interviews related to the terms, “trauma” and “trauma-informed,” and discussed
together how to respond. We also took an active analytical stance by centering ourselves physically, mentally, and spiritually before each interview and drawing on our personal practices of mindfulness to suspend judgement. In addition, we disclosed all viewpoints expressed by participants in our findings, especially those that diverged from our personal or professional viewpoints.

**Ethical Considerations**

We applied to the St. Catherine University Institutional Review Board (IRB) on November 20, 2019, detailing the purpose, ethical considerations, and use of informed consent for this study. IRB approved this research study on December 16, 2019.

In this section, we describe measures taken to uphold ethical standards and protect participants from harm throughout the research process. We begin with a discussion of transparent, equitable relationships with participants, followed by the risk of research-related psychological distress. We then explain the use of informed consent and non-coercion of participants. This section concludes with details regarding respect for privacy.

**Transparent, equitable relationships with participants.** Our goal was to form “ethical, transparent and ongoing relationships with all participants and collaborators” (Rallis and Rossman, 2012, p. 72-73). Our rationale for emphasizing relationships in the research process was that fostering equitable, collaborative relationships between participants and researchers is one of the key social values of action research (Stringer, 2014). This includes: positive and non-hierarchical relationships between researchers and participants; regular, open and easily understood communication; involvement of participants in the research process and how results are applied; and ensuring that all those affected by the research benefit from it (Stringer, 2014). Another reason we chose to form collaborative relationships with participants was that the
energy healing community may be more likely to embrace the results and implications of research if the participants are kept informed throughout the research process and have input into application of the results. We implemented this in several ways. We carefully described the purpose and method of the study in language easily understood by participants, as well as how their data would be used and protected, and ensured their understanding through the process of informed consent (see below). We also accurately described our credentials as researchers, making it clear that we are not experts in the fields of trauma or energy healing. Rather, we are interested in learning from the participants. Through our choice of language and interpersonal interactions with participants, we sought to convey acceptance and mutual respect. We offered to communicate results to participants by inviting them to the research presentation at St. Catherine University on May 15, 2019. We also agreed to share an electronic copy of our final paper after we published it online. Developing such collaborative relationships required additional time and contributed to the complexity of the research. As a result, we did not plan to complete the applied component of action research cycle within the timeframe of this current study. Rather, we will invite participants who requested that we notify them in fall of 2019 to discuss and collaborate on follow-up actions based on the results of the study.

**Risk of research-related psychological distress.** A risk inherent in this study was that answering questions about trauma or recalling experiences with clients who have experienced trauma may lead to psychological distress for some participants. Due to the professional training and self-care practices of most energy healers, we anticipated this risk to be low. To prevent harm to participants we informed them in writing and verbally that they could stop the interview and end their participation at any time. This empowered participants as responsible decision-makers about their involvement in the study. As researchers, we also had the option to stop an
interview if in our opinion a participant’s distress was harmful. Participants or researchers did not note psychological distress during any of the interviews. To mitigate any distress after the interview, we provided participants with a list of mental health resources they could use if they experienced psychological distress. Beyond simply fulfilling our ethical responsibility as researchers, taking the above precautions to prevent and mitigate distress built trust with participants and communicated our concern for their well-being.

We encouraged participants to inform us if they experienced psychological distress due to participation in the study. During a follow-up phone call, one participant reported a study-related reaction that included psychological distress after the interview. We promptly discussed it with our faculty advisor. Our faculty advisor notified the Institutional Review Board (IRB) and we documented the reaction in the Results chapter.

**Informed consent and non-coercion of participants.** Informed consent is a process that acknowledges participant choice to be voluntarily involved in a research study. It protects human rights and establishes a level of trust between participants and researchers (Creswell, 2014; Rallis and Rossman 2012). We made initial contact with potential participants by email, providing general information about the study. To eliminate the potential for coercion we provided materials for potential participants to review and we set a limit for making contact only twice and then waiting for them to contact us with interest. When they responded affirmatively, we verified through email whether they met the eligibility requirements and sent them an electronic copy of the consent form to read at least 24 hours prior to the interview. At the beginning of each interview, we verbally reviewed the information contained in the informed consent form with participants. In order to confirm their understanding, we acknowledged that people often understand things in different ways and therefore asked them to describe in their own words the
purpose, risks, and benefits of the study. We then addressed any gaps in understanding. Once they agreed to participate and demonstrated accurate comprehension of the purpose, risks, and benefits of the study, we asked them to sign the informed consent form and offered to give them a copy. By discussing the informed consent form with participants prior to their participation, we facilitated trust, prevented misunderstandings, and provided an opportunity to ask questions.

**Respect for privacy.** Safeguarding confidentiality and anonymity is an ethical imperative and in doing so, we aimed to uphold the credibility of the study (Rallis and Rossman, 2012). Taking actions to ensure participants’ privacy conveyed our respect for their individual rights and personhood. We upheld the privacy of participants’ identities and personal information by applying the principles of confidentiality and anonymity in the following ways.

We de-identified the interview data, assigned each practitioner an alphanumeric code, and wrote the key on a piece of paper that we kept in a locked box. We used the alphanumeric codes when saving audio and data files, and during all aspects of the transcription and data analysis processes. Names of participants were not included in the published study and we did not report details that made any one person identifiable. We requested that if participants referred to individual clients, they use pseudonyms to protect clients’ anonymity and to not share specific information that could identify them. If they mistakenly used a client’s name during the interview, we used a pseudonym when transcribing it.

We also kept informed consent forms and practitioners’ personal contact information in a locked box accessible only to the researchers. We removed audio files from the recording devices within two days after each interview and follow-up phone call and saved them on a password protected secure online data storage system. We saved all other data such as written transcripts and data analysis files on a password protected online data storage system. The
researchers and a transcriptionist transcribed the audio recordings. During the transcription process, the researchers and transcriptionist had access to the audio files. To ensure respect for participants’ privacy, the transcriptionist signed a transcriptionist agreement (Appendix I). After completing the transcriptions, only the researchers had access to the data files.

Lastly, the researchers will destroy all data that could be linked to a participant’s identity by June 30, 2019, except for the post-study contact form for participants who agreed to be contacted after the study. These forms will be destroyed by December 31, 2019. Researchers will remove all identifiers from the interview transcripts and data analysis results and may keep them indefinitely.

**Strengths and Limitations**

Like all research studies, ours has several strengths and limitations and we discuss them in this section.

An influential element of the research study that offers both strengths and limitations is our experience as energy healing practitioners with training in Healing Touch, Reiki, and Therapeutic Touch. Our backgrounds as practitioners gave us insider knowledge of pertinent issues and concerns related to the use of energy healing with trauma survivors. It also informed our ability to ask relevant follow-up questions during interviews. However, our prior experiences have led us to develop opinions about energy healing that according to the critical research paradigm naturally influence our view of the study, as described in the Lenses chapter. While we have attempted to bracket our personal beliefs about the efficacy of energy healing and the importance of using a trauma-informed approach with clients, we acknowledge that our passion for these topics could have influenced the process of designing and implementing our study in unintentional ways.
Limitations include the combination of a short data collection and analysis period, minimal funding, and our choice to conduct face-to-face interviews. The data collection period was approximately 6 weeks, during which we recruited participants, scheduled and conducted all interviews, transcribed them, and completed follow-up phone calls and additional transcription. With a longer data collection period, we could have increased the sample size and/or included participants located in areas outside the Twin Cities metro area. Additional funding would have made increasing the number of participants more feasible as we could have paid for a transcriptionist to complete all transcribing. Allowing interviews via technology rather than only in-person could have yielded participants with more varied backgrounds. For example, the Barbara Brennan School is in Florida and with technology-based interviews we could have yielded a greater number of participants with that energy healing training.

One additional aspect of our research that we initially viewed as a strength, but also proved challenging is the collaborative nature of action-based research. While building a relationship and working within a community group is empowering and probably most effective for successful identification and integration of new ideas, it also posed a challenge for us. When analyzing the data and writing the discussion section we contemplated the delicate balance of presenting our results while also being mindful of how participants may perceive results or interpretations by the researchers.
Results

The purpose of this chapter is to report the results of our study in response to the research question, “What are energy healers’ perspectives on trauma and working with trauma survivors?” We begin with a description of the participants, followed by observational data. We then report descriptive data and conclude this chapter with conceptual data based on trauma-informed assumptions and principles.

Description of Participants

The 12 participants report a wide range of experience as energy healing practitioners. Three have two to five years of experience, three have six to 10 years, two have 11 to 15 years, two have 16 to 20 years, and two have more than 20 years of experience. The average number of sessions they provide per month also varies among participants. Four provide 6 to 10 sessions, three provide 11 to 20 sessions, two provide 21 to 30 sessions, and two provide more than 30 sessions per month.

All participants report their main source of clients is word of mouth. Five of them receive new clients through marketing or a website. Three indicate they receive client referrals from other professionals. Four participants work with some or all of their clients on a volunteer basis as part of a healing ministry or non-profit organization. Clients include adults, seniors, children, teenagers, hospice patients, men, women, couples, veterans, sexual abuse survivors, and perpetrators of abuse. Participants state that clients come to them for an array of reasons, such as physical concerns or illnesses, emotional support, spirituality, balancing, stress relief, caregiver support, grief, and infertility. One participant primarily addresses clients’ traumatic experiences in her energy healing practice. The frequency with which the other participants work with trauma
survivors ranges from a few to several clients; however, trauma is not the main focus of their energy healing practice.

Participants use a variety of types of energy healing. Ten of the 12 participants practice more than one type of energy healing (See Table 8).

Table 8

<table>
<thead>
<tr>
<th>Types of energy healing</th>
<th>Number of participants practicing each type of energy healing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healing Touch</td>
<td>9</td>
</tr>
<tr>
<td>Reiki</td>
<td>4</td>
</tr>
<tr>
<td>Cleansing Flow</td>
<td>2</td>
</tr>
<tr>
<td>Brennan Healing Science</td>
<td>1</td>
</tr>
<tr>
<td>Awakening Healing Axis</td>
<td>1</td>
</tr>
<tr>
<td>Reconnective Energy Healing</td>
<td>1</td>
</tr>
<tr>
<td>Distance Healing</td>
<td>1</td>
</tr>
<tr>
<td>General ‘energy healing’</td>
<td>1</td>
</tr>
<tr>
<td>Access Consciousness</td>
<td>1</td>
</tr>
</tbody>
</table>

Note. The majority of practitioners report practicing two or more types of energy healing. Therefore, the total number of participants practicing each type exceeds the total number of participants in the study.

Participants use several other healing modalities in conjunction with energy healing, including shamanism, drumming, intuition, coaching, qigong, meditation, reflexology, crystals, sound healing, massage, inner child work, aromatherapy, Brennan Integration Work (known as personal process facilitation), prayer, essential oils, and guided imagery.

Participants report varying levels of energy healing training and certification as summarized in Table 9. In addition to their role as practitioners, four participants are also energy healing instructors.
Table 9  
Participants’ Levels of Energy Healing Training/Certification  

<table>
<thead>
<tr>
<th>Levels of energy healing training/certification</th>
<th>Number of participants with each level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healing Touch Certified Practitioner</td>
<td>8</td>
</tr>
<tr>
<td>Reiki Master</td>
<td>3</td>
</tr>
<tr>
<td>Healing Touch Practitioner</td>
<td>1</td>
</tr>
<tr>
<td>Reiki 1 and 2</td>
<td>1</td>
</tr>
<tr>
<td>Brennan Healing Science Practitioner</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: Several practitioners report completion of two or more levels of energy healing training or certification. Therefore, the total number of participants with each level of training or certification exceeds the total number of participants in the study.

Observational Data

In this section, we describe our observations while conducting the study. First, we describe the length of interviews, the participants’ enthusiasm for the research topic, and their eagerness to be involved in follow-up activities after the conclusion of the study. Then, we discuss participants’ overall level of engagement in follow-up phone calls. Next, we describe post-interview reactions reported by a participant as well as a study-related reaction experienced by one of the researchers. We close this section by highlighting unique insights from a minority of participants that are not contained in the majority of responses.

The lengths of audio recordings of the interviews ranged from 31 to 89 minutes, with most lasting approximately 45 to 50 minutes. The majority of participants verbally expressed enthusiasm for research on the topic of trauma and energy healing, stating it is an important subject that warrants attention. They all conveyed interest in learning more about trauma and specifically the trauma-informed approach, as well as eagerness in engaging in educational events such as workshops or classes. In addition, each participant signed the post-study contact
form (Appendix G) and gave permission for us to contact them about a study-related follow-up activity after the conclusion of the study.

