DEATH ACCEPTANCE THROUGH RITUAL

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In 1989, I completed the research for my doctoral dissertation exploring ritual as a psycho-therapeutic strategy for maladaptive grief. Twenty years later, I am still using the principles I uncovered to assist grieving clients to develop therapeutic rituals. This article describes the elements that need to be in a ritual in order for it to be perceived as therapeutic. Other issues for the practitioner will be outlined. The article’s focus will be on using a ritual when an individual experiences their grief as “stuck” or maladaptive, usually some months or years into the process. I also use the information to assist grievers who have recently suffered loss to create more meaningful death-related rituals such as wakes, funerals, scattering of ashes, and road-side memorials.

The original phenomenological research consisted of five co-respondents, four women and one man, who had developed rituals that were successful in moving them out of a seemingly chronic experience of intense grief. Two co-respondents were grieving the sudden, unexpected deaths of mothers; one woman, a successful artist, grieved a long period of “creative block” which had brought her to the brink of penury; a man grieved his former self, “killed” by an impaired driver who hit him and his motorcycle, resulting in severe brain injury and numerous orthopedic injuries; finally, a mother believed that her dysfunctional relationship with her adult daughter was moving toward a severing of all contact.

Defining ritual

I define death-related ritual as a ceremony directly involving at least one person and the symbols of the loss, usually directly and indirectly involving others. The ritual involves heightened meaning and emotion, and is often experienced as spiritual. It is focused around a specific situation or event, and involves out-of-the-ordinary activities.

My definition of ritual was influenced by ethnologist Arnold van Gennep, whose work in many different cultures and countries resulted in his 1909 book, “Rites of Passage.” He described societal and religious rituals as helping participants to cross thresholds from one status to another. The Latin word for threshold is “limen.” Rituals for status changes such as birth, death, initiation into a religion or community, or the bonding of two individuals into a couple are considered by van Gennep to be liminal. The wake, memorial service, and funeral are the most common death-related liminal rituals.

Often there are pre-liminal rituals to prepare the dying person or their loved ones for the threshold. Examples of these include the Catholic Sacrament of the Anointing of the Sick, given just before death, or a “death-bed” gathering, to hear the last instructions of the dying person and to say good-bye. Post-liminal rituals can include scattering the ashes on the first anniversary of the death, holding a pot-latch, or a ceremony to install the memorial marker at the gravesite. These rituals are often concerned with a shift away
from acute grief. As well as status change, van Gennep (1960) also viewed rituals as being developed for purification or protection.

Turner (1969), who expanded on the work begun by van Gennep, describes these three phases of ritual, using the metaphor of a journey across the threshold:
The first phase (of separation) comprises symbolic behavior signifying the detachment of the individual or group either from an earlier fixed point in the social structure, from a set of cultural conditions (a “state”), or from both. During the intervening “liminal” period, the characteristics of the ritual subject (the “passenger”) are ambiguous; he passes through a cultural realm that has few or none of the attributes of the past or coming state. In the third phase (reaggregation or reincorporation) the passage is consummated. The ritual subject, individual or corporate, is in a relatively stable state once more, and, by virtue of this, has rights and obligations vis-à-vis others of a clearly defined and “structural” type. (p. 95)

In my clinical experience, people are rarely neutral about death-related rituals. I believe that many of those who relate negative experiences with these ceremonies have participated in one that did not meet the “phase” they were experiencing. Some years ago, I attended a funeral for a child who had been born with a congenital heart defect. Her three years of life involved many operations and much pain. In the two weeks prior, I had a number of counseling sessions with the family, as they prepared for Melissa’s final breath. Both parents told me, just before the service, that they were so “wrung out” with grieving that they wanted permission to let go of some of the pain, and to use some energy to focus on other parts of their lives. Although they knew their grief would continue, the parents were open to moving, at times, into a post-liminal phase. Deeply faithful, they hoped to hear some words during the service that would support them to “let go.” The funeral was not helpful. Their pastor was obviously in the liminal phase. He used words and phrases such as “we will be in shock for a long time,” “unexpected death,” “you are now starting the grieving process,” and “life will be bleak for some time.” A helpful ritual takes the primary grievers’ phase into consideration.

