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THE APPLICATION OF RITUAL PROCESS
AND TECHNIQUES TO PSYCHOTHERAPY

A DISSERTATION

Presented in Partial Fulfillment of Requirements for the
Degree of Doctor of Philosophy
in the College of Arts and Sciences
Georgia State University

1987

by

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I would also like to acknowledge the cooperation and interest of the following therapists who participated in the interview: Franklin Abbott, Martha Brock, Marianne Chestnut, Jan Charles Collins, Sharyn Farn, Carol Light, Ann Love, Oscar Miro-Garcia, Bruce Penickson, and Joan Reed. Despite the fact that all of these therapists have busy practices of their own, they took the time to participate with an enthusiasm and encouragement which made the interviews not only informative but enjoyable. I also thank Penelope Craddock, whose input was

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Anthropological literature was reviewed for definitions, functions, and stages of ritual. When compared, ritual and psychotherapy shared many commonalities, but differed largely because therapy was guided by an ethic promoting individual self-fulfillment and rationality while ritual often was not.

Current uses of ritual in psychotherapy were explored by surveying published literature and by structured interviews with 10 therapists currently using ritual. Both the literature and the interviews support the belief that ritual can be used with positive therapeutic results in a variety of ways and with different types of clients.

It was suggested that while ASC's can be an important in changing belief systems, they do not by themselves consistently promote positive and useful changes. However, when ASC's occur within the support of the therapeutic relationship, elements commonly associated with ritual can be used to structure and integrate experiences in ASC's so that changes are more likely to be both therapeutic and enduring. From the survey of the literature and the interviews, key elements associated with effective use of ritual in psychotherapy were identified. These included: a strong therapeutic relationship, meaningful symbols and actions, faith in the therapist, purposefulness, separation, enactment, heightened emotionality, concentration, involvement of others, and, in addition, a nonjudgmental acceptance of rituals as a dramatic

ABSTRACT

The thesis of this dissertation was that the ritual process may be incorporated into psychotherapy to evoke altered states of consciousness (ASC's) that in turn may lead to positive therapeutic results. The objectives were to expand and clarify the conceptual basis for the use of ritually induced ASC's in psychotherapy, to summarize ways that ritual is used in psychotherapy, to identify key elements associated with the effective use of ritual, and to propose a way ritual may use these elements in psychotherapy to evoke ASC's conducive to change.

Anthropological literature was reviewed for definition, functions, and stages of ritual. When compared, ritual and psychotherapy shared many commonalities, but differed largely because therapy was guided by an ethic promoting individual self-fulfillment and rationality while ritual often was not.

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CHAPTER ONE

Introduction and Overview

Perhaps the most difficult task faced by the psychotherapist is persuading clients to change maladaptive belief systems. Therapists pursue this task with a variety of conceptualizations and techniques. Concern with changing belief systems is an ancient one and has engaged mankind's interest since the earliest gathering in social groups. Historically one of the foremost means by which beliefs have been both maintained and changed is through ritual. Although psychologists have only recently begun to explore this area, anthropologists have suggested that ritual can effect major cognitive, emotional, and behavioral shifts within both individuals and groups. Moreover, in anthropological literature, evocation of changes in consciousness is seen as an important part of the ritual process. The thesis of this dissertation is that elements of the ritual process may be incorporated into psychotherapy to evoke changes in consciousness that in turn may lead to positive therapeutic results.

Ritual as Potentially Changing Consciousness

Anthropological Evidence

Ritual has long been associated with changes in consciousness. In the early 1900s, Van Gennep described rites of passage as having three stages: separation, liminality, and incorporation. In ritual the initiate leaves a customary way of being and enters a new territory that is "intrinsically magico-religious" (Van Gennep, 1960, p. 13); that is, rituals lead to alteration in customary perceptions or altered states of consciousness (ASC's).