Six of the twelve participants completed the follow-up phone call after their interviews as designated in the research protocol. Three participants declined to schedule a follow-up phone call and stated they did not have additional comments or thoughts after their interview and felt a follow-up call was not necessary. One participant provided feedback via email instead of phone, another stated she did not have time for a phone call, and the remaining participant did not respond to our request for follow-up.

We note most participants who completed a follow-up phone call confirmed or clarified information initially provided during the interview. However, one also reported a study-related reaction. Hives appeared on the participant’s arms a couple hours after discussing trauma and the traumatic experiences of many clients during the interview. The participant stated, one way that my system responds to trauma is I break out in hives. This participant also reported slipping on the ice the next day. In discussing the reaction, the participant shared:

...usually I’m just working with one person... it’s like being in a room with... 20 cases plus my own... it required more of me to be present with all that was happening in me and I couldn’t be present with it all so I broke out in hives... it was like connecting with a massive field of trauma rather than an individual field.

The participant resolved the hives and recovered from slipping on the ice through medication and utilizing a previously established support network. After consulting with the Institutional Review Board at St. Catherine University, we did not record this as an adverse event. However, it led one of the researchers to reflect on a personal study-related reaction that included recurring memories of traumatic stories told by participants. The researcher resolved this reaction through receiving an energy healing treatment.
In addition to the above observations which occurred during the course of the data collection process, we now highlight unique insights pertinent to trauma and energy healing that are not contained in the majority of participants’ responses. For instance, one participant expresses a hope that organizations which train energy healers will *address trauma in a way that will be helpful to the practitioner without forcing them to try to look into that issue*. This same practitioner expresses that practitioners need to be careful not to *plant a seed in the client’s mind* if the client does not bring up trauma, and to have *sensitivity without making trauma the only or the primary thing that you’re looking for*.

A further unique insight relates to the effectiveness of energy healing. Two participants assert that energy healing is helpful specifically for treating trauma. Three other participants state a slightly different view by claiming the effectiveness of energy healing increases greatly when intentionally combined with psychotherapy sessions. One of them articulates the importance of close timing between energy healing sessions and working with a mental health practitioner:

*I’ve seen that with a lot of my clients that are in counseling is that once they start doing the energy work and in the best way, and as a matter of fact in the Cleansing Flow we had a protocol for that... to get the energy work just before the counseling, like the day before or even the same day and then have the counseling... the energy work brings stuff to the surface in a softer way and then they can work through it. And so, people that were doing both in that, in close timing, were making big progress.*

Another participant shares a similar experience with clients who see a mental health practitioner in addition to doing energy healing sessions:

*I’ve had amazing, with the right team...doing the psychotherapist and doing a Body Centered Interview [the client had a] powerful release of pain that never came back.*

Next, we report responses shared by the majority of participants.
Descriptive Data

The purpose of action research is to identify issues and work towards solutions. Analysis of targeted questions generated by the researchers evoked participant responses that describe what energy healers know about trauma and trauma survivors, how they practice, and what they want for additional support in continuing work with trauma survivors. We begin by describing participant conceptualization of trauma: what they know and how they came to know it. Then, we describe how practitioners work with clients who have experienced traumatic situations: client-centered, and with emphasis on scope of practice, self-awareness, and self-care. We follow with acknowledgement of practitioner eagerness for additional supports in working with clients whose histories include traumatic experiences.

Understanding trauma. Energy healing practitioners shared many ideas about trauma. They contemplated what traumatic experiences are, how common they are and how they can leave impressions on the survivors. They also expressed the unique ways they learned about trauma. First, we look at what they have learned about trauma, followed by how they learned it.

What they know. As a group, participants share an expansive view of trauma. They commonly express it as pervasive, stating almost everyone experiences trauma. Participants acknowledge traumatic incidents can be single incidents or chronic in nature and describe a wide variety of situations that may be experienced as traumatic, including rape, violence, school shootings, bullying, natural disasters, accidents, illness, child physical and psychological abuse and neglect, war, and racism. They also describe repercussions as affecting mental, emotional, physical, and/or spiritual aspects of one’s being.

One participant speaks to the pervasiveness of traumatic experiences and the idea that clients may not be aware of the traumatic nature of a situation:
Now that I’ve been in practice for a little bit, I feel like everyone has some sort of trauma and I also feel like some people don’t know it. Like they might not recognize it for what it is.

Another emphasizes the different ways people can experience traumatic events:

*It can be very sudden. It can be very subtle over many years too. So, it can be the suddenness or the low level beating up psychologically, that can last for many years.*

An additional participant similarly states:

*It’s not necessarily watching somebody get shot or being in a war and having to kill somebody. It’s everyday little things that happen to us that traumatize our spirit, our body, our minds.*

One participant identifies various situations that may cause traumatic reactions:

*I see trauma as an upsetting event that is so, so upsetting to a person that is makes them feel unsafe. It might make them feel hopeless, might make them act out in different ways, but it can show up in a lot of different ways. I mean a lot of times when we think of trauma we think of like PTSD or violence and that can be trauma, but it can also be like divorce or a break up or an illness. And I don’t think it’s recognized and explored as much as it really could be.*

Another participant speaks to the lasting effects of traumatic situations:

*I would say probably it’s anything that happens to you in your life that causes you to shut down... and carry something with you that prevents you from being open, vulnerable, available. It’s kind of an experience that the body isn’t shedding. That has lasting repercussions on your mental health or well-being.*

Although it is not something the majority of participants talk about, some mention carrying trauma from past lives, inheriting trauma from previous generations (intergenerational trauma), and racism as traumatic experiences.

In addition to descriptions of trauma, practitioners also verbalize understanding conditions related to traumatic experiences, as well as symptoms that may be evidence of a history of traumatic experience. Several participants talk about the impact of trauma on the physical aspect of one’s being. They state illness can be linked to traumatic experience, either as illness being a traumatic experience, such as with Lyme’s Disease, and/or illness resulting from
having experienced traumatic events, which can linger as chronic pain and autoimmune disorders:

And a lot of the autoimmune work that I was doing... we found as we were building that curriculum and working with it, it’s almost all trauma related.

They also express the impact of trauma can show up in mental, emotional, and spiritual ways. For example, they report client symptoms of depression and anxiety, loss of faith and hope, can’t figure out why they aren’t happy, disconnection from self and the world, feeling numb, and having ruminating thoughts.

Participants ponder symptoms that may indicate trauma:

I also am informed by... the classic symptoms...like they would have a lot of trauma reactivity. So, just feeling unsafe, hypervigilance, inability to sleep, inability to relax, dreams, recurring memories. You know, all the PTSD stuff.

This participant goes on to say:

...in trauma you split. You do not want to be here. You are overwhelmed, right? The central nervous system is overwhelmed. You cannot cope or deal. You can’t fully integrate the experience, whether it’s one trauma that’s big like an attack, or you know, seeing someone killed, or witnessing something violent, or little acts of neglect and abuse over time. Both of those are traumatizing but it makes you not feel safe.

Practitioners also state clients may not share traumatic experiences for many reasons, such as they are unable to verbalize it, they think they healed it or they are unaware that a situation affected them in a significant way. Additionally, they note ways trauma shows up in energy healing sessions, with or without acknowledgment from the client.

Observations about energy systems of trauma survivors include:

The unresolved trauma tends to, in my experience, store itself in the body...But it’s not why they’re coming to me. It just happens.

Similarly, another practitioner states:

People rarely come to me to resolve trauma (it happens and not often) and having trauma bubble up while a client is on the table is fairly common.
Several participants mention often the root chakra is disrupted as a result of traumatic events:

*And the main... issue, is their first chakra [root chakra], their ability to ground. Because the first chakra is where we create safety in ourselves. Then trauma impacts the central nervous system in such a way that we can’t feel safe... And that is reflected in the energy in the first chakra. So that’s kind of a common theme in everybody with trauma.*

Participants report disruptions can be obvious or subtle:

...sometimes it’s obvious that there’s disruptions in their energy system. That, that, like the example I gave of an explosion, where that big break in the system is much more obvious. Sometimes it’s more subtle and actually doesn’t come up for a while. So sometimes people that, they, they sort of walled it off and buried it and sometimes it won’t surface right away. And it’s like you have to unbury it before it comes out.

In summary, participants in the study shared a great deal of understanding about various aspects of trauma, such as prevalence, signs, symptoms, and related conditions. Next, we describe how practitioners acquired that knowledge.

**How they know it.** While most practitioners state they did not have extensive specific training about working with trauma in their energy healing curriculum, understanding trauma developed through advanced practice energy healing classes, doing energy healing work, individual experiences of non-energy healing career training, as well as personal trauma and healing journeys.

One participant recalls energy healing training as lacking trauma-specific information:

*Not really directly. I don’t remember anybody just saying, you know, this... ”If someone has trauma, this is what you should do,” or.... Yeah, I don’t think it was really talked about. I don’t recall any of the instructors really making any kind of a statement about trauma. They may have mentioned the word, but it wasn’t like, an extra topic that was addressed to help practitioners deal with that. And I don’t remember any of the other books mentioning it, but that’s...I mean, this is quite a while ago. So, I’d have to go back through the books and find out.*

Additionally, a Healing Touch Instructor reflected on the curriculum:
In the Healing Touch core curriculum, we, I don’t think we specifically address it. I mean it comes up in various ways but we don’t have like a session on trauma. In the advanced practice there’s a little bit on trauma.

Practitioners also express doing the work of energy healing and learning by trial-and-error is how they developed their understanding of trauma:

Doing the work. That is the biggest way I’ve learned... so, doing the work. I’ve learned more during the work than anything else...

Some practitioners do energy healing work in addition to current or past careers where they did learn about trauma, such as through being a nurse, emergency medical technician (EMT), and special education teacher.

Many participants verbalize learning about trauma through their own personal trauma and healing journeys, as well as from the traumas of people close to them. One practitioner recalls as a teenager, honking the horn behind a parent, a war veteran, and was deeply impacted by his intense response. That experience carries over into work with clients and understanding the hypervigilance of veterans.

Another practitioner shares:

I would say, I first got to be a little more aware of trauma when I was doing my personal healing work...

Practitioners share their knowledge of trauma, as well as what informs their understanding. Next, we describe how participants’ understanding of trauma and the related symptomatology influences the work they do with clients in energy healing sessions.

**Working with trauma survivors.** We describe practitioner responses to how they work in session with clients who have experienced traumatic events: how they screen for trauma, the client-centered approach they use, perspectives on outcomes and scope of practice, and emphasis on self-awareness and self-care.
**Trauma screening.** Practitioners inquire about trauma in their own ways. When asked if they specifically ask about trauma during an intake, practitioner responses illustrate it’s a non-standardized, individual process.

From one Healing Touch practitioner:

*Yes. It’s on our, for our intake interview, it’s one of the questions we ask. We ask about, I think PTSD or trauma.*

And from another Healing Touch practitioner:

... *not specifically. I ask for medical and personal history, but I don’t have a question that specifically asks about trauma. And sometimes it comes up and sometimes not. Often not.*

An energy healer trained at the Barbara Brennan school of energy healing is more explicit in asking about trauma:

*I ask them if they’ve had, you know, I just say, ‘have you had any recent trauma’ or ‘any traumas? What traumas have you experienced in your life?’ But I also give an open question, ‘what else do you want me to know?’ That’s another question I have on my intake form.*

Additionally, one Reiki practitioner does not do an intake process at all because clients are well-known and it is more of an informal conversation, *How have things been going for you?*

The intake process differs from practitioner to practitioner. How they view the content or details of a traumatic experience differs as well. A few practitioners, including a Healing Touch Instructor, expresses it is not necessary to hear the details of a trauma and if you follow and work with the energy, the trauma can release without verbalizing the content:

*I try to go deeper with them to try to energetically release that trauma. I’m not a therapist so, I’m not going to deal with the content. But as I was saying before, I actually don’t think the content’s important, and which sounds kind of odd from a therapy standpoint, but I really don’t think it’s hugely beneficial… I think going into content actually makes you relive it, can re-traumatize. And so sometimes they will tell me, and it comes out, but you know, it’s out of my scope to dive too deep into that. So, I just tiptoe around that, but energetically, I really shift deeper, I think to help relieve that.*
In contrast, another practitioner with extensive training from the Barbara Brennan School of Healing spends the first 45 minutes of sessions talking with clients using a technique described as *conscious inquiry* and *personal process facilitation*, where they discuss what is going on for the client. After that, the 45-minute energy healing session begins.

