



Creating a Reiki Share in a Medical Center

BY MARSHA R DROZDOFF, ACSW, LCSW

I AM A CLINICAL SOCIAL WORKER, primarily working in oncology, who never planned on teaching Reiki or starting a Reiki Share. My journey, like many of yours, began with my own healing crises. In 1997 I experienced progressive neurological difficulties as well as a rotator cuff tear that would not heal. I felt as if I was losing one neurological function after another and was living with despair, pain and a lack of hope. After two years of trying many interventions without any success, I met with an integrative medicine physician who had experienced Reiki and believed that energy medicine would make a difference—it wound up saving my life!

women with breast cancer. My inner voice surprisingly stated that one class funded by this grant needed to be taught in Spanish, even though I am not bilingual. There was quite an internal process arguing that as a new Reiki Master Teacher it made no sense to do this. Needless to say, Spirit won out.

As part of the grant process, an applicant needed to state how the work or funding would be continued after the grant ran out. Since I had been facilitating educational support groups in oncology since the start of my professional career, I decided that it made sense to create a monthly Reiki Share in our center for participants who were at a minimum trained in Reiki Level I.

movement of chairs as well as for the future growth of this program. One of our auditoriums seemed like the best choice.

When one is creating a program in a medical center, it is important for it to become part of the “culture” of the institution to insure its sustainability and administrative support. I therefore made certain that there was a link on the center’s website for Reiki and any future Reiki-related activities that I was involved in. This is also a plus for the institution because it is seen by patients, families, staff and the community as a more comprehensive treatment center. I currently also put the group information on our Cancer Center monthly cal-

I have been blessed, as a 30 year employee at our medical center, to have had the opportunity to create this impactful Reiki Share and out-patient Reiki program. If you aren't employed at a medical center, but have a desire to create a program that engenders much value, first initiate your own Reiki practice that is full of integrity and passion.

I took my first Reiki class in August 1999 and as I began to improve on all levels, it became ethically impossible not to introduce Reiki into oncology care in our medical center, especially in radiation oncology. During this time, I continued receiving Reiki sessions from my practitioner, doing self Reiki daily and progressing through my Reiki training. While still completing a mentoring program to become a Reiki Master Teacher, I began to explore what types of Reiki classes I would like to teach. Like a floodgate opening up, Spirit kept presenting me with one option after another, including applying for a grant to teach Reiki Level 1 for stress reduction and relaxation to minority and non-minority

There were many questions to be addressed before starting this new program. I needed to define who the Reiki Share was for, where and when it would be held, how it would be advertised and of course what would be the content and flow for this Reiki Share. Many community Reiki Shares can be quite large. This was not the intention for this group. I determined that this would initially be for patients and family members who had completed Reiki training through the grant. Since room space can be quite limited in a medical center, I chose a day of the month and a time when there was less chance of getting bumped to a smaller location. I wanted to have lots of room to accommodate the

endar as well as post flyers around the out-patient oncology clinics inviting others, as long as they have received at least a prior Reiki Level I training. I also send out a monthly email reminder to everyone who took the Reiki training through the 2005 and 2006 years’ grants.

In creating a Reiki share, there is little equipment needed. Some blankets are useful (since hospital environments can be quite chilly) as well as small pillows for comfort. I use a boom box and CDs for music to both welcome individuals into the room and for use during our sessions. The only other items needed are a box of tissues, cups for water and a pad and pen for signing in and for contact information.

Our Reiki share meets the third Wednesday of the month from 11:30–1:00. This timing also allows those who work to come for at least an hour during their lunch break. I am never focused on the size of the group and am as comfortable with three individuals as the possibility of 12. There are at least four goals for each monthly session: for me to continue teaching the participants about the ways to use their Reiki practice, to address challenges and issues that may interfere with one's practice, to provide opportunities for the individuals to inspire each other by sharing their own experiences and to provide opportunities for the participants to both give and receive a Reiki session while being supervised by me as a Reiki Master Teacher.

Some of the topics that we have discussed during the first half hour of the group sessions have been: the use of meditation to enhance one's Reiki practice, Reiki and self-care, creating healthy boundaries, communicating with clients and loved ones, working on different populations, ethical challenges, Reiki during the holidays, Reiki and end of life care and using Reiki to work on one's hands and feet. Individuals are also free to bring in any topic that they want to address. There is much richness in this sharing.

During the next hour, 12:00–1:00, participants choose a partner to work with. They decide who will go first, do their energy clearing, and briefly assess whether there are any special needs that the recipient has.

The session goes for 15–20 minutes. Although individuals are very excited after their sessions and want to share in dyads, this is discouraged so that everyone can hear the feedback from both the giver and receiver. As the RMT and facilitator I use what I hear and observe as teaching opportunities. The delightful part is to see my students grow in their confidence and ability.

Another beautiful aspect of having a Reiki Share is that there is the availability of group support if someone is having a particular challenge, such as a health issue, family stress or loss. When one of our older participants, who is now 82 and has been doing Reiki since her breast cancer diagnosis 10 years ago, had her husband in ICU for four months, many members of the group worked on her, helping to infuse her life with vital life force energy; the group was also tremendously supportive during future Reiki Shares following the death of her beloved spouse.

Building a Reiki community through a Reiki Share at a medical center can be invaluable in creating strong out-patient Reiki programs. I have been asked to participate with my students and Reiki colleagues in hospital wellness and benefits fairs providing Reiki for staff, at staff appreciation events, at presentations on Reiki to physicians and at *Touch of Reiki* programs, giving staff an opportunity to get 20 minute Reiki sessions to support their wellness.

I have been blessed, as a 30 year employee at our medical center, to have had the opportunity to create this impact-

ful Reiki Share and out-patient Reiki program. If you aren't employed at a medical center, but have a desire to create a program that engenders much value, first initiate your own Reiki practice that is full of integrity and passion. Put together a resume' that contains your Reiki training, and any Reiki volunteer activities that you have been involved in. Bring at least two or three references from an agency or program that you have provided Reiki to—if you don't have this, I encourage you to get involved in your community and build up your Reiki experience and reputation. Once you feel ready, meet with the director of volunteers in your community medical center, a clinic or agency and explore how you can go forward in your desire to create a Reiki Share. If you are a Reiki Master Teacher, you may consider offering to teach a few Reiki classes there before starting up a Reiki Share. Even though I do not charge for Reiki classes that I teach in the medical center, there is an energy exchange and participants can make a donation to one of our patient assistance funds. You can decide whether you want to charge a fee for your classes at the agency or not.

Creating a Reiki share in a medical center can be a very joyful and rewarding part of your own Reiki journey!



—Marsha can be contacted by email at marsha.drozdoiff@uahealth.com or by phone at 520.694.4605.