The work of both Turner (1969) and Bourguignon (1972) relates consciousness change to rituals. Turner elaborating on Van Gennep's stages, described a dramatic break from usual activities or roles as a salient aspect of the ritual process. This break

coincides with the access of liminality, which is characterized by suspending or inverting social norms, accessing unusual insights and perceptions, and relating in an undefended manner, called "communitas". Because suspension of ordinary perceptions of reality is a main aspect of liminality and because new perceptions are possible in this stage, liminality involves a change in consciousness as its central feature.

Another anthropologist, Bourguignon (1972), conducted an extensive cross-cultural survey of 488 societies of varying technological complexity. In this survey, she found ASC's associated with ritual in 89% of the societies sampled.

The work of these three anthropologists provides a strong basis for considering that ritual is associated with changes in consciousness: Turner and Van Gennep provide a theoretical framework for conceptualizing ritual as a process for eliciting alterations in consciousness, while Bourguignon documents that this process occurs in a wide variety of societies.

Physiological Evidence

Physiological evidence also suggests that ritual can evoke ASC's. Physiological changes have been shown to result from repetitive visual stimulation (Walter & Walter, 1949) and repetitive auditory stimulation (Neher, 1961). Both types of repetitive stimulation, particularly auditory, are often present in ritual. In addition, Lex (1979) cited ritual as one means to effect a physiological phenomenon called "neural tuning" described by Gellhorn and Kiely (1967). Neural tuning involves prolonged stimulation of either the trophotropic or ergotropic branches of the autonomic nervous system to the point that ultimately both systems exhibit a brief period of simultaneous discharge. D'Aquili (1975) also proposed that ritual can induce physiological changes that are subjectively experienced as alterations in consciousness. Such descriptions of physiological changes accompanying ritual activities give further support to other observations that rituals may induce altered states of consciousness.

Therapeutic Implications

Anthropologists have suggested that ritually induced changes in consciousness

are often instrumental in reaffirming or changing belief systems in a potent manner. Holloman (1974) commented that ritual manipulation of consciousness can result in a "psychic opening", the characteristics of which include decreased defensiveness, increased awareness, and increased emotional lability. Holloman noted that major and lasting "shifts in psychic configuration" (p. 265) can occur during this state. Similarly, Childs-Gowell (1979) observed that ritual can evoke ASC's in which dysphoric patterns of thought or behavior can be disrupted and individuals can become particularly open to new learning. In this state, old belief systems may be discarded and new information integrated into the person's ongoing thoughts and behavior. Finally, Kiefer and Cowan (1979) stressed the potential for ritual to evoke states of consciousness in which belief systems can either be affirmed or changed, depending on the purpose of the ritual. In rituals aimed at change, for example, departure from the ordinary state of consciousness is seen as facilitating both the shedding of old patterns of thought and behavior as well as the creation of new ones.

These and similar observations suggest that ritual can induce ASC's both to reaffirm and to change belief systems in a dramatic fashion. This fact has important implications for the field of psychology, particularly in clinical areas. Despite wide variations in technique and philosophy, therapy involves changing maladaptive belief systems. The demonstrated ability of ritual to effect such changes strongly suggests that further investigation of the ritual process can benefit psychotherapists. Furthermore, anthropological accounts of ritual changes in belief systems suggest that induction of an altered state of consciousness can be a key factor in changing beliefs. If ritual is used to change belief systems through altered states, such techniques may also be effective in changing belief systems in therapy.

The Application of Ritual to Therapy

Current Usage of Ritual in Clinical Settings

At present, the overt application of ritually induced changes in consciousness to

psychotherapy is not extensively utilized although there has been increased awareness that therapy reflects many elements characteristic of ritual. Also, observations have been made that functions formerly served by ritual are currently being met in psychotherapy (Atteneave, 1969; Haley, 1973; A. F. C. Wallace, 1967). One of the foremost psychologists writing in this area is Frank (1961), who discussed similarities between the shamanic traditions and modern psychotherapy. Frank observed that both ritual and therapy change maladaptive assumptions and behavior, and he noted the role which changes in consciousness play in both. By emphasizing significant parallels, Frank strengthens the argument that ritually induced changes in consciousness might not be as alien to psychotherapy as they might appear. However, Frank observed that all therapy reflects this ritual process whether psychotherapists are aware of this or not. This observation deflects attention from the possibilities of conscious augmentation of ritually induced ASC's in psychotherapy; therefore, Frank's observations lose much of the potential impact that they might have had on psychotherapy.