There is variability in the intake process from practitioner to practitioner, as well as views on the importance of content, but there are also many commonalities in working with clients throughout the session and we turn to those now.

**Client-centered approach.** Practitioners express they work uniquely with clients, meaning they assess for and provide what the client needs according to what they find in the energy field. Two practitioners state they do not work differently with trauma survivors than other clients because they are *always* working with the needs of a client by following the energy needs. However, several practitioners state they do work *deeper* in the energetic field. Another practitioner states clients sometimes need the energy healer to stay longer at an energetic disruption and may need more time for a healing or a client may need more time to sit with their experience.

This practitioner not only speaks to the pervasiveness of trauma, but also to the unique way of working with clients:

*I guess on some level I see everyone as having traumas to be honest with you. You know, but I work with everyone, I guess I would say, uniquely depending on what’s happening.*

Participants also emphasize the importance of the relationship between client and energy healer, as well as creating a safe space for clients to feel comfortable accessing and healing past traumatic experiences.
Client/practitioner relationship. Most practitioners describe elements of the healing relationship as client directed and/or empowering. For example, the client does his or her own healing and the energy healer is there to facilitate and with that:

*Just accepting. Yep, just meeting them where they’re at and accepting, you know, whatever it is for them. Because otherwise your focus is on the outcome, of their outcome and that’s not where we dance.*

And sometimes practitioners have to respect whatever level of readiness the client is at:

*It’s really their journey. It’s not for us to fix. It’s to help support their healing. And sometimes you can tell that it may arise in a session and they’re not ready to address it and you have to accept that.*

Another practitioner emphasizes empowerment:

*Yeah. It’s empowering. I work to empower people. I don’t take any, this isn’t me healing you. That’s not what I do. No, we work together, and I am here to help you reach your highest good and to help you feel empowered to control what this is that you carry, and you get to choose.*

Several practitioners agree about noticing disruptions in the energy field or getting messages through spirit, and using discretion in sharing information and encouraging clients to decide meaning:

*And so, I just say, ‘This is what I notice about the energy in this area,’ and then let them interpret that because I don’t interpret that for people.*

In addition to the client/practitioner relationship, participants create a safe space and hold space for the client. Next, we share practitioners’ comments about safety and space.

Creating safety. Practitioners discuss creating environments where clients feel safe enough to work through and release trauma held in the body and energetic field, whether it is how they create space for all clients or practice differently for trauma survivors. They speak to both. Safety includes asking permission to do a technique, working with hands ‘off the body,’ and just in the energetic field, exercising discretion when verbalizing insights, educating and
spending extra time with a client. Practitioners also speak about working with the root chakra, as it relates to a sense of safety in the world. The majority of participants state clients experience disruption in the root chakra and they often need more grounding.

One practitioner’s perspective of working similarly with all clients is always creating a healing space:

I guess I’ll say it this way. I like to create a really nurturing environment where people feel at home in noticing what’s really going on in them... connecting with themselves in deeper ways... to sort of settle into the body... So, my job is really not so much about worrying about trauma, but just creating an environment where people feel safe and then when they’re safe to whatever degree they’re comfortable, they’re willing to open to what could be potentially a trauma. But it’s not like I’m pushing them to go to a trauma.

Other practitioners recognize and acknowledge some differences in the ways they work, such as taking more time to orient and educate a client prior to beginning the energy healing:

So, understanding it’s that time up front to make them comfortable and find trust, and building trust and allowing them to make decisions and know that I’m not here fixing you.

Another practitioner speaks to orienting the client when they know they are working with someone who is hypervigilant, as a symptom of trauma:

You know, I’m working with people who are, trauma was a long time ago and they’re not coming here for trauma. I have worked with some people that have PTSD, the veterans, and the symptom that I notice right away is they’re jumpy. You don’t sneak up on them. You know, every time I’m going to do something, I tell them, ‘I’m going to do this now, put my hands on your feet. Are you ok?’ Or I explain really clearly up front, ‘this is where I’ll have my hands.’ I get permission.

Again, another participant acknowledges hypervigilance in session:

...someone who’s traumatized is hypervigilant... They’re scanning the environment all the time. They’ve got like energy feelers going everywhere all the time. Am I safe? Am I safe? Am I safe? What’s happening? What’s happening? What’s happening? That’s constant hypervigilance and so they are tracking me and the whole environment... You know and I’m aware that I’m an authority in the room, and if the authority creates safety than that does help to feel safe. But that doesn’t mean that they’re going to just like relax and everything’s all better. But it’s an opening, it’s like an invitation to kind of gently come in.
Many practitioners point out there is disruption in the energy around the root chakra when the client has experienced trauma, and several describe how they work with it:

*I really go to the root and really work on the root just to ground that.*

Another practitioner describes working with the root is a process:

...they might not even be aware that their root chakra is blasted all to pieces. And when I start working with it specifically to bring its pieces back together than that is like a big jigsaw puzzle. It doesn’t get done in an hour. You have to put a few pieces together and then you have to go away. And then you have to come back and put a few more pieces together and then you have to go away. And gradually the root will sustain and build...

More emphasis on the gradual nature of working with the root:

*It’s not a miracle fix. It’s like a gradual building that root back up. So, that’s one of the things I’ve learned... I’m not even going to do the whole thing (Trauma Chakra Connection technique). I’m just going to do the root for maybe three minutes and that’s all it wants right now.*

*Holding space.* Holding space is a term used by many practitioners to describe non-judgmental, calming presence and ability to *bear witness* and *tolerate* the intense feelings that clients can experience in a healing session:

... being able to hold presence and grounding and just to be that grounding person and witness to what is going on.

Another practitioner puts it this way:

*And there’s a lot of learning to see and learning to tolerate the absolutely intolerable.*

Additionally, a practitioner speaks to the calming presence needed when a client is working through something difficult:

*You know, I was just going to stay there and be really, really calm and continue doing the work. Anyway, it was really quite a long session because I wanted to give her the space to do what she needed to do, and we didn’t talk during the session. She just did what she needed to do.*
And being able to be with the intensity of someone’s experience without becoming upset during a session:

... after being traumatized people can’t find their safe ground anymore. They can’t go back into that first chakra being open and then the hara line being deeply connected into the core of the earth. So, I’m talking about a woman where I was reconnecting her hara line to the earth’s core and she was, she screamed in terror and had the memory of being locked in the cellar and rats biting her ankles. But I didn’t freak out. So that’s, that’s my training. I can completely hold that. I know something like that may happen and my field will regulate hers. So, I’m still incredibly safe and grounded. And she has that and I’m right there with her. She’s not alone and she’s safe. And that’s when all the neural networks start to rewire, and the energy system can go and reset. So, she had to go through that and then it integrates through her consciousness and through her energy and she then can be in the world in a way that’s more safe.

Participant responses illustrate a client-centered approach by attending to the relationship and to safety in order to hold healing space for clients. The next section includes descriptions of practitioners’ perspectives of outcomes and scope of practice when working with clients who have experienced trauma.

**Perspectives on outcomes and scope of practice.** Practitioners describe outcomes of healing sessions with trauma survivors, as well as scope of practice.

**Outcomes.** Many practitioners note healing sessions are intense with emotion at times, and that clients sometimes re-experience past traumas. Others state that clients do not re-experience past traumas. However, some who state re-experiencing does not occur also describe crying, shaking, screams, bursts of emotion, and flashbacks as happening in sessions, which may or may not indicate re-experiencing.

Many practitioners state the releasing or letting go of traumatic experiences is hard work for the client but most often results in positive healing experiences, meaning the client feels they were able to work through or let go of past experiences. For example:
There was crying, but there was crying because of things that flashed, you know, when they were on the table. So, they were flashbacks. But one of them said ‘you, know, it really felt like I let go of something, by being able to cry about this.’

Another practitioner describes the intensity and outcome this way:

And it happens a lot actually where you’re working with someone and they feel safe. Somewhere they’re accessing something, and sometimes they just start crying. Sometimes they start shaking. I’ve seen full body shakes. So, they’re releasing something. There’s some movement there. And sometimes… there’s uncontrollable sobbing. So, and it’s amazing, sometimes they tell you right then what it’s about.

Practitioners say there are times when sessions end with a client becoming upset or they do not come back for additional sessions. They note that sometimes the client isn’t ready to do the work of healing or isn’t ready to let go of trauma:

And she came right apart. Like, I haven’t had many people who, like, come apart and then I don’t know what to do with them, you know... She just came unglued. And I was like ‘oh my God,’ then I started working and as fast as she came unglued, she, like, zipped back up. And then no emotion again... she had to go to work afterward and we finished, like she was off the table early, and she said, ‘I just, I’ll come back another time.’ She was not ready. You’re only as ready as you’re ready. You can do what you’re ready to do. And she was not ready.

Additionally, participants convey thoughts about the scope of their practice and when it is useful to refer clients to other practitioners.

Scope of practice. Scope of practice is understanding the breadth of what one’s practice is, and what falls within and outside of professional guidelines and parameters. Participants discuss scope of practice and acknowledge sometimes it is in the clients’ best interest to do additional work with a mental health professional.

All but one practitioner acknowledges working with clients in some emotional situations is outside their scope of practice:

You know, our scope of practice is not emotional support and sometimes that is what is coming up, mental and emotional.

Another practitioner clearly states:
I acknowledge that I’m not a psychologist. I’m not trained in mental health. I’m a healer.

Additionally, practitioners express feeling comfortable with referring clients to mental health practitioners when the work is outside their scope of practice:

Additionally, practitioners express feeling comfortable with referring clients to mental health practitioners when the work is outside their scope of practice:

Also respecting that I need to stay within my scope of practice. I can’t start pretending to be a therapist when I’m not. But there might be some guidance that’s available for me and I’m happy to refer out.

Another participant describes further support for acknowledging scope and making referrals:

You kind of get taught a little bit about the possibilities of what may come up. Not really specifically how to necessarily handle them. And I guess it’s such a wide-ranging possibility of trauma as it would be difficult, but that’s why there is a scope of practice to say you get some traumatic client and that trauma gets revealed. You need to be referring out and not trying to take that on.

Participants express understanding scope of practice and collaborating with mental health professionals is important to doing energy healing work, as well as self-awareness and self-care, which we describe next.

Self-awareness and self-care. Participants emphasize the importance of doing their own work, meaning working through their own trauma, because their own issues can be triggered as clients work through traumatic experiences. They also emphasize self-care to avoid secondary trauma by letting go of their experiences with client’s traumatic stories and reactions.

One participant emphasizes the benefit for the client if practitioners have done their own healing:

But you can go much, much deeper and be much, much more effective if you’ve traveled the journey and you, and you can know what’s happening in you. You can hurt a client if you aren’t aware of what you’re doing. So, you have to really be able to track and regulate your field. So, there’s a lot of emphasis on self-responsibility and self-awareness.
Another participant speaks to the difficulty of working with survivors and the importance of self-awareness:

_Bearing witness to that is something that, it takes courage and you have to do your own work and you have to be continually working on yourself. So, your stuff will come up as well to look at._

Acknowledging the client and practitioner are each part of the relationship and contribute to what’s happening in the room:

_I think people bring what we are to the treatment session. And if people haven’t resolved their own trauma or if they haven’t resolved their own emotional stuff obviously that’s going to get in the way… I think there were clients in my early years who survived in spite of me because I hadn’t done my own clearing and inner work. And so, I think that’s just a piece of the process is we have to continually do our own inner work and we have to continually clear our own trauma and we have to continually clear and support our own emotional health._

In addition to contributing to the interaction between energy healer and client, several participants also talk about the importance of self-care. One practitioner describes it in this way:

_I think I have pretty good boundaries that way and I work with a lot of my classes. I know a lot of healers get in trouble here is that, as a collective, we’re quite empathic and we pick up people’s garbage. I try to be really mindful of when I’m done with sessions. I drop all that…So, you know, I do my self-work, my self-healing and I see other people for massage and do daily meditation and try to be mindful of that._

When asked what kinds of practices would be helpful for other energy healers, one participant emphasizes the critical nature of self-care:

_I think, just to remind all of us who are working with people to always take care of ourselves first. To keep that reminder first. Because it’s so easy to get depleted._

Next, we describe participants’ desire to have more supports in working with trauma survivors.

