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CHAPTER 17

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CASE DESCRIPTION

Rosa was a 9-year-old girl who was being interviewed as part of a pre-adoptive evaluation. Her mother, Maria, was an IV-drug user who had died of AIDS. In the past four years, Rosa had gone in and out of foster care as her mom struggled first with addiction and then with both addiction and illness. Maria would emerge from rehab clean and sober, regain custody of her daughter, try hard to be a good mother, gradually fall into substance abuse, lose custody, return to the street, and eventually reenter rehab. Rosa was conceived out of wedlock and Maria had never identified Rosa's biological father.

A great source of stability in Rosa's life was her godmother, Carla, and her husband, Manny. They had been her foster parents and now planned to legally adopt her. Even when Rosa had returned to live with Maria, Carla and Manny always played a significant role in Rosa's life, supporting her emotionally and even financially. During the evaluation interview, the counselor asked Rosa where her mother was. Rosa replied that her mother was now a ghost. The counselor asked how one became a ghost. Rosa explained that if a person was very bad, that person went to hell, burned up, and became a skeleton. If the person was very good, she went to heaven and received angel wings. If the person was in between, she became a ghost. Further queried, Rosa indicated that ghosts had a second chance to be good or bad. Good ghosts would go to heaven, while bad ghosts would be sent to hell. The counselor recognized in Rosa's discussion her ambivalence toward her mother.
KENNETH J. DOKA

ANALYSIS

A significant issue for bereaved individuals is dealing with the complicated emotions generated by the loss (Worden, 2009). While some degree of ambivalence exists in most close relationships, intensely ambivalent relationships are often a complicating factor in grief (Rando, 1993; Worden, 2009).

Rosa's attachment to her mother was ambivalent. From early childhood, depending on where Maria was in her substance abuse cycle, she could be available or unavailable to Rosa. Maria would always emerge from rehab proudly claiming that her love for Rosa was the reason for her successful release, and affirming that she loved Rosa more than drugs. Yet, as Maria relapsed into substance abuse, Rosa could only conclude that drugs were her mother's first love. Moreover, while Maria was never violent toward Rosa, she would become neglectful once she relapsed.

Rosa's relationship with her foster family was far less complicated. Carla and Manny were attentive, concerned parents who always provided food, shelter, and emotional support. Their son, Ben, was a decade older than Carla. An only child, he doted on his "little sister." Rosa's only ambivalence to her foster and later, adoptive, family was the fact that she lacked some of the freedom she had at home. The family had strict rules governing school, bedtime, and other matters, and it was a much more structured environment than Rosa had at her mother's home. Yet, when Rosa did live with Maria, she missed the structure and found that she sometimes tried to impose it on herself.

Rosa's happiness with her foster family also contributed to her ambivalence. She wished for her mother's recovery but always dreaded being returned to her care. The fact that she wanted to stay at Carla and Manny's house made her feel guilty and disloyal. These feelings were exacerbated when Rosa learned that Maria had a life-threatening illness. As much as Rosa wished and prayed for her mother's health, she felt deeply comforted that she would now live permanently with Carla and Manny. This feeling not only aroused guilt but also anger, as Rosa struggled with the fact that her mother's drug use was the factor that caused her mother to "abandon her" (in her mind) to her foster family. To Rosa, if she preferred them to her own mother, Maria had only her substance abuse to blame.

Rosa found it difficult to address her ambivalent feelings even within her foster home. Carla had been close to Maria prior to her
substance abuse difficulties. Carla also felt ambivalent. She deeply loved Rosa and Maria, and while she wanted to adopt Rosa, she also hoped Maria would transcend her problems. Carla discouraged any negative words about Maria, even from Rosa. When Maria was alive, Carla would describe her as ill and troubled and urged Rosa to pray for her mother’s full recovery. After Maria’s death, Carla would entreat Rosa to focus on the good memories.

**GOALS OF COUNSELING**

In counseling Rosa, it became clear that her ambivalence to her mother would be a major factor complicating her grief. The goal of counseling is to assist Rosa in resolving this ambivalence to help her move forward in her grief journey.

**INTERVENTION STRATEGY**

Rosa’s counselor began by exploring her relationship with her mother. Sometimes the counselor used expressive therapeutic approaches, particularly art and play therapy. However, Rosa was a bright, verbal child, with a long experience in foster care of speaking with social workers and counselors, so she was far more open to talk therapy than many young children might be.