Ritualized behavior
People often speak of their daily “rituals.” I describe those instead as “ritualized behaviors,” those habits or routines that are so much a part of our day. Ritualized behaviors, such as reading the morning paper prior to dressing for work, may have some psychological or even spiritual effects, such as relaxing or opening our hearts to those in need, but they do not usually take us to the out-of-the-ordinary experience of a true ritual. A true ritual is unrepeatable. It is impossible to replicate every aspect of a previous ritual, and trying to do so keeps participants in the past. For example, treating each weekly worship service or family Thanksgiving feast as the same as preceding ones does not allow changes that reflect current reality.

Psychotherapeutic ritual
I’ve been to a number of conference workshops where presenters speak of prescribing rituals to their clients. They may say, “Go to your mother’s grave and tell her what you
think of her.” Or, “Keep one chair empty at Christmas dinner so that you remember
Frank is still in your hearts.” I am extremely nervous about deciding what ritual needs to
be done, and what specific activities it needs to include. As my clients explore their issues,
they may realize that going to the gravesite is important, or they may decide that another
therapeutic strategy such as writing a letter to the deceased, or doing an “empty chair”
Gestalt technique, would meet their needs better. And, if my clients do decide on a ritual,
I want to help them build it from elements that are meaningful for them, not for me. I
may experience the color “red” as angry, while they may view it as bringing good fortune.

Claire’s ritual
To give a sense of the “flow” of a therapeutic ritual, here is one from my own clinical
practice, which was also part of my research.

When Claire came out of her three-week long coma at Victoria General Hospi-
tal, she was told that her father had also survived the car accident. Her mother, however, was
dead. At first, her injuries took most of her attention, for both her head and her body
were broken. Among other injuries, her jaw and left leg were fractured, she had lost
vision in her right eye, and she sustained a diffuse head injury. Some of these injuries
would heal; others might restrict her forever. This realization sunk in slowly and
painfully, leaving her no psychological space to come to terms with the death of her
mother.

At 24 years of age, Claire was living alone and loving her full-time work with
young children. Petite and slim, with a shy, sensitive nature, she had good relationships
with her parents, her two younger brothers, and her friends. Altogether, her future had
looked bright.

It seemed to Claire that her life and her parent’s car shattered simultaneously. She
couldn’t imagine living on her own again, much less working. She was concerned that
men would find her physically and/or mentally unattractive.

Then a major impediment to rehabilitation occurred. A common symptom of
traumatic brain injury is concrete, rigid thinking. Claire told the neuro-psychologist that,
according to the Roman Catholic Church, no one could accept the reality of a death
without attending a funeral. And she had been in a coma during the service for her
mother. Therefore, acknowledging her injuries would mean acknowledging her mother’s
death and, in Claire’s mind, go against church teaching. As a result, Claire refused to
participate in the treatment plan set out for her. Because of the head injury, no one could
shift Claire in her too-rigid interpretation of church doctrine.

Claire was referred to me for psychotherapy. In our first session, she said, “I just
can’t get on with life until I accept her death.” As we discussed this, Claire shared her
concern that acknowledging her mom’s death meant rejecting her faith. She saw no way
out of the problem.

After a few sessions to build trust and rapport, I asked Claire if she could imagine
developing a ritual to help her. The suggestion evoked a strong negative reaction. For
Claire, a ritual must be done in the church and she was certain that the church would not
allow another ceremony. She was equally certain that another ritual would deeply upset
her dad.
I asked, “If these two concerns did not exist, how would you feel about taking part in a ritual?” Claire responded that she would welcome that. Her homework from that session was to meet with her parish priest and her father to tell them of her problem.

The next psychotherapy session saw an excited Claire announcing that both her priest and her dad were very agreeable to the idea of a ritual. The three of them decided on a memorial Mass. Claire was bursting with plans and decisions to make, as her priest wanted her to be deeply involved. In fact, Claire said she would be so busy choosing readings, inviting people to the ritual, organizing a reception afterwards, and decorating the church that she wanted to postpone psychotherapy until after it was over. Because her memory, speed of thinking, and organizational skills had all been damaged in the accident, Claire realized that participation in the hospital rehabilitation program would be essential to ensure she had the ability to carry out her ritual.

