

**Spirits of the Lesser Gods:
A Critical Examination of Reiki and Christ-centered Healing**

by

Rhonda J. McClenton

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ABSTRACT

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A Critical Examination of Reiki and Christ-Centered Healing

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Reiki is an emerging adjunctive therapy that claims to provide physical and psychological healing as well as an experience of spiritual connection. It is increasingly employed in counseling centers, hospitals, and even churches. Reiki is believed by many to be a safe, non-invasive healing intervention that draws individuals towards God. Reiki practitioners maintain that they imitate Jesus' laying on of hands and claim that their praxis is essentially the same as the healing used by Jesus as well as by Buddha.

An ethnographic multi-case study was performed comparing the experiences of nine individuals, four who received Reiki therapy and five who received Christ-based hands-on healing. The long interview format was employed. The transcribed data were coded and analyzed for similar and distinct themes. In addition, a brief survey was utilized to determine the spiritual interests and involvement of each participant and the spiritual consequences of their healing experiences.

The findings indicate that Reiki healing is distinct from that which is depicted in the Bible. Reiki appears to open up individuals to an "energy-based" healing modality that is spiritual in nature but is not specifically Christian. As reported by Reiki practitioners, it is a spirituality which welcomes shamanism, psychic healing, clairvoyance, spirit guides, and a host of other metaphysical practices as individuals become more intimately involved. In addition, the research demonstrates that Reiki therapy, over time, can cause physical, emotional, and spiritual harm. The writer contends that biblical healing, which at its core is soteriological and dependent upon the ministry of the Holy Spirit, heals mind, body, and spirit without harmful consequences.

Dedications/Acknowledgements

This work is dedicated to the Triune Godhead. May God's government reign on earth as it has been established in heaven.

It is also dedicated to the love of my life, my mom Pat McClenton who trained me up in the godly way I now go and to the memory of my father Ben McClenton who provided me with all I needed.

Heart-felt love and appreciation to my family and dear friends in the Body of Christ who interceded on my behalf.

Finally, I extend my gratitude to Trinity Theological Seminary who served as an incubator to birth this work.

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CHAPTER ONE

SPIRIT COUNSEL OF THE LESSER GODS

INTRODUCTION TO THE STUDY

Healing is a topic that has become increasingly important in society today. Walk into any bookstore, fitness center, mall, or medical facility, and one is certain to be inundated with information that espouses some form of healing for the mind, body, or the spirit.

Interestingly enough, in the West, that topic of healing has been specifically addressed in a church setting. Even in the context of the church, physical healing in particular has only been broached if the leadership of the church think that God is still working in that arena today. Many churches have concluded that the supernatural and miracles ceased with the Apostles and the main task of the church was to “save souls.” Bodily care was the domain of medicine. However, McGilvray (1966, 125) several decades ago offered a different perspective. He commented, “As Christians, it is imperative that we regain the Biblical view of man as a whole—a creation of God in mind, body and soul, who can never be separated into distinct parts, and who must be seen in terms of the redemption which awaits him.”

Over the past few decades, this inattentiveness concerning healing in the church, along with growing concern about escalating costs of healthcare, individuals’ desire for “natural and non-invasive” remedies, and a major shift from a Christ-centered worldview to a global worldview has helped to spawn a new paradigm surrounding the issues of healing and the identity of “healers.”

One need not look very far to discover that sick people have existed since the fall of man. Regardless of gender, social status, educational background or ethnicity, people with all levels of physical, emotional, or spiritual problems have filled the churches, hospitals, hospices, nursing homes, and mental institutions.

For many years, western society nurtured the love affair between science and the western model of medicine. The western model of medicine viewed sickness as some part of the body being diseased and in need of the appropriate medication or surgery. Thus, the task of the doctor was to fix the problem with a prescription. While this perception has continued to exist in some circles, discerning physicians and healthcare practitioners have had enough wisdom to realize that physical sickness is quite often precipitated by emotional (related to feelings), cognitive (related to the mind), or spiritual (related to religious aspects of one's belief system or faith) issues, and often the answer has not been a prescription drug. Sometimes, lifestyle changes have been necessary.

Moreover, often what had been classified as sickness has really been an illness, not a disease. Clarity on the terminology "illness" and "disease" as often used today was made by John Weldon and John Ankerberg (1996), who pointed out that "illness" was what individuals said that they felt or experienced regardless of medical validity whereas "disease," according to Merriam Webster's *Collegiate Dictionary*, "connotes the existence of a pathological process." While in Webster's and in medical dictionaries, the terms "disease" and "illness" were used synonymously, the word "pathology" had the connotation that there was a structural or functional deviation from what was perceived to be normal. Hence, disease was indicated.