**Supportive resources.** When asked what would have been supportive as new practitioners or what would be supportive now as energy healers, responses fell into two groups: education and connection with other energy healers.
Practitioners cite several areas for further education: information about trauma and trauma-informed care, more training on the techniques they are already using, delving into self-awareness and scope of practice, guidelines for talking with and responding to survivors, and raising awareness about the difficulty of working with trauma survivors and the potential for experiencing secondary trauma. One participant puts it this way:

*I guess as a practitioner I would love some sort of a platform where people could talk about it and, and also not have the shame if you can’t work with people with trauma... And I love this idea of letting people know there is such a thing as secondary trauma. There are a lot of empaths that do energy work and they don’t know always how to maneuver their empath ability... they don’t know how to control it or heal themselves or whatever. Well you get one trauma client as an empath and you don’t know what to do with it, and now you have secondary trauma, and you don’t know what to do with it. And so now you’re carrying that, and it just snowballs from there.*

One participant who is a beginning Reiki practitioner acknowledges:

*I would be helpful to just actually take some... trauma training and learn different types of trauma, different types of responses that might come up from that. And then what responses are helpful from me.*

And a similar response from a more experienced Reiki practitioner:

*I think we need more information as practitioners. How to deal with things, you know. So, you don’t feel like you’re flying by the seat of your pants when this huge stuff comes up. Because I’ve had the experience for years, it’s easier, but I can imagine how difficult, especially someone who’s a newly trained person. You know, they’ve barely had one client doing Reiki or Healing Touch and you know, then someone really flips out. I mean that’s frightening. So, I don’t know if they’re giving information in classes now, but I think that would be really crucial- because when I think back to my training, I mean, we didn’t talk a lot about trauma.*

In addition, more thoughts from one Healing Touch Instructor:

*You know I think it would probably behoove us all to learn more about trauma, to be honest.*

Several participants verbalize connection with other energy healers as being important. They would like to know what other practitioners are doing, what they find works in certain situations and to process what they do and what they could do in practice situations:
It would be nice to have a community that you could confer, you know.

We now describe participants’ responses through the lens of the trauma-informed approach.

**Conceptual Data Using the Trauma-Informed (TI) Approach**

The trauma-informed (TI) approach is a framework for working with trauma survivors, rather than a particular technique for resolving trauma. It includes a set of assumptions and principles defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) that anyone who interacts with trauma survivors can use (SAMHSA, 2014). Two of the twelve participants in the study state they are aware of the TI approach. One states familiarity with the term, but not the meaning. Nine report they are not aware of the term “trauma-informed,” but analysis reveals they verbalize an understanding of aspects of the TI approach within their answers to interview questions. Analysis also shows several of the participants’ self-identified learning experiences pertain to the TI assumptions and principles. This section begins with the participants’ understanding of the TI approach, followed by lessons learned and the TI assumption or principle pertaining to each.

**Understanding of the trauma-informed (TI) approach.** The participants demonstrate each of the assumptions and principles of the TI approach within their responses as a whole. However, not all participants typify all assumptions and principles, and the degree to which participants demonstrate them varies. Also, they verbalized the principle of *Cultural, historical, and gender issues* the least. In the chart below, we provide each of the TI assumptions from the Substance Abuse and Mental Health Administration (2014), adapt them for the context of energy healing, and provide examples from the participants in their own words (See Table 10).
Table 10
Assumptions of the Trauma-Informed (TI) Approach and Examples from Participants

<table>
<thead>
<tr>
<th>Trauma-Informed assumption</th>
<th>Adaptation for energy healers</th>
<th>Examples from participants</th>
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<tbody>
<tr>
<td>Realizes the widespread impact of trauma and understands potential paths for recovery</td>
<td>Energy healing practitioner understands the widespread impact of trauma and understands potential paths for recovery. Energy healing practitioner defines trauma broadly and realizes there are multiple forms of trauma (such as physical, emotional, spiritual, mental, etc).</td>
<td>I don't think people realize really what can be a traumatic experience. Sometimes you just think 'Oh well, you know that's just life. I'm gonna move on and it doesn't affect me.' But like I said whether you think it's affecting you or not, trauma is held in the body and it will come out whether through disease or stress or inability to function, just your daily activities of living. There are so many paths to wholeness. [Energy] healing is one of those paths. Mental health, Western medicine, they're all paths and sometimes people just need permission to take a different kind of path that might work for them more. Trauma can be physical, mental, emotional, or spiritual... and it can be, it can be stuffed and held or it can be expressed. And it sits in our cells. So years and years later there are the results of an incident that was very hurtful on some level can still be hurting the body. Or, you know, it can be hurting the person. I think probably almost everyone has gone through trauma of some kind. It's kind of hard to get through life without it. But, it's in varying degrees.</td>
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<tr>
<td>Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system</td>
<td>Energy healing practitioner is aware of and can recognize the signs and symptoms of trauma in clients or others.</td>
<td>They just can't relax like the majority of people. Another [symptom] would be maybe just feeling sad all the time. Just, you know, when they say, 'I'm just so sad. I don't know why. I can't, I can't do anything.' You know, they feel kind of lost. Trauma shame, feeling like whatever trauma happens is your fault and the self-hatred and shame that comes with that. But I'm also looking at their field and their energy field when that happens. It's the classic, you know, not being in the body, finding contact difficult. Well, obvious ones like... anxiety, difficulty sleeping, probably irascibility, knee-jerk reactions of defensiveness potentially, could be withdrawing, depression, fear.</td>
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Table 10 (Continued)
Assumptions of the Trauma-Informed (TI) Approach and Examples from Participants

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<th>Trauma-Informed assumption</th>
<th>Adaptation for energy healers</th>
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<tbody>
<tr>
<td>Responds by fully integrating knowledge about trauma into policies, procedures, and practices</td>
<td>Energy healing practitioner responds to trauma by fully integrating knowledge about trauma into policies, procedures, and practices.</td>
<td>Be open. Sometimes you change what you’re doing in the middle of [an energy healing session] based on how they respond. ... often they spend longer periods of time here... But I want to make sure people have enough time. And I’ve just built that into my practice... If people have done some significant work, they really do need extra time. I just realize that people are more sensitive and really make sure that touch is okay, or my touch is lighter.</td>
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<tr>
<td>Actively seeks to resist re-traumatization</td>
<td>Energy healing practitioner mindfully avoids creating a situation that may be re-traumatizing to a client, whether through actions, words or in other ways. Or, the energy healing practitioner actively uses actions, words or other strategies that will prevent a client from feeling re-traumatized.</td>
<td>Sometimes I could see [through intuition or empathy] all this happened but I’m not going to say, “Hey I see...when you were three... you were molested.” That’s traumatizing in itself... And so I’ll say something like, “I’m just feeling a little grief here or something, or a fear or anxiety” or whatever it is and then I’ll just keep working... I just wait and let them, allow them to bring it up, if they even do. They don’t always have to bring it up for it to go away ... you don’t want to pry into somebody if they don’t open up, either, because they’ve already come to you to receive something. So being real aware and really tuning in energetically with the client as we’re working...I had just learned [a new energy healing technique]... and it’s like okay let’s try this. And it, I actually, the first time I tried it stopped halfway through because it just wasn’t - it was feeling too intense. I think energy work where you don’t have to have somebody remove clothes like with a massage... is really helpful for people with trauma. They can receive something just being on a table or sitting... and they don’t have to do anything like that. They can just sit and hopefully receive, you know. So I think there is a real... connection there, with Healing Touch, with Reiki and trauma that can really help... the client.</td>
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Note: The TI assumptions are from Substance Abuse and Mental Health Administration (2014a). We adapted them for energy healers.
As indicated in Table 10, energy healers verbalize several experiences, ideas, and perceptions that align with the four assumptions of the TI approach. Next, we list the TI principles from the Substance Abuse and Mental Health Administration (2014), adapt them for the context of energy healing, and provide examples from participant responses (See Table 11).

Table 11

<table>
<thead>
<tr>
<th>Trauma-Informed principle</th>
<th>Adaptation for energy healers</th>
<th>Examples from participants</th>
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<tbody>
<tr>
<td>Safety</td>
<td>Energy healing practitioner creates an environment and/or relationship with clients, so they feel physically and psychologically safe. May include educating clients about energy healing.</td>
<td>I’ll even say to visualize themselves in a bubble… And I describe the Reiki energy in the bubble. It’s warm, white, healing energy. I will say, “You’re completely safe.” ... I tell them that they’re safe so many times throughout the hour. We learned how to create safety. And you have to find that in yourself first.... there's like an energy pathway. There's a neural pathway that you reformulate in yourself. Healing from your own traumas. Another thing that I will do is... if I feel someone's feeling the need to feel safe, then I'll put... another blanket on them or turn the heat up.</td>
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<tr>
<td>Trustworthiness and transparency</td>
<td>Energy healing practitioner is open about what they are/are not doing with clients before, during, and after energy healing sessions, and educates clients about energy healing. Decisions about the healing process are conducted with transparency with the goal of building and maintaining trust with clients.</td>
<td>There has to be that openness and that trust. Otherwise it doesn’t work as well and it isn’t, I don’t think it’s as helpful to the person.... Especially with something like trauma or serious issues it’s important for the person to trust...</td>
</tr>
<tr>
<td>Trauma-Informed Principle</td>
<td>Adaptation for Energy Healers</td>
<td>Examples from Participants</td>
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<tr>
<td>Peer support and mutual self-help</td>
<td>Energy healing practitioner seeks supervision and support from a mentor, fellow practitioners, or others regarding their practice, especially with questions or concerns that may arise when working with trauma survivors. Energy healing practitioner engages in self-care to get the personal support they need for their own wellbeing. This applies to energy healing practitioners rather than clients, as with the original principle, because energy healing is typically an individual experience.</td>
<td>I would find one of my peers to talk about that, about scenarios to see if anybody had insight as to what could I have done differently. And oftentimes in the conversation we would have a conversation to go, &quot;Oh, you know what? Probably would have done this...&quot; and it would be a revelation that would come to me too and so we would kind of problem solve it together.</td>
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<td>Because after someone who has had a lot of trauma like that, I really make sure to clear and ground myself.</td>
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<td>I think it's really important as healers that you also are able to release and let go of what you've experienced as secondary trauma.</td>
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<td>... we all talked about that in our group that extreme self-care has to be number one before you can ever work with anybody else.</td>
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<td>... so you have to have a strong [energy field], where when your client is having a reaction, you're not. And not because you're disconnected but because you are fully present and there. And you, you develop the capacity to do that by your own personal process work.</td>
</tr>
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Table 11 (Continued)

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<tr>
<th>Trauma-Informed principle</th>
<th>Adaptation for energy healers</th>
<th>Examples from participants</th>
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</table>
| Collaboration and mutuality | There is true partnering and leveling of power differences between energy healing practitioners and clients, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. Energy healing practitioner recognizes other providers have an important role to play in a trauma-informed approach and makes appropriate referrals. “One does not have to be a therapist to be therapeutic” (as cited in SAMHSA, 2014). | *I feel like energy healing is really effective... But when you add trauma in I personally feel like psychotherapy is necessary too a lot of the times, or some sort of processing that allows a person to work through their feelings too. I don't think that just me going in and doing my thing is enough for trauma.*  
*It's our, it's the relationship I have with people in my practice that bring[s] out the trauma. So that it doesn't always come up on our first visit when I'm doing an assessment. It's, it's over time and it's sharing with them what's energetically going on with their, with their being sometimes helps them unlock that they were traumatized... I walk in partnership with people, I don't do things to or for them. I am in partnership with them.*  
*... for me it's a bit about building a network of referrals when somebody is really having some trauma more than anything and listening deeply enough to know... and then talking with them about that and referring them appropriately.*  
*The family therapist talked with her throughout the session, and I was doing the session together with the family therapist... and had some really nice movement energetically and mentally and emotionally with the combination. So anytime you put things together you get, we get some good results.* |
<table>
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| Empowerment, voice, and choice | Listening closely to clients. Individuals' strengths are recognized, built on, and validated and new skills developed as necessary. Energy healing practitioner aims to strengthen clients' experiences of choice and recognizes that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals to heal and promote recovery from trauma. This builds on what clients have to offer, rather than responding to perceived deficits. Encouraging clients to use energy healing self-care techniques to manage their own wellbeing. May include educating clients about energy healing. | *I have them state their goal and ask what that would look like or feel like.*  
*I usually give them some exercises about self-balancing and working with their energy system.*  
*I think listening is extremely important. Just listening to what they have to say and being open and caring...*  
*... everyone is different. Trauma affects each part, traumatic experiences are personal. And each person's field will be affected differently.* |
Table 11 (Continued)