It took Claire three months to improve enough to feel ready to undertake the ceremony. Responding to her invitation, 40 people attended the Mass and all came to the reception afterwards. When Claire saw me a month later, she said, “I didn’t think I was capable of planning this. I mean, anyone who had come out of what I had. . . . Well, it’s made me realize that I don’t give myself enough credit.”

Claire’s self-confidence increased after the ritual, and through her rehabilitation. A few years later, she sent me a letter telling of her recent graduation from school, and her new position working with preschoolers with special needs. One of the children told his mother in her hearing, “My teacher only has one eye and walks funny like me. I really like her.” Claire saw herself as a role model for her young charges. A few years later, I received wedding pictures in the mail, and a few years after that, a picture of a beaming couple with their new baby. Claire’s body might limp through life, but her spirit was soaring.

Developing a psychotherapeutic ritual

The following points were described as “essential” by all of my co-respondents.

Careful preparation
It takes time and energy to create an effective ritual. The goal of the ceremony needs to be clarified and kept in mind during the preparation. It also takes time to determine the when, where, what, and how of the ritual. Often, the preparation itself is therapeutic. Claire prepared herself to undertake her ritual by working hard at the rehab hospital. Another woman, whose mother had died giving birth to her, spent months “getting to know” her mom by interviewing relatives who had kept silent through her whole life in a misguided attempt to not upset the child. She discovered characteristics and interests she shared with her mother, and described herself as “owning” her adulthood, for the first time, even before participating in her ritual.

Importance of symbols
A ritual takes us out of our usual life in order to impart knowledge and experience around a particular topic. Since the duration of a ritual is usually quite short, powerful tools are needed to direct and invite participants’ attention away from their everyday thoughts and
actions, towards the purpose of the ceremony. Symbols are frequently the tools of choice to facilitate this shift.

Last year, I gave a workshop at the Spiritual Directors International conference in Chicago. I started the presentation the way I often begin grief groups. When the spiritual directors arrived for the session, they found a circle of chairs around a somewhat battered, bare table. I had already fended off a number of helpful volunteers who tried to lay a tablecloth and flower arrangement on it.

“Before we introduce ourselves,” I said, “I invite you to close your eyes and focus on a loss that is weighing on your heart and mind. How do you experience that weight? Is that worry or pain in a specific part of your body?” After a few seconds, I added, “Thank you, please open your eyes. You see before you an empty table. Often people who experience loss feel that their lives are empty, like this table. On the larger table at the side of the room, are a number of objects. One of them might be a symbol for you of comfort, of healing power, of love, or of something else you might need at this time. If you find a helpful symbol, you may wish to place it on the center table. There are also small pieces of paper and pencils, in case you wish to write a word or phrase that will be helpful to you.”

The participants moved to the side table, and soon the center one was laden with soft cloth, candles, a pine cone, some jewelry, photographs of loved ones, a Bible, and a number of words written on the slips of paper. As they reseated themselves, I suggested, “Now close your eyes again and focus on your pain or concern. See if there is any difference?”

The following was shared a few moments later:

“I feel lighter”
“I don’t think it’s so hopeless anymore.”
“It hurts worse, and I realize I’ve been avoiding it. So this is a good thing.”
“I feel more connected to the rest of the group now.”

So, within a few moments, just by turning their attention to a symbol, a number of people in that room moved along the path from restriction to freedom.

When helping grievers design their ritual, I give them a list of questions, such as “What colors or fragrances do you associate with the goal of your ritual?” One woman told me she did not want her adult children to be present, much as she loved them, because her ritual was undertaken to heal psychological wounds that had been created in her childhood, years before she became a mother. Her children were a symbol of a different life and she wanted her heart and mind totally focused on her own childhood.

Participation
A young man approached me after an evening talk. “My name’s Roger, and I have a problem. I just read in the obituaries that a man I know died suddenly of a stroke. George and I were members of the Outdoors Club and the only contact we had was while hiking with the group. In spite of our infrequent meetings and the forty years’ difference in our ages, I really cared for him—and I’m grieving. I loved his sense of humor and kindness, and I’ll really miss him the next time I’m on a hiking trail. The funeral is next Tuesday, and I’ve already booked the time off work.”
“My problem is I want to wear my hiking clothes to the service, to kinda honor our relationship and the activity we loved, but I’m worried his loved ones will think I’m being disrespectful, not wearing a suit. I don’t know any of them, and I’m sure they’ve never heard of me.”