In *Stedman's Medical Dictionary* (27th ed., s.v. "disease"), disease was defined as "(1) an interruption, cessation, or disorder of body functions, systems, or organs (2) a morbid entity characterized by at least these criteria: recognized etiologic agent(s), identifiable groups of signs and symptoms, or consistent anatomical alterations." Along similar lines, disease was identified as "a pathological condition of a body part, an organ, or a system resulting from various causes, such as infection, genetic defect, or environmental stress, and characterized by an identifiable group of signs or symptoms." In the context of this dissertation, several definitions have been advanced in keeping with those who used the term. For those who practiced Reiki, "illness" represented how one felt regardless of medical validity. In actual conversation with Reiki practitioners, "disease" carries the notion of pathology, a body part, organ, or system deviates structurally or functionally from what is considered normal according to medical standards. Thus, disease was manifested in the body, mind, or emotions. In Christ-based healing, illness and disease are used interchangeably and carry the notion of physical, mental, and spiritual/moral dysfunction. Support for this definition has been found in the New Testament Greek words *kakos*, *nosos*, *malakia*, and *arrostos*. Each correlated to physical sickness, weakness, illness, or disease. However, *astheneias* in Mt 8:17; Heb 7:28 not only referenced weaknesses or sicknesses of the body but also highlighted spiritual or moral weaknesses as it related to infirmities of the soul or *psyche*, the immaterial aspect of humankind which embodies the mind and will and is closely connected to the individual spirit or *pneuma*.

Often, in patient care when doctors have tried to distinguish between illness and disease, they have been cognizant of the, "placebo effect." Because an illness was highly

subjective and feeling-oriented, patients would invariably respond to any treatment they believed would work because the problem was often an emotional, psychological, or spiritual challenge that affected that person physically. Therefore, the alleged “placebo effect” took place in which a patient responded to any type of intervention regardless of its actual therapeutic effect.

In today’s climate where there has been criticism (Angell and Kassirer, 1998) due to an increasing dearth of coherent medical evidence or rigorous standards to validate claims, individuals with diverse lifestyles have emerged who now address themselves as healers of the mind, body, and the spirit. They have called themselves healers because they have been able to make people feel better by introducing them to alternative therapies. However, O’Mathuna and Larimore (2001, 22) have commented, “Most alternative therapies have little or no compelling clinical evidence to support their effectiveness or safety . . . the evidence that does exist is often ambiguous or based on seriously flawed studies . . . in some cases, the ‘proof’ is effective based on controversial interpretations of scientific theories . . . [or] anecdotal reports. . . .”

Throughout antiquity, many have assumed the appellation “healer.” Generally, these individuals have been deeply mystical or spiritual people who claimed power from God, nature, or some other force designated to bring about healing or a relief of symptoms to the troubled person. My task is not to cite all groups of people who now designate themselves as healers but to deal with one group in particular. This group is known as Reiki practitioners. They speak freely and candidly about their ability to shrink tumors, send cancers into remission, eradicate addictions, and reconnect dying patients to their spiritual selves.

Additionally, they have attempted to validate these claims by purporting that the method utilized, hands on healing or laying-on of hands, was the same method used by Jesus. Hence, schools and individuals skilled in the healing art of Reiki materialized to initiate the thousands who had the desire to heal themselves and others. The masses included nuns, priests, housewives, nurses, shamans, psychics, and New Age channelers. Their spiritual experiences have been as varied as their individual backgrounds.

While some had very clear ties to organized religion, others reported no religious affiliations and many boldly proclaimed allegiances to groups with strong occult and metaphysical underpinnings. I began to ponder how was it possible that a shaman (medicine man or woman) could allege to have the same power displayed by Jesus? How was it plausible that a Wiccan (witch), who deified nature, yet failed to recognize the patriarchal God of the Old Testament or the Lordship of the New Testament Christ, could claim access to the same healing power of biblical Jesus? Finally, how could a housewife who asserted no religious affiliations, but talked of being “spiritual,” provide hands on healing for people and still not have a relationship with either God or Jesus?

Obviously, someone has been presenting a major falsehood or a grand delusion. However, in defiance of some very apparent contradictions, the numbers of those giving or receiving Reiki have continued to explode. Miles and True (2003) in the article, “Reiki—Review of a Biofield Therapy History, Theory, Practice, and Research” reflected:

Although Reiki was first used in lay practice, it is increasingly used in a variety of medical settings including hospice care settings, emergency rooms, psychiatric settings, operating rooms, nursing homes, pediatric, rehabilitation, and family practice centers, obstetrics, gynecology, and neonatal care units, HIV/AIDS, and organ transplantation care units, and for a variety of medical conditions such as cancer, pain, autism/special needs, infertility, neurodegenerative disorders, and

fatigue syndromes. Reiki's popularity among lay population is evidenced by its mention in a wide variety of publications from the *New York Times*, and *Time*, to *Esquire* and *Town & Country*. (Miles and True, 65)

Despite Reiki's growing acceptance, the body of Christ for the most part has remained silent or ignorant about Reiki. The fact that many have suggested that they could heal as Jesus did should arouse the concern of the body of Christ, especially those Christians who maintain that faith healing is not for today. Ankerberg and Weldon (1991, 4) asserted, "Although awareness has grown, discernment among Christians has remained marginal in the area of healthcare practices which are at one level hostile to biblical teaching."