**Principles of the Trauma-Informed (TI) Approach and Examples from Participants**

<table>
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<tr>
<th>Trauma-Informed principle</th>
<th>Adaptation for energy healers</th>
<th>Examples from participants</th>
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</table>
| Cultural, historical, and gender issues | Energy healing practitioner actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), recognizes trauma may be based on gender, race, cultural, historical, or generational experiences, and is responsive and sensitive to issues related to them. | *Generational trauma. Absolutely. I see it, and I know people that are trying to heal from that. And that’s very hard, very hard. Because it becomes imbedded in everyday life unless you can get away from some of it for a while...*  
*...sexual traumas, there’s so much of that. It's rampant. Depending on statistics you read, anywhere from 30 to 50 percent of women have had some sort of sexual trauma. And yeah, the guys are just starting to talk. The numbers are probably way higher than we admit.*  
*I don't think trauma is necessarily rooted to [an individual's] experience. It can be generations back. So trauma is carried from other eras... trauma is not necessarily what happens to [an individual]. So somebody who goes through a war who has PTSD, their kids are gonna have it. Holocaust survivor's children are notoriously, you know struggle because their parents aren't healed.*  
*As an African-American woman I experienced trauma because every time I have a situation where my race could be a factor that's trauma. That's past trauma coming to light within your body and your spirit.* |

*Note: The TI principles are from Substance Abuse and Mental Health Administration (2014a). We adapted them for energy healers.*

Even though most participants state they are unaware of the TI approach, Tables 10 and 11 show they incorporate the assumptions and principles into their energy healing practice when working with clients. In addition, participants identify several instances where they would work with clients differently or in a more effective way if they had more information or knowledge. In
Lessons learned. Many insights practitioners gained through past experience pertains to assumptions or principles of the TI approach. For example, when talking about past experiences with clients, one participant states, *I’m probably working with trauma and don’t... recognize it.* Similarly, a second participant does not feel skilled enough to know what to look for or what to do about trauma if it surfaces when working with a client. Both of these instances relate to the TI assumption *Recognizes the signs and symptoms of trauma.*

Other instances of lessons learned by participants relate to the TI assumption *Actively seeks to resist re-traumatization.* In one case, a practitioner relays how a client became *extremely agitated.* The client told the participant, *I don’t want to relive this [traumatic experience],* but the practitioner realized *that’s what was happening* during the session. This caused the participant to *change my course in how I asked questions* to ask clients whether they are okay during energy healing sessions in order to become aware of any agitation. This same practitioner also notes, *I asked too many questions* that unintentionally made the client relive a traumatic experience. In another instance, a participant acknowledges sharing an intuitive image with a client who *got really upset.* The participant reflects, *I’m not going to share my inner visions unless I ask first… it wouldn’t be healing.*

Additionally, participants speak of instances that relate to the TI principle *Collaboration and mutuality,* which includes referring clients to outside providers and leveling the power difference between clients and practitioners. In one situation, a practitioner explains that a client experienced traumatic memories when doing an energy healing technique. The participant worked with the client for several more sessions using a technique intended to calm the mind.
However, it led to depression and the practitioner referred the client to a therapist. The client chose not to see one and the practitioner eventually released the client. Later, the practitioner received peer feedback that it may have been appropriate to stop working with the client earlier. Another participant describes an experience in which the participant did more than [the client] needed and the client was so exhausted when they were done. This led the participant to never let my ego get involved and to see that not all of a client’s issues need to be addressed in the same session.

Participants also share how they learn from clients’ adverse reactions to energy healing sessions. For example, a participant recounts that a client in a hospital appeared to be asleep at the end of the session. The practitioner allowed the client to continue sleeping without following up afterward and later learned that the client woke up in another dimension a few hours after the session. The practitioner states, I should have checked back and I learned to really pay a greater attention to that and make sure they were grounded. This instance pertains to the TI principle Trustworthiness and transparency which encourages clear communication before, during and after a session. In another case, a participant tells the story of how the participant planned at the start of a session to do a specific energy healing technique with a client, however it triggered unexpected pain. The practitioner reflects, I wasn’t really listening to the client and I’ve learned... don’t have an agenda with people. Let their agenda make itself known. The concept of listening to clients is related to the TI principle ‘empowerment, voice and choice.’

Finally, a participant shares the importance of resolving one’s own trauma and emotional issues which get in the way of working with clients. The practitioner reports realizing in the first few years of practice that energy healing practitioners have to continually do our own inner work... clear our own trauma, and support our own emotional health. This learning experience
correlates with the TI principle *Peer support and mutual self-help*, which encourages practitioner self-care.

In conclusion, results indicate energy healers frequently work with trauma survivors and are aware of the signs and symptoms of trauma. Most of them did not learn about trauma as part of their energy healing training, but through personal experiences and lessons learned while working with clients. Their perspectives on trauma screening, client outcomes, and scope of practice vary. Many use a client-centered approach and would like to learn more about trauma and working with trauma survivors. Results also indicate in many ways their practices demonstrate a trauma-informed perspective. As a whole, participants verbalized a TI approach, though individually not all participants verbalized each of the TI assumptions and principles.
Discussion

The purpose of this chapter is to interpret our findings in response to our research question, “What are energy healers’ perspectives on trauma and working with trauma survivors?” We first discuss findings supported by the literature, followed by a discussion of unexpected findings. We then consider next steps of this action research project. Next, we describe several implications including implications for the energy healing community and for holistic health, as well as implications for further research. This chapter ends with a brief summary and our conclusion.

Findings Supported by the Literature

In this section, we identify research findings that are consistent with the literature. Specifically, we discuss how the results of our research study reflect information found in the literature about trauma and the overlap of principles of energy healing and those of a trauma-informed approach.

Knowledge of trauma. Participants in our study acknowledge many aspects of trauma consistent with the literature, such as prevalence of trauma (Gilbert et al., 2015), awareness of symptoms that result from traumatic experiences (Asmundson, 2014; Asmundson, Coons, Taylor, and Katz, 2002; Butehorn, 2015; Herman, 1992; Levine, 2010; Miller, Jaffe, Davis, Pruiksma, & Rhudy, 2015), and the experiences that can cause traumatic reactions (Gilbert et al., 2015). They echo the literature that trauma is prevalent in our communities (Felitti et al., 1998; Gilbert et al., 2015), indicating most clients in their practices have experienced a traumatic event in their lives. Most practitioners state they do not work primarily with trauma survivors, but acknowledge it often shows up in the session, masked by symptoms such as chronic pain. Afterwards, clients sometimes realize physical pain was tied to something mental or emotional.
Practitioners also identify many other issues clients are coming to resolve that are potentially related to trauma, including chronic pain (Asmundson, 2014), sleep disturbance (Miller, Jaffe, Davis, Pruiksma, & Rhudy, 2015), tension headaches, and back pain (Herman, 1992), depression and anxiety (Pietrzak, Goldstein, Southwick, & Grant, 2011), in congruence with the literature. Practitioners also verbalize a spectrum of experiences that can be traumatic in nature, again consistent with the literature, stating that single-incident, multiple-incidents and chronic stressors (Ringel & Brandell, 2011) can be traumatic. Practitioners in this study give examples of traumas that include rape, violence, school shootings, bullying, natural disasters, accidents, illness, child physical and psychological abuse and neglect, war, and racism. These findings are significant because the first two assumptions of a trauma-informed approach include Realizing the widespread impact of trauma and Recognizing the signs and symptoms of trauma (SAMHSA, 2014) and our participants expressed a great deal of knowledge in these two areas. In addition to knowledge of trauma, without knowing the term “trauma-informed,” practitioners are practicing energy healing in ways consistent with a trauma-informed approach, which we describe next.

**Overlap of principles of energy healing and a trauma-informed approach.** A number of our findings coincide with what the literature predicts regarding similarities between energy healing and a trauma-informed (TI) approach. Consistent with the literature that suggests the ethics and principles of energy healing overlap with TI principles (Barbara Brennan School of Healing, 2019b; Healing Touch International, 1996; Healing Touch Program, 2013a; SAMHSA, 2014a; Therapeutic Touch International Association, 2005; Quest, 2009; Watson Caring Science Institute, 2010), our findings suggest that energy healing practitioners incorporate the TI principles in their work with trauma survivors (See Table 11). These include 1) Safety, 2) Trustworthiness and transparency, 3) Peer support and mutual self-help, 4) Collaboration and
mutuality, 5) Empowerment, voice and choice, and 6) Cultural, historical, and gender issues (SAMHSA, 2014). Participants verbalize several ways they interact with clients that exemplify the TI principles (See Table 11), even though the majority of participants were unfamiliar with the term “trauma-informed.” For example, practitioners incorporate the principle of Safety in their practice by intentionally developing a sense of safety, verbally reassuring clients they are safe, and taking steps to adjust the physical environment. Another example is that practitioners demonstrate the principle of Trustworthiness and transparency by providing an orientation to new clients describing what to expect in an energy healing session. These examples and others described in Table 11 indicate energy healers in our study use underlying principles that mirror those of a TI approach, regardless of whether they specifically know or understand TI principles. One interpretation is that energy healing is inherently sensitive to the unique needs of trauma survivors. Another interpretation is that because both energy healing and trauma affect the whole person - body, mind, and spirit - a strong correlation exists between the principles of TI and those of energy healing, which include the Caritas Processes of Caring Science as an ethical foundation for relationships between practitioners and clients (Kelsch & Ironson, 2014; Kristoffersen et al., 2019; Mohan, 2017; Watson Caring Science Institute, 2010). In other words, that practitioners generally interact with clients in ways that help clients feel safe, build trust with clear communication, join together with clients and other practitioners in mutual partnership, and enable clients to be in control of their healing journey. The TI principle of Peer support and mutual self-help did not directly correspond with the principles and codes of ethics of energy healing in Table 7 of the Literature Review chapter. However, given the context of our study we redefined the principle of Peer support and mutual self-help to apply to the role of energy healing practitioners rather than to individual clients during our data analysis process (see Table
11). When redefined in this way, results indicate energy healers exemplified the principle of Peer support and mutual self-help. Also, a few practitioners acknowledge the principle of Cultural, historical, and gender issues however, they refer to it less frequently than the other TI principles. This may have been due to the sample of practitioners interviewed. A different sample of practitioners may or may not have referred to issues of culture, gender, or historical trauma more or less often. In contrast to the above findings supported by the literature, next we discuss results not anticipated in the literature on energy healing and trauma.

**Unexpected Findings**

Our study has a number of unexpected findings which we discuss in the following order: first, results indicate energy healing practitioners receive little or no training about trauma in the context of energy healing; second, participants note that their personal trauma experiences and their own healing journeys informs their knowledge of trauma and their work with trauma survivors; third, practitioner self-care and self-awareness are important aspects of energy healing with trauma survivors; and fourth, differing perspectives between energy healing and mental health in regards to the release of trauma. Lastly, energy healing practitioners are eager to learn more about trauma and a trauma-informed approach.

**Lack of trauma training.** Our finding that energy healers receive little or no education and training about how to address trauma was somewhat unexpected. Several participants in the study acknowledge learning a technique related to trauma as a small segment of their formal training, while others state their training did not address trauma at all. This finding is consistent with our professional experiences as outlined in the Lenses chapter of this study in which we note our own energy healing education did not include in-depth discussion of trauma. However, it is surprising that although some guidebooks on energy healing mention ways practitioners can
use energy healing for trauma (Brennan, 1988; Hover-Kramer, 2011; Wardell, Kagel, & Anselme, 2014) the topic is not specifically addressed in energy healing training according to most participants’ experiences. One possible explanation for this could be that clients do not typically identify trauma as the reason they seek energy healing, and therefore training addresses more common presenting complaints such as anxiety, recovery from injury, or pain. Another possible explanation for the lack of training about trauma in the context of energy healing could be that the goal of most education courses is to help new practitioners understand basic concepts and techniques of energy healing, whereas dealing with trauma may be considered a specialized skill acquired through years of practice or through advanced courses. In any case, it is an important finding because without adequate training about trauma practitioners are likely to be unprepared to respond appropriately, leading to unintentional harm to or re-traumatization of the client. In spite of this absence of formal training, participants often use their own personal experiences of trauma to inform their practice, which we discuss next.