I suggested to Roger that he tell someone in the family, prior to the funeral, his reason for wearing hiking clothes. There is a “grapevine” active in every human group—from families, to the workplace, to religious communities, to sports teams. In each of these groups, there is at least one person, who, if given information, will spread it rapidly. A friend told me recently, “My co-worker Beth disseminates information faster than the official memos!”

The young man thanked me and left. The next week, I received an e-mail from him. “I called the funeral home and they put me on to a family friend who was helping organize things. I told him why I wanted to wear hiking clothes and he said he would inform the family. Was I ever surprised when I walked into the church! So many people came up to me and said something like, ‘You must be Roger. George was passionate about the hiking club, and you represent that part of his life. Thank you so much for coming and thank you for wearing your hiking clothes.’ So, although I thought I was the only one who would benefit from my apparel, it turned out that many people felt I had enhanced the service.”

Participation implies an attitude, an intention to be fully present to the current activity. It means clarifying our individual reasons for being present and then living out those reasons in the ritual. Roger actively participated in the funeral through the clothes that held deep meaning for him.

Active participation promotes congruency—an agreement or harmony in all dimensions of our being. Congruency is the experience of mind, heart, body, and spirit all working together. It is an important psychological principle, for when we are not congruent, it is difficult to acknowledge, clarify, and meet our psychological, physical, or mental needs.

Congruency has a number of benefits. We process information more efficiently and learn more effectively when we are congruent. When we bring our whole self to an experience, we will understand many more implications and interconnections, since we can “see” the experience through the “eyes” of our heart, mind, body, and spirit. Congruency also encourages commitment to a value, to a job, to a relationship, to a life path. When we are “touched” in all aspects of our being, we are more motivated to implement the changes in attitudes and behaviors that will bring us to increasing alignment with that to which we are committed. We will “walk the talk.”

Inclusion of others
Most rituals include more than one person. Even when a ceremony is undertaken alone, by the griever, I have found that others usually play an important role in the background. Daniel told me, “It was important to spend Christmas morning, by myself, at Dad’s gravesite. But, of course, I told my family where I was going, asked for their prayers, and debriefed with them when I returned home.” Other people seem to fill one or more of three major roles around the ritual. Some grievers need the presence of others as supporters, some want witnesses to acknowledge and understand their loss, and some
experience the presence of others as “includes,” giving an invitation to rejoin the community.

**Past/present/future**
My co-respondents found it important to acknowledge and clarify the past, and present, before reaching out to the future. Through elements such as song, story, or objects, the past relationship with the deceased was made visible to all. Expressing the current experience of loss allowed others to support the griever, and publicly admitting the goal of the ritual firms the griever’s intent to embrace it. One man spoke in his ritual about his struggle with alcohol after his daughter’s death. He told me, some months later, that whenever he thought of reaching for a drink, he remembered his public vow to use healthier supports. “That memory gave me the courage I needed.”

**Benefits of therapeutic ritual**

An effective therapeutic ritual can be beneficial in many ways. Here are a few:

- provides a forum where the death is acknowledged and accepted as real
- legitimizes grief and different styles of grieving
- provides structure and stability at a time of great uncertainty or chaos
- raises self-esteem
- being time-limited, it can be a safe place to express emotion or grieving issues
- sets the climate for a potent honoring of the deceased, the relationship, etc.
- issues are often clarified
- since it includes symbols and activities around the future goal, promotes a positive sense of life direction or meaning
- with the inclusion of others, gives sense of community
- promotes congruency, since body, mind, emotions, and spirit all participate
- public statements of intention encourage follow through

I have seen much evidence that a therapeutic ritual helps grievers accept the reality of their loss, in a way that promotes hope for healing. I do not suggest rituals to every griever I encounter, however. A true ritual takes time and effort on the part of client and counselor, and if another intervention would be quicker and easier, I would usually use that instead. For the appropriate situation and person, though, a therapeutic ritual can be transformative.