In order to elucidate the problems concerning Reiki, it was first necessary to address some of the initial literature that highlighted what opened the door for Reiki to enter the counseling arena, the medical field notwithstanding. Next, it was fundamental to discuss spirituality, healing, and the background surrounding Reiki. Finally, it was essential to examine carefully some of the trends and paradigm shifts that emerged to set the stage for its acceptance.

The Failure of Psychotherapy

Adams (1970, 17) in a seminal work, *Competent to Counsel*, highlighted the abysmal failure of Freudian psychoanalysis, which served as the basis for other forms of psychotherapy in which Freud "provided a philosophical and pseudoscientific rationale for irresponsible people to justify themselves." This was not to suggest that individuals who had problems did not experience levels of victimization, but the larger issue in the counseling was that humanity's greatest problem—sin—was left as a non-issue. While not necessarily dealing specifically with the issue of sin, Mowrer, Glasser, et al.

challenged the notion of irresponsibility and compelled counselees to assume responsibility for their behavior. While this proved to be effective, the sad consequence of Freudian and even Rogerian presuppositions was that those who had been given legitimate care of souls, whether they were pastors, elders, or Christian workers trained in God's Word, were taught to "defer" and "refer." This was especially true of those perceived to be mentally ill. It was Adams' assumption that biblically trained Christians were competent to handle many of the problems of the counselees. In some instances, there was the recognition that there were cases that required additional support but that were more in line with "conferring" with other competent Christian workers. The point that Adams sought to make was that individuals could be successfully counseled from the Bible. Scripture was sufficient.

Christian Counseling: The Contested Marriage of Psychology and Scripture

However, under the guise of Christian counseling, many Christian workers became enamored with combining the principles of Scripture with aspects of psychology. Chai (2003) in his skillful presentation addressing the need for biblical counseling in the East lamented about the "fruit" of the marriage. In reference to psychotherapy in general, he commented:

Most devastating was the degree to which the church had embraced Freud's pillar in an attempt to develop its own practical theology of Christian counseling. Theologians, pastors, and lay people over the last fifty years have eagerly "integrated" the "truths" of psychoanalysis, combining counseling psychology with the teachings of Scripture. This had resulted in a practice of counseling among Christian counselors that was not very different from the secular in either form or content. The outcome had been a false gospel that led counselees away from the authority and sufficiency of Scripture, away from the curative power of the indwelling Holy Spirit, and away from the only true source of redemption from "degenerate" lives. It moved people towards the oblivion of autonomy, hedonism, and endless introspection. For many, it helped to assure hell for eternity. (42-43)

As Chai chronicled the movement of psychotherapy, he noted its growth out of “atheistic naturalism” or “materialism,” which sought to find answers in science. In emphasizing the work of Antonio Damasio, M.D., an expert on the neurological problems common to brain-damaged individuals, Chai noted how Damasio hypothesized that human reason was subject to the “working in concert of several brain systems across many levels of neuronal organization. To him, that is the sole composition of human reason. . . . Feelings were . . . sensors . . . of the fit between a person . . . and [the] environment” (43). The significance of this thought process was that “. . . Damasio believed there was no duality. Mind was body” (43). Humankind’s problems situated in human reasoning or emotion would eventually be solved by science. Moreover, Francis Crick, a biochemist credited with being one of the co-discoverers of the structure of DNA implied that eventually through physics, the human mind would be explained. One major assertion that he made that served as the position held by the scientific community was “reality was monistic” (44). Everything was invariably connected. This was a major principle advanced in Reiki.

The thought that problems could be resolved through science was the mooring of the pseudoscience of psychotherapy. Chai offered that the most elemental foundation of what has been called “insight-oriented” psychotherapy was traceable to Gnosticism and Pelagianism. Pelagius, a fourth century British monk and theologian, denied the Augustinian principles of predestination and the total depravity of man. Gnosticism “was a theological system that asserts that ‘over and above the simple Gospel, which all the ordinary spirits can understand, there was a secret higher knowledge reserved for the elite’” (49). In Gnosticism, “The help of an elite [therapist] could kindle the divine

presence in each human. Individuals could raise themselves from their lower self to a higher self” (56). These two heresies were advanced through psychotherapy often facilitated by Christian counselors.