**Personal trauma informs practitioners.** Another unanticipated discovery from our study is that participants frequently cite their own traumatic experiences as a major source of information about trauma. We are surprised that the majority of participants describe their own process of personal trauma recovery, how they learned from it, and how it influences their practice with clients who are trauma survivors. While we suspected that participants may have learned about trauma from sources other than formal energy healing training, we are surprised to find the high degree to which their personal trauma histories inform their understanding. A probable explanation for this could be that without a structured method for learning about trauma, practitioners depend on their empathic and intuitive skills, which typically characterize the work of energy healers (Anselme et al., 2010b; Brennan, 1988). Another reason we found
personal trauma experiences inform participants’ understanding of trauma may be that practitioners who have experienced trauma were more likely to respond to our recruitment requests. Since childhood trauma may increase one’s ability to understand the emotional states of others (Greenberg, Baron-Cohen, Rosenberg, Fonagy & Rentfrow, 2018), perhaps practitioners who have personal understanding are also able to verbalize about their work with survivors. Given that tendency, it follows that energy healers would draw on knowledge gleaned from their personal histories when working with trauma survivors. Regardless of the reason, this finding is important because if practitioners base their knowledge of trauma solely in their own experience, they may not be fully aware of all types of trauma and the various ways it can manifest as symptoms. As a result, trauma may go unrecognized and clients may not receive appropriate interventions. The healing journeys undertaken by many practitioners in response to their own traumatic histories are similar to the concepts of self-care and self-awareness. In the next section, we discuss unexpected findings related to these concepts.

**Practitioner self-care and self-awareness.** Energy healing literature acknowledges the importance of self-care and self-awareness (Brennan, 1988; Hover-Kramer, 2009; Kunz & Krieger, 2004), however it was not a targeted topic by our interview questions. We are surprised that although we did not inquire about self-care or self-awareness as part of our study, results show these concepts specifically influence participants’ work with trauma survivors. Several participants emphasize their own self-care is particularly important after interacting with clients who have a history of trauma. One reason for this could be that due to the highly charged emotional content of traumatic experiences it is more likely that connecting with a client’s energy field may affect practitioners. This is important due to the phenomenon of secondary trauma. Secondary trauma occurs when helping professionals exhibit symptoms of trauma due to
indirectly encountering clients’ traumatic experiences (NCTSN, 2019, para.1) by listening to their stories or, in the case of energy healing, connecting with traumatic memories that may be held in clients’ energy fields. As one participant notes, self-care is critical for practitioners due to the risk of developing secondary trauma when working with trauma survivors.

In addition to self-care, we are surprised that many participants commented on self-awareness and its influence on their work with trauma survivors, even though we did not ask about self-awareness in the interview questions. For example, one participant describes how a practitioner's energy field can have a healing effect on a client’s energy field when the practitioner is aware of energy dynamics and regulates his or her own field appropriately. In instances of trauma, the same participant articulates how activating one’s own root chakra and holding a conscious intention to be fully grounded and present can create a sense of safety for the client. The same practitioner also points out the reason for this is harmonic induction, which involves the fields talking to each other and the vibration of one energy field entraining another. A reason for this unexpected finding could be that practitioners receive specific training on the concepts of harmonic induction and the dynamics between two human energy fields (Anselme, Kagel, & O’Neill, 2010a; Brennan, 1988; Day, Gordon, Hutchison, Kagel, Turner, & Hovland, 2011), and therefore regularly incorporate these concepts into their practice.

Findings from our study also show some practitioners point out how energy healing sessions may trigger their own trauma-related issues. Participants state this is important because if practitioners are unaware of the trigger or are unable to manage their internal response to it, the practitioner’s trauma-related issues may negatively affect how they interact with clients and the quality of the energy healing session. A reason for this unexpected finding may be that participants received instruction about self-awareness in their training. Although not directly tied
to working with trauma, energy healing guidebooks encourage practitioners to develop self-awareness during healing sessions and describe how emotional or mental “interferences” or “obstructions” within a practitioner can adversely affect the flow of energy (Hover-Kramer, 2011, p. 75; Kunz & Krieger, 2004, p. 102). Even though we did not ask questions about self-awareness, perhaps practitioners have learned through personal experience that it is particularly important in working with survivors of trauma. Next, we discuss perspectives on clients’ traumatic re-experiencing and release of trauma during energy healing sessions.

**Perspectives on re-experiencing.** Another unexpected finding is a difference in viewpoints of re-experiencing trauma from the perspective of trauma experts and a trauma-informed approach and from the perspective of energy healers.

Some practitioners in our study say clients re-experience and release trauma during sessions which sometimes include flashbacks, crying, screaming out, body shakes, and uncontrollable sobbing. From the perspective of the practitioner, clients verbalize the experiences as letting go of things and not as negative experiences. Some participants say clients do not re-experience trauma, but then also describe actions and behaviors that suggest re-experiencing is what takes place. The terminology of *re-experiencing* may have different meanings for trauma experts and even within energy healers as a group, explaining discrepancy in descriptions and perspectives.

The literature suggests re-experiencing trauma is not recommended until after individuals learn to cope with feeling overwhelmed by sensations and emotions from past experiences (van der Kolk, 2014) and the fourth assumption from the trauma-informed perspective suggests service providers should *Actively seek to resist re-traumatization* (SAMHSA, 2014). Either by recommendation from a therapist or seeking it on their own, perhaps clients frequently come for
energy healing once they are ready, since bodywork is suggested by van der Kolk (2014) for releasing feelings held in the body and letting go of tension. However, there are also situations practitioners describe where clients were not ready to heal, and everything happens in divine timing. Could this potentially mean clients were not ready for releasing trauma and through the energy healing session, some level of re-experiencing/re-traumatization occurred? Does responsibility lie with the energy healer to decide if a client is ready? As practitioners note they are always working for the clients highest good, so should a practitioner accept some responsibility for assessing the appropriateness of energy healing? This is an area for more conversation, as clients are showing up to energy healing sessions and bringing trauma with them.

One trauma expert (Levine, 2010) describes his own, as well as a client’s experience of healthy releasing of trauma, “The shaking and trembling, occurring in the warm and reassuring presence of a reliable other person, and allowed to continue to completion, helped both of us to restore equilibrium and wholeness, and to be freed from trauma’s grip (p. 22).” This description does not sound re-traumatizing and sounds similar to the perspectives shared by some practitioners. However, Levine (1997) also says, “This process needs to occur gradually rather than abruptly,” (p. 111) and “The key I found was being able to work in a gradual, gentle (emphasis added) way with the powerful energies bound in the trauma symptoms,” (p. 111). Again, this is an area for further exploration. Some questions to think about further are, 1) How does an energy healer know when it is an appropriate time for a client to engage in energy healing if they do have a trauma history, and 2) Is it necessary and what is the best way to assess for trauma history?
Because we know energy healing for trauma is happening and without sufficient research supporting efficacy of energy healing for healing trauma or knowing what happens during a physiological release during a session, energy healers becoming trauma informed could be a step in a more holistic healing direction. Next, we discuss another unexpected finding: energy healers’ eagerness for additional opportunities to expand knowledge about trauma and practice.

**Eager for opportunities.** Though we asked practitioners what supports would have been helpful in the past, what would be helpful now, and what else we should be asking energy healers, we did not expect that all participants would be so eager to learn more about trauma and practice, and consult and share ideas with other energy healers. All practitioners expressed that they would like more opportunities for engaging with other energy healers about how they work with survivors. After engaging in conversation about trauma and the term “trauma-informed” all practitioners expressed interest in learning more about trauma and most are interested in learning more about a trauma-informed approach. We acknowledge the enthusiasm could be attempts by the participants to tell us what they anticipated we wanted to hear. However, when asked to sign post-study follow-up forms, every practitioner indicated that they want us to contact them to participate in a gathering to hear the results of the study and discuss potential future actions for further development. This leads us to the next steps in our action research journey, discussed below.

**Next Steps in the Action Research Project**

Because action research is our chosen culture of inquiry, our intent is to share findings from this study with practitioners in the energy healing community to collaborate about next steps for this project. We plan to provide an opportunity for conversation among members of the
energy healing community to determine further actions to address the topic of trauma in the context of energy healing. In processing the results of our study, we identified two questions we want to bring forward in the follow-up conversation with energy healers. First, in response to the unexpected finding described above, we would like to ask, “What does ‘re-experiencing trauma’ and ‘re-traumatizing’ mean for practitioners and clients?” Secondly, we would like to ask, “How do individual energy healers define their scope of practice?” We feel this is an important question because responses from practitioners indicate they have varying perspectives on scope of practice, which we discuss in the next section.

While our results show energy healing practitioners know a lot about trauma, see it in practice and in many ways operate from a trauma-informed framework, they also show energy healers want more opportunities for learning about trauma and to consult with other practitioners about what practices are beneficial when working with trauma survivors. Therefore, the next step of this action research project is to bring the findings to energy healers and engage in discussion and problem solving. In the next section, we describe several other ways our research applies to the energy healing community as well as the broader holistic health community and further research.

**Implications**

In this section, we suggest several implications of our research. We begin by describing implications for the energy healing community, followed by those for holistic health. We conclude with implications for further research.

**Implications for the energy healing community.** In this section, we discuss implications of our findings for the energy healing community. We begin by considering scope of practice, followed by a discussion of the spiritual nature of energy healing. Next, we offer
ideas on supplemental training about trauma and the development of trauma-informed guidelines for energy healing practitioners.

*Scope of practice.* Our participants frequently refer to the emotional content and psychological aspects of working with trauma survivors as *outside my scope of practice.* Several of them clarify, *I’m not a psychologist,* and acknowledge it is not appropriate for them to engage in lengthy discussions of the details of clients’ traumatic experiences. However, given the empowering nature of energy healing, the trusting relationships that develop between clients and practitioners, as well as the importance practitioners place on *listening,* clients sometimes choose to disclose deeply held emotional or psychological issues related to trauma. Practitioners need to be able to recognize when client disclosures are outside their scope of practice and to respond appropriately by referring clients to mental health professionals. Further clarification of the scope of practice for energy healers and how to discern when a client’s needs are beyond the scope can assist practitioners in responding appropriately. For those types of energy healing which have governing bodies with established guidelines for scope of practice, such as Healing Touch (Healing Touch Program, 2013a & 2013b; Healing Touch International, 2000), Therapeutic Touch (Nurse Healers Professional Associates, 1991), and Brennan Healing Science (Barbara Brennan School of Healing, 2019b), practitioners may benefit from discussions of how to interpret their respective guidelines. Training manuals and recommended guidebooks for Healing Touch specifically recommend energy healing practitioners refer clients to psychologists or other mental health providers if emotions related to past trauma arise or if clients’ needs are beyond the practitioners’ scope of practice (Anselme, Kagel, & O’Neill, 2010; Gordon, Hutchison, Lockwood, Pointer, & Tovey, 2010; Hover-Kramer, 2011). We recognize, however, due to variations in types of energy healing there is no singular governing body that sets
standards for ethical practice among all practitioners. Therefore, questions remain as to whether there should be an overarching definition of scope of practice for all energy healers and, if so, who decides specifically what is or is not within the scope of practice. We also recognize that defining the role of an energy healing practitioner is not always clear given the spiritual nature of energy healing. Next, we consider this spiritual nature of energy healing in relation to practitioner responsibility to act on behalf of the best possible outcomes for clients.