The counselor began to focus specifically on her ambivalence, asking Rosa questions such as: *What did you like about your mother? What did you dislike about her? What do you miss about your mom? What do you not miss? What did you like about living with your mom? What did you dislike?* Such questions are often effective with ambivalent relationships as they allow the client to first affirm positive feelings and memories as well as engaging more negative responses. In addition, the counselor worked with Carla and Manny to allow, model, and encourage Rosa to express her ambivalent feelings.

With these questions, Rosa was able to normalize her own sense of ambivalence, aided by Carla’s sharing of her own ambivalent feelings. Rosa also recognized her mother’s ambivalence about Rosa’s relationship with Carla, Manny, and Ben. Rosa realized how hard it must have been for Maria to see other people raise her child, even as she was comforted by the fact that she was being raised by loving and caring friends. Rosa could even express gratitude for what she recognized as a sacrifice by her mother.

As Rosa worked with her ambivalent feelings, the counselor understood that Rosa believed that it was time to find a way to allow
her to forgive her mother. The counselor invited Rosa to plan a ritual to mark Maria's entry into heaven.

Rosa decided to cut out a full-length photograph of her mother and attach angel wings made of a doily. Since Maria had had such a chaotic lifestyle, there were few photographs available, but eventually Carla found a photo that could be used. When asked what was to be done with the photograph once the wings were attached, Rosa decided it should be burned so it would drift into heaven and Maria would receive it as a “welcome to heaven” gift.

CONCLUSIONS AND REFLECTIONS

As Rosa’s story demonstrates, rituals can be an extremely powerful therapeutic tool in grief counseling. For example, research has indicated that funeral rituals can be highly therapeutic (Bolton & Camp, 1987, 1989; Doka, 1984; Gross & Klass, 1997; Rando, 1984; Reeves & Boersma, 1990). Funerals can offer meaningful activity at a chaotic time; provide opportunities to express and share memories and feelings; allow social support to be offered and received; and interpret spiritual beliefs about the loss. This value can be enhanced when funerals are participatory and personalized.

Gennep (1960) described the power of rituals in that they are liminal; they are transitional events that occur on the threshold between consciousness and unconsciousness. It is not unusual that during the course of a ritual, unconscious reactions can occur. Think, for example, of participating in a ritual and suddenly, without conscious reflection, experiencing goosebumps or tears. This liminality is evident in the ritual that Rosa designed. Even though Rosa has forgiven her mother and perceived her in heaven, her mother still had to “burn” in a purging fire that allowed her entry to heaven.

In discussing therapeutic ritual, Doka (2008) described four different types of rituals that can be used in grief counseling. Rosa participated in a ritual of reconciliation, a ritual designed to accept or offer forgiveness. Rituals of affirmation are designed to celebrate a legacy, to thank someone for the role that he or she had played in one's life. For example, a group home for adults with developmental disabilities designed a ritual called the Golden Circle. In this ritual, after a resident had died, the remaining residents would form a circle. Each person—both staff and residents—would simply acknowledge an attribute that they admired about the deceased individual.
Other rituals can be *rituals of transition*. A ritual of transition marks movement on an individual's journey with grief. Jason, a teenage boy, struggled with the fact that his father abandoned the family a number of years ago. He created a ritual in which he removed the sign *Daddy's Garage* that he had made for his dad prior to the divorce and abandonment. He replaced it with a sign that now read *Jason's Garage*, signifying that he no longer needed his dad's approval. Finally, there can be *rituals of continuity* that simply affirm a continuing connection. Such a ritual can be as simple as lighting a candle on the anniversary of a death, something that Rosa and her adoptive parents did on each anniversary of Maria's death.

In designing therapeutic rituals, the narrative of the loss will suggest what type of ritual will be helpful as well as who should participate. Rituals should include objects that are symbolically significant and allow the ritual focus. Other symbolic elements representing fire (candles), wind (music), water, and earth (flowers), can also be helpful. Finally, rituals need to be both planned and processed.

Rituals reach back to the beginning of human existence. Evidence of rituals offers powerful testimony that the ancients buried their dead with varied public and private ceremonial acts, long before they could write about it. Sometimes, even in therapy, we can reach back to ancient wisdom.

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REFERENCES