Thus, the therapist became a type of “therapist-redeemer.” Chai recognized, “From the earliest days of the church, there had existed a tendency to follow unbelievers in placing more emphasis on human knowledge and human endeavor than revealed knowledge” (50). In psychotherapy, he observed the consequences:

Participants focused on themselves, their own ‘stories’ and their feelings. The therapy was directed towards self-validation, self-actualization, self-development, and self-cure. The therapist affirmed, accepted, clarified, and encouraged the client towards self-understanding and the achievement of a better, more effective, more independent ‘higher self,’ with the expected state of pleasure, devoid of guilt and shame. Man is believed to be born with a ‘clean slate,’ a ‘spark of the divine,’ a ‘natural predisposition towards love and goodness.’ . . . Step by step, clients must resolve ‘conflict’ within themselves as they moved to higher levels of awareness and mastery. New skills must be acquired, traumatic experiences from the past must be resurrected, re-experienced, relived, sometimes re-remembered and worked through.’ The therapist assisted in this quest by drawing from a well of supposedly scientific and certainly secret wisdom. (50)

The fallacious vow of psychotherapy was that insight gained in therapy could address the “why” of emotional and mental problems; however, Chai maintained that while “insight” was alleged to have a therapeutic effect, the term was never sufficiently defined. The challenge with any of the insight gained was that it was devoid of the truth of the Bible and the truth of humanity’s innate sinfulness. He offered words of caution.

Christians should not be confused or misled on these issues. Scripture clearly taught the doctrine of original sin. To deny this fundamental understanding of human nature was to deny who God was and what Jesus did on the cross. It was to deny the Messiah, His identity and purpose. If we were only victims and not sinners, then we did not need a Savior. If we were originally innocent . . . and if we could do good without God, then we could eventually become God. (49)

Care of Souls

What has happened over the past few years has been the advancement of the practice called Reiki. On the surface, it has been advanced as a non-invasive hands-on healing intervention that has been offered in a variety of medical settings—the same method used by Jesus—similar to a form of prayer. Ostensibly, Reiki appears to have less to do with counseling and more to do with physical healing. But under scrutiny, it is clear that, while physical healing is the carrot, the larger aim is very much in keeping with the goals of psychotherapy, care of souls—a goal abdicated by some in Christian and pastoral counseling to psychology. Again, the wisdom of Chai was self-evident.

When the church allowed insight oriented psychotherapy to be ‘integrated’ into the fabric of its caring for souls, it laid the foundation for the outcome before us. What formally had been pastoral care became . . . Christian counseling. What was once a church-based caring for souls with pastors and elders ministering to the troubled flock became a professional cadre of Christian psychologists and counselors. Psychotherapy was eagerly accepted by a culture of people eagerly looking for causes outside of themselves for problems that ultimately reside within ourselves. Where was the church in all of these? The church was paying price for its syncretistic attraction to modernity, relativism, psychology, and pragmatism. (68)

The Heavy Price

The price paid was a heavy one indeed, even if there was no recognition of the crisis at hand; ignorance was not bliss. While biblical counselors recognized that psychotherapy did not work, some in secular society drew a similar conclusion, especially in dealing with mental health issues. One of the most pressing problems of our time in the field of mental health is depression. Shore (2004, 43) noted, “According to research, conventional treatment of clinical depression remains less than optimal.” The American Psychiatric Association has indicated that depression is associated with a

higher death rate, on-going medical problems, “decreased physical, social, and role functioning,” and more acute pain in physical illness. “Physical depression is reported in up to 25% of women and 12% of men” (43). Reasons given for depression included “biological and genetic factors, interpersonal and environmental factors, developmental history, and social-cognitive variables.” What was noteworthy was Shore’s recognition that “factors addressing spirituality are not widely discussed” (43). Her solution was energetic or spiritual healing found in Reiki. She offered that Reiki and other energy modalities were “a frontier topic now coming of age. . . . Energy healing is now beginning to be used by . . . psychotherapists . . . as complements to traditional interventions” (43). Shore et al. noted, “Research demonstrates that spiritual or religious experiences are positively related to physical health . . . [and is effective] in relief of . . . depression, self-reported anxiety” (43). She also offered, in citing Benor (1990), that a variety of studies demonstrated that “human concerns such as worry and doubt may regress under energetic healing treatments” (43). A major thrust of her argument was that the psychological and spiritual realms of individual were largely ignored by the biomedical model. Thus, other alternatives were sought; Reiki was one such alternative.

Trieschmann (2001), a clinical psychologist with 34 years in the field, noted the despair she felt that she was unable to offer compassionate care. She recognized that spiritual and religious values had eroded in client care. They were “replaced by what she termed the ‘new religion of science,’ a religion which preached the dogma of objectivity . . . and promised salvation through technology and rationalism . . .” (27). Depressed and angry, her response was to leave the institutionalized setting of psychology and find solace in private practice. She felt that it was the only means to “express my true Self,