**Spirituality and practitioner responsibility.** The literature on energy healing references energy as a spiritual force related to an “inner self” (Kunz & Krieger, 2004, p. 17) or a “Higher Power” (Hover-Kramer, 2009, p. 54) and that “practitioners trust in the natural unfolding of the healing process to occur in the right time and space” (Mentgen, Hutchison, Geoffrey & Moll, 2013, p. 152). In several established types of energy healing, the concepts and techniques used by energy healers are passed down to them by teachers who trace their knowledge back to its founders. These founders often learned energy healing through spiritual experiences and the energy healing community considers their concepts and techniques as sacred or divinely inspired (Joy, 1979; Kunz & Krieger, 2004; Quest, 2009). Given the spiritual nature of the work, the extent to which a practitioner’s words or actions affect the outcome of an energy healing session is not easy to determine. In our study, participants describe a few examples when clients experience distress or emotional disturbance related to past traumas during energy healing sessions. Though these instances may be uncommon, and the exact cause of such distress is unknown, practitioners are responsible to respond to it in ways that promote the best possible outcome for the client. It is our opinion that the practitioner’s response can influence aspects of the outcome to varying degrees within the broader context of each client’s spiritual unfolding and personal journey of healing. Therefore, it is important for practitioners to be aware of the
trauma-informed approach, to consciously apply its principles to their work with clients, and to integrate it with the spirituality of energy healing. As a result, we anticipate that in order to successfully integrate the trauma-informed approach, practitioners will need specialized support and guidance that honors the spiritual basis of energy healing and also provides options to modify concepts or techniques in light of the trauma-informed approach based on information put forth by the mainstream mental health community. This brings us to another implication from our study, which is the need for additional training and the development of guidelines for practicing energy healing in a trauma-informed way.

**Supplemental training for energy healing practitioners.** In the past two decades, scientists discovered new links between neurobiology and trauma (Cross, Fani, Powers, & Bradley, 2017; Levine, 2010; Porges, 2001; Ringel, 2012; van der Kolk, 2014) and the mainstream mental health community created the trauma-informed principles and assumptions (SAMHSA, 2014). This knowledge was not available when founders of most types of energy healing developed their concepts, techniques, and practitioner trainings. Education about trauma designed specifically for energy healing practitioners that supplements previously established energy healing trainings would allow practitioners to expand their knowledge and skills in working with trauma survivors while maintaining the original intentions of founders.

We suggest supplemental training cover topics put forth by participants as areas for further learning. These include information about trauma and a trauma-informed approach, as well as guidelines for talking with and responding to trauma survivors. Several participants in our study say they do not feel comfortable or lack confidence in using some energy healing techniques because clients may share highly emotional content or memories of trauma. In light
of these results, we recommend supplemental training also include discussion of energy healing techniques that tend to elicit strong emotions or traumatic memories.

For example, techniques in Healing Touch known as Chakra Connection with Body Centered Interview and Body Memory Interview with Chakra Connection ask clients to remember and verbally describe past traumas related to specific body parts as the practitioner directs energy into the body (Anselme et al., 2010; Gordon et al., 2010; Mentgen & Hutchison, 2018). A potentially adverse effect could be that clients may feel re-traumatized by discussing traumatic memories during an energy healing session and by “reliving the experience without adequate support” (SAMHSA, 2014b, p.127). Although practitioners hold an intention for the highest good, bear witness, build trust, and incorporate empathy and listening skills when working with clients, they may not have skills to adequately respond to clients’ mental health needs related to traumatic memories, as discussed in the above section on scope of practice. Unless energy healing practitioners simultaneously hold licenses as mental health practitioners, in-depth discussions of clients’ traumatic experiences could be outside their scope, depending on the definition of scope of practice. Therefore, to avoid re-traumatization in clients and prevent secondary trauma in practitioners, we recommend supplemental training addresses scope of practice for energy healing techniques related to trauma.

In addition, we encourage dialogue between members of the energy healing community and specialists in the trauma-informed approach to establish trauma-informed guidelines for energy healing practitioners that integrate the traditions and spirituality of energy healing with recent information from the mental health community. Such integration may assist practitioners in becoming more effective in working with trauma survivors. Next, we discuss broader implications of our study for the field of holistic health.
Implications for holistic health. From the literature it is clear trauma is prevalent (Gilbert et al., 2015) and the practitioners we interviewed tell us they see a lot of clients with trauma histories, whether the clients verbalize it or not. Trauma histories are another piece of the holistic puzzle; a part of people’s lives that can affect all other dimensions, physical, emotional, mental, and spiritual. Though we were not researching efficacy of energy work for healing from trauma, growing evidence supports energy healing as a path for healing from depression, anxiety, and chronic pain (Jain & Mills, 2010; Post-White et al., 2003; Meissner & Koch, 2015; Bowden, Goddard, & Gruzelier, 2011), all of which can be symptoms of trauma and practitioners are seeing clients for these particular issues. We know people are using holistic practices, over one million people used energy healing alone in 2012 (Clarke, Black, Stussman, Barnes, & Nahin, 2015). Our findings suggest energy healing and holistic health have an opportunity to make themselves even more relevant in the area of healing, by joining those in the traditional Western medical practices by acknowledging trauma histories and working with survivors accordingly. With additional information, energy healing practitioners using trauma-informed practices would acknowledge another dimension of the whole being. With the statistics as high as they are for traumatic events in people’s lives and the recommendation by trauma experts to include bodywork as part of trauma recovery, it may seem negligent to not place at least some awareness on trauma histories.

We suggest holistic practitioners welcome trauma histories as part of the whole person and subsequently recognize this part of a person as necessary for whole healing by becoming familiar with the trauma-informed assumptions and principles and then deciding whether or not they have the skills to work with clients once they know their histories.
Implications for further research. Since there have been no other research studies on our topic area that we are aware of, this project serves as a beginning point for further research. We identify three possible directions for future research including client perspectives on energy healing sessions, curriculum evaluation, and perspectives of energy healers who self-identify as working specifically with trauma. We asked practitioners for perspectives on trauma and working with it in practice, which included perspectives on outcomes. Future research should include client perspectives on healing from trauma: what was helpful about energy healing, and what could be or could have been better about their experiences. Practitioners in our study clearly identified trauma information as lacking in their original energy healing education, so another direction for research is the energy healing curriculum. The common perspective is that practitioners do not remember learning much about trauma in their training and an evaluative look at energy healing training materials could flush out what is actually there and more clearly identify the gaps. One additional direction for further research is to interview practitioners who self-identify as working specifically with trauma, which may yield different perspectives on education, outcomes, and recommendations. We now conclude this research study with a summary of the research and our final thoughts.

Conclusion

Through exploration of the literature and interviews with energy healing practitioners situated within the critical paradigm and driven by action research, we discovered in many ways energy healing practices parallel a trauma-informed perspective. Congruent with our own energy healing training, we found 11 of the 12 participants from the Twin Cities area learned little about trauma in their energy healing education. Consequently, they learned little about how to work with trauma in practice. Most importantly, we also found that all practitioners expressed interest
in learning more about trauma and a trauma-informed approach, as well as connecting with other practitioners about experiences with clients with traumatic pasts.

While the conversation about trauma has increased over the last decade, and the terms “trauma-informed” (SAMHSA, 2014) and “trauma-sensitive” have evolved, western medical and holistic health practitioners (Benjamin, 1991; Butehorn, 2015; Hayes, 2018; Holman, 2016; Liberation Acupuncture, 2015; Prashant, 2006; Price et al., 2017; Treleaven, 2018; West, Liang & Spinazzola, 2016) are beginning to explore what trauma-informed means and how it can potentially influence established practices. Western medicine (Green et al., 2016; Hall et al., 2016; McEvedy, 2017) has started adapting practices to fit within a trauma-informed framework and our research suggests energy healing is well on the way to fitting within the trauma-informed perspective as well.

Though researchers have not extensively explored the efficacy of energy healing for trauma, there is associated research (Bowden, Goddard, & Gruzelier, 2011; Jain & Mills, 2010; Meissner & Koch, 2015; Post-White et al., 2003) that is promising. In addition, trauma experts (Hart, 2010; Holman, 2016; Levine, 1997; Ogden, Pain, & Fisher, 2006; van der Kolk, 2014) recommend working with the body to resolve trauma and energy healers are seeing clients who have experienced trauma, so whether the quantity of research is adequate or not we think a trauma-informed approach could enhance energy healing practitioners’ work with trauma survivors and the client experience.
References


Benor, D., Rossiter-Thornton, J., & Toussaint, L. (2017). A randomized, controlled trial of Wholistic Hybrid derived from Eye Movement Desensitization and Reprocessing and


https://www.healingtouchprogram.com/content_assets/docs/current/Scope-of-Practice.pdf


https://link.springer.com/article/10.1007%2FBF00977235


doi:10.1016/j.sleh.2015.05.002


Appendix A

Recruitment Email Message

Hello __________.

I’m __________ and got your contact information from __________.

My research partner, __________, and I are pursuing Master of Arts degrees in Holistic Health Studies at St. Catherine University. For our thesis project, we’re doing a research study about energy healing and trauma. It includes conducting interviews with energy healing practitioners about their experiences with clients who may have a history of trauma.

Participation in the study would include an interview, reading a transcript of the interview, a follow-up phone call, as well as any needed communication with the researchers. We estimate a total time commitment of up to 4.25 hours.

Please let us know if you have questions or would like to participate. If you know other practitioners who may be interested, feel free to share this email and flyer with them!

Thanks for considering participation!
Allison/Dawn
For more details or to participate, please contact us:

traumaisformedeserghealing@gmail.com

About us:
Dawn Ebeling and Allison Runchey are research students from the Master of Arts in the Holistic Health Studies program at St. Catherine University.

Please share this invitation with anyone you think may be interested in participating!

A thank you gift of healing stones will be offered at the end of the interview.

What:
Invitation to participate in a research study about energy healers, trauma and practice. Participation includes an interview, verification of transcript, follow-up phone call, and communication with the researchers. The total estimated time commitment is up to 4.25 hours.

Where:
Your practice space. To comprehensively understand your practice and foster focus and presence during the interview, we prefer to meet in your practice space. Other arrangements are possible, such as a public library meeting room, for your convenience.

When:
January-March 2019

Eligibility:
2+ years energy healing experience, providing 6+ sessions on average per month in the Twin Cities area.

*We understand not all clients explicitly share trauma histories. However, clients may present with symptoms of trauma, including chronic pain, depression, anxiety, and addictions. Therefore, it is not necessary that you have a trauma-focused practice to participate in the study.
Appendix C

ST CATHERINE UNIVERSITY
Informed Consent for a Research Study

Study Title:
Interviews with Energy Healers: Understanding trauma knowledge and practice

Researcher(s):
Dawn Ebeling
B.S., M.S.W., L.I.C.S.W., Certified Yoga Instructor, 40-hr Intro to Trauma Sensitive Yoga, Level 2 Reiki Practitioner, Level 2 Healing Touch Practitioner

Allison Runchey
B.A., Healing Touch Certified Practitioner, Level 2 Reiki Practitioner

You are invited to participate in the research study Interviews with Energy Healers: Understanding trauma knowledge and practice. It is being done by Dawn Ebeling and Allison Runchey, graduate students in the Master of Arts in Holistic Health Studies program at St. Catherine University in St. Paul, MN. The faculty advisor for this study is Carol Giesler, PhD, Associate Professor in the Master of Arts in Holistic Health Studies program at St. Catherine University.

The purpose of this study is to describe energy healing practitioners’ trauma knowledge in their practice.

This study is important because we anticipate it will lead to

- Understanding what practitioners know about trauma and how their knowledge developed
- Understanding how practitioners’ knowledge of trauma influences their practice
- Identifying further education or resources to support practitioners’ work with trauma survivors

Approximately 10-12 people are expected to participate in this research. Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions before agreeing to be in the study.

Why have I been asked to be in this study?

You were identified as an energy healing practitioner with 2 or more years of experience, working with 6 or more clients per month in the Twin Cities area. Having a specific trauma-based practice is not necessary for participating in the study.

If I decide to participate, what will I be asked to do?

If you meet the criteria and agree to be in this study, you will be asked to do these things:

- Schedule a day, time, and location for an interview during January - March 2019. In an effort to understand your practice in a comprehensive way and foster a sense of presence and focus during the interview, we prefer to meet in your practice space. We can make other arrangements if needed such as a public library meeting room.
- Read the emailed informed consent form and agree to participate in the study.
Interview questions will be emailed ahead of the interview. It is optional to read the questions prior to the interview. Reading and preparing questions ahead of time is not necessary.

Review informed consent form and sign.

Participate in a 1.5 to 2 hour session that includes set up of recording equipment, individual interview, and packing up materials.

Read and review the transcript of the interview and note corrections. We anticipate this may take .5 to 1 hour.

Complete a follow-up phone call with one of the researchers 2-4 weeks after the interview to verify accuracy of the transcript and provide additional information if necessary. We anticipate this may take approximately .5 hours. Follow-up phone calls will be audio-recorded.

This study could take up to 3.5 hours for the interview, reading the transcript, and a follow-up phone call. Additional time of .75 hours may be needed to read email, consent form and communicate with researchers to schedule the interview and follow-up phone call, for a total of up to 4.25 hours.

What if I decide I don’t want to be in this study?

Participation in this study is completely voluntary. If you decide you do not want to participate, please feel free to say so, and do not sign this form. If you decide to participate in this study, but change your mind, you may withdraw up to the conclusion of the interview. Your decision to participate or not will have no negative or positive impact on your relationship with St. Catherine University, nor with any of the students or faculty involved in the research.

What are the risks (dangers or harms) to me if I am in this study?

This study has limited risks. Interview questions will focus on clinical experiences as an energy healing practitioner and answers may refer to trauma-related experiences with clients. Although the likelihood of emotional or psychological distress is low, you may feel uncomfortable or upset due to memories of clients’ traumatic histories, disturbing sessions with clients, or discussion of the topic of trauma.

If you experience emotional or psychological distress during the interview, please feel free to let us know and/or stop the interview right away. Researchers also have the option to stop the interview if, in their opinion, distress is observed as being potentially harmful. Mental health resources will be provided at the interview. If you experience any distress after completing the interview please utilize those resources. We also invite you to let us know about your distress, if you feel comfortable doing so, as we need to report any distress resulting from our research. Any health related costs will be your responsibility.

What are the benefits (good things) that may happen if I am in this study?

There are no direct benefits from participating in this study. Indirect benefits may include a sense of personal validation through sharing your experience as an energy healing practitioner.

Will I receive any compensation for participating in this study?

There is no compensation for participation in the study. If you choose to participate, you will be offered a small thank you gift of healing stones at the end of the interview.
What will you do with the information you get from me and how will you protect my privacy?

The information that you provide in this study will be recorded using a digital audio recorder and transcribed by the researchers or a transcriptionist. It will be coded, analyzed, and combined with or compared to other participants’ data to determine overall themes. The final results from the study will be published in an online repository, Sophia, at St. Catherine University. The results will also be presented on May 15, 2019 at the Master of Arts in Holistic Health Studies research night that is open to the public. In addition, results may be presented and/or published in other venues.

Your name will be removed from the data. Researchers will de-identify the data by assigning a code to your name. Your name and any identifiable data will be kept in a locked box. Audio files, written transcripts, and data analysis results will not be traceable to you. They will be saved in electronic files in a password protected online data storage system. Only the researchers, transcriptionist, and the research advisor will have access to the records while we work on this project. We will finish analyzing the data by May 2019. We will destroy all audio recordings and documents with identifying information by June 30, 2019. For participants who would like to be contacted after the study, the post-study contact form will be destroyed by December 31, 2019. De-identified information may be kept indefinitely.

Any information provided by you will be kept confidential, which means you will not be identified or identifiable in the written reports or publications. If it becomes useful to disclose any of your information, we will seek your permission and inform you of the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure; you will have the right to grant or deny permission for this to happen. If you do not grant permission, the information will remain confidential and will not be released.

Are there possible changes to the study once it gets started?

If during the course of this research study we learn about new findings that might influence your willingness to continue participating in the study, we will inform you of these findings.

Is there any follow-up after the conclusion of the study?

After the study concludes, the researchers may gather a group of energy healers to discuss the results of the study and collaboratively plan follow-up actions. At the end of the interview you will have the opportunity to sign a form indicating whether or not you prefer to be contacted about follow-up actions.

How can I get more information?

If you have questions, you can ask them before you sign this form. You can also feel free to contact the researchers, Dawn Ebeling or Allison Runchey, at traumainformedenergyhealing@gmail.com. If you have additional questions for the faculty advisor, please contact Carol Giesler, Ph.D., Associate Professor in the Master of Arts in Holistic Health Studies program, at 651-690-7789 or ccgieisler@stkat.edu. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.
Statement of Consent:

I consent to participate in the study and agree to be audio recorded during the interview and follow-up phone call.

My signature indicates that I have read this information and my questions have been answered. I also know that even after signing this form, I may withdraw from the study until the end of the interview.

____________________________________________________________________
Signature of Participant               Date

____________________________________________________________________
Signature of Researcher                Date
Appendix D

Interview Questions

Please Note: It is optional to read the questions prior to the interview. Reading the questions and/or preparing answers ahead of time is not necessary. We are sending you the questions for informational purposes only.

1. Describe your energy healing practice.

2. Describe your education related to energy healing and how that influences your current practice.

3. In your own words, how do you describe trauma?

4. Do you ask about trauma during an intake - either in person or on an intake form?

5. Sometimes people with traumatic histories experience agitation, flashbacks, or dissociation (zoned out or shut down, different than the usual “floaty/ ungrounded” feeling). Has this ever happened during a session or afterwards?

6. What, if anything, have you heard about trauma-informed care as an approach to working with people? (Another commonly used phrase is “trauma-sensitive”)

7. Is there anything that may help you feel more supported in working with survivors of trauma?

8. Is there anything else you would like to share? Or any other questions you think we should be asking other energy healing practitioners?
Appendix E

Interview Protocol

Date:
Interviewer:
Participant (Number):
Place (circle one): Practice Space OR Other
Years in Practice:
Average number of clients per month:

Pre-Interview:

☐ Prepare materials
  ☐ Interview schedule, Informed Consent, Mental health resources, recording devices, pens, notebook, thank you gift
  ☐ Check recording devices

☐ Arrive 10-15 min prior to interview

☐ Ground and center and set intention for the highest good

☐ Enter space and greet Interviewee

☐ Prepare 2 recording devices and test

☐ Go over informed consent, ask participant to share understanding of consent

☐ Have participant sign consent, give copy of consent

☐ Explain purpose and what we plan to do with the information.
  ☐ Our purpose is to gather information about the knowledge and practices of energy healing practitioners related to trauma. We will transcribe and analyze the data. We will identify themes and any gaps that exist where energy healers could use more support in working with trauma survivors.
  ☐ There are no right or wrong answers, just the interviewee’s experiences. We do not expect any prior specific knowledge of trauma
Express gratitude for involvement with the study

Turn on recording devices and begin interview:

1. Describe your energy healing practice.
   a. What modalities do you use?
   b. What are clients generally coming to you for/ how do you get your referrals?

2. Describe your education related to energy healing and how that influences your current practice.
   a. Was there anything specifically related to trauma in your training/education?
   b. Did you learn about trauma anywhere else?

3. In your own words, how do you describe trauma?
   a. What types of situations do you consider to be traumatic in nature?
   b. What do you consider to be symptoms of a traumatic experience?

4. Do you ask about trauma during an intake - either in person or on an intake form?
   a. If trauma history is not on an intake form or asked about in person, do you ever get a sense you are working with someone who experienced trauma?
   b. If so, what informs the sense you get?
   c. Of the clients you either know have experienced trauma or you get a sense that they have, do you work with them differently than other clients?
   d. Of those clients, can you describe your process for working with them?

5. Sometimes people with traumatic histories experience agitation, flashbacks, or dissociation (zoned out or shut down, different than the usual “floaty/ungrounded” feeling). Has this ever happened during a session or afterwards?
   a. Can you describe what happened?
   b. Has anyone reported distress or nightmares following a session? Can you describe what happened?
6. What, if anything, have you heard about trauma-informed care as an approach to working with people? (Another commonly used phrase is “trauma-sensitive”)

7. Is there anything that may help you feel more supported in working with survivors of trauma?

8. Is there anything else you would like to share? Are there any other questions you think we should be asking energy healing practitioners?

Post-Interview:

- Let the participant know that we have finished our questions and ask if they have anything further they would like to add
- Ask how participant is doing and if they are experiencing any psychological distress
- Give participant the mental health resources list
- Describe what happens next: transcription, participant review of the transcript and follow-up by phone to discuss corrections or follow-up comments
- Thank participant for their time and thoughts and give gift of appreciation
- Turn off recording devices
- Ask participant to sign Post-study Contact form
- Take a few minutes after leaving the participant to write down any observations or comments

Observations and comments:
Appendix F

Mental Health Resources

Mental Health Connect
Provides referrals to community-based mental health resources, support and education.
http://www.mhconnect.org
612-312-3377

Local Crisis Lines by County - Mental Health Minnesota
Find your local crisis line phone number by typing your county or zip code at www.mentalhealthmn.org. If you prefer text, contact Crisis Text by texting “MN” to 741741

National Suicide Prevention Lifeline and Veterans’ Crisis Line
Provides 24/7, free and confidential support for people in distress, as well as crisis resources and prevention.
1-800-273-8255 or text 838255

Mental and Chemical Health Services at Amherst H. Wilder Foundation
Community based clinic with professional staff trained in trauma-informed practices. Provides comprehensive mental health services.
https://www.wilder.org/what-we-offer/mental-chemical-health-services
651-280-2310

Hennepin County Community Outreach for Psychiatric Emergencies (COPE)
Offers support for adults in Hennepin County experiencing mental health emergencies, including phone assessment and face-to-face crisis response teams. COPE can also arrange for continued support for up to 30 days and make referrals to residential care.
612-596-1223

Ramsey County Urgent Care for Adult Mental Health
Provides in-person services for adults in Ramsey County experiencing a mental health or chemical health crisis. Walk-ins welcome.
402 University Avenue East, Saint Paul, Minnesota
Monday - Friday, 8:00 am - 5:30 pm
651-266-7900

United Way - First Call for Help
Provides 24/7 health and human services information and referrals.
https://www.211unitedway.org/
651-291-0211 or 1-800-543-7709
After the study concludes, the researchers may gather a group of energy healers to discuss the results of the study and collaboratively plan follow-up actions.

Would you like to be contacted by the researchers about a follow-up meeting? This does not mean you are committing to participate, just that you would like to be contacted at the time and given the option.

☐ Yes, please contact me about a follow-up meeting after the current study concludes. My consent to be contacted does not guarantee I will participate in the meeting. I will decide at the time of contact. Preferred method of contact:

(email/phone/mail) ________________________________

☐ No, thank you, I do not wish to be contacted after the conclusion of the study.

Name: ___________________________ Date: _____________
Appendix H

Follow-up Phone Call
Questions & Protocol

Date: 
Interviewer: 
Participant (Number):

Pre-phone call:

☐ Prepare materials
  ☐ Follow-up phone call sheet for taking notes, copy of transcript, recording devices, pens

☐ Set-up and check recording devices

☐ Ground and center and set intention for the highest good

Phone call:

☐ Call Interviewee

☐ Turn on recording devices

☐ Begin questions:
  1. Does the transcript appear to be accurate?
  2. Is there anything else you would like to add?
  3. Do you have any questions for me?

☐ Thank participant for taking the time to participate in the study
☐ Remind participant to contact us with any questions and that they are invited to attend research night on May 15, 2019

Post-phone call:

☐ If corrections are needed, researchers will transcribe the corrections from the phone call recording, and replace the inaccurate information in the original interview transcript
Appendix I

Confidentiality Agreement
Transcription Services

I, __________________________, transcriptionist, individually and on behalf of ___________________ [name of business or entity if applicable], do hereby agree to maintain full confidentiality in regards to any and all audiotapes, videotapes, and oral or written documentation received from Allison Runchey and Dawn Ebeling related to their research study titled *Interviews with Energy Healers: Understanding trauma knowledge and practice*. Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio-recordings, or in any associated documents;
2. To not disclose any information received for profit, gain, or otherwise;
3. To not make copies of any audiotapes, videotapes, or computerized files of the transcribed interview texts, unless specifically requested to do so by Allison Runchey and/or Dawn Ebeling;
4. To store all study-related audio-recordings, and materials in a safe, secure location as long as they are in my possession;
5. To return all audio-recordings, and study-related documents to Allison Runchey and/or Dawn Ebeling in a complete and timely manner.
6. To delete all electronic files containing study-related documents from my computer hard drive and any backup devices.

Please provide the following contact information for the transcriber and the researchers:

<table>
<thead>
<tr>
<th>Transcriber:</th>
<th>Researchers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Address(es):</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone(s):</td>
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</tbody>
</table>

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes, videotapes and/or paper files to which I will have access. I am further aware that if any breach of confidentiality occurs, I will be fully subject to the laws of the State of Minnesota.

Transcriber’s name__________________________
Transcriber’s signature ____________________________
Transcriber’s Name of Business and Title (if applicable) ____________________________
Date __________