A number of clinicians are using ritual as an adjunct to other techniques (e.g. Aguilar & Wood, 1976; Akstein, 1973; Perry, 1974; Rando, 1985; Sarbin & Nucci, 1973; Seltzer & Seltzer, 1983; Selvini Palazzoli, 1974; Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1974, 1977, 1978; Van der Hart, 1983; Van der Hart & Ebbers, 1981). Among these therapists, there is wide variation in the way ritual is conceptualized and used. Ritual may involve the prescription of specific behavior by the therapist (e.g. Selvini Palazzoli, *et al.*, 1974, 1977, 1978) or may be performed by the therapist to dramatize important aspects of the client's dynamics (e.g. Seltzer & Seltzer, 1983). Finally, ritual may be used as an adjunct to more conventional therapy techniques to mark a point of change by the client (Van der Hart & Ebbers, 1981). These and other uses of ritual in psychotherapy demonstrate the diversity of its application.

Absence of Clinical Application of Ritual Induction of ASC's

In the growing clinical literature on the use of ritual in therapy, the use of ritual

in the manner described by anthropologists such as Childs-Gowell (1979) or Holloman (1974) has not been widely explored. In general, clinicians using ritual do not describe it as leading to a state of decreased defensiveness and increased openness to new ideas and insight that offers potential for therapeutic change to occur. For example, in his book, Rituals in Psychotherapy (1983) (the most extensive volume on the subject to date) Van der Hart virtually ignores the importance of inducing ASC's to change belief systems. Other clinicians who use ritual also disregard the importance of ASC's as a significant part of the process by which ritual effects change.

A few exceptions do exist. Akstein (1973) did acknowledge that ritually induced trance states are therapeutic, but only because they relieve emotional tension. He did not mention that trance states are directly related to changes in the client's belief systems. More clearly kin to Holloman's (1974) idea of ritual as a means of psychic opening is the work of Houston (1980) and Cogburn (1984). Houston described ritual as a path whereby individuals can reconnect with consciousness of transpersonal and archetypal energies. She feels that such experiences can be very important in moving toward increased self-understanding and more meaningful relationships with others. Similarly, Cogburn depicted ritual as a means of profoundly changing consciousness so that individuals can become more open to their own creativity. Although both authors describe the use of ritual to induce changes in consciousness as therapeutic, neither actually uses ritual in a traditional therapy setting, however. Houston has described her work not as therapy, but as "therapeia". Cogburn used ritual with a group committed to inner exploration but not with a therapy group. Despite this, the work of both Houston and Cogburn seems readily applicable to some therapy situations.

In summary, the therapeutic value of ritually induced changes of consciousness has gained credibility in areas that are not directly clinical; however, there has been little intentional and systematic application of this technique by clinicians. Part of this is undoubtedly due to a lack of unified knowledge in a form accessible and appealing to the clinical community. So far, anthropologists and physiologists have

studied ritual most extensively from the standpoint of its potency in effecting cognitive and behavioral changes through changes in consciousness. While some of these investigators suggest that their findings have applicability to clinical practice (e.g. Kiefer & Cowan, 1979), their personal orientation is (understandably) nonclinical. The likelihood that clinical practitioners will encounter this literature is minimal because most do not read widely in anthropology.

Another reason for the lack of clinical application of ritually induced ASC's is that many clinical practitioners are not inclined to interpret induction of changes in consciousness as potentially therapeutic. Although the clinical induction of altered states such as hypnosis or free association has long been a part of the clinical repertoire, clinicians have accessed altered states largely to make the content of such states available for rational examination and analysis (Korchin, 1976). In recent years this has been changing, and clinicians are slowly acknowledging that altered states may access unconscious material that may increase the potential for creativity and self-knowledge. Some clinicians, however, have specifically noted the positive therapeutic benefit of altered states of consciousness in the therapy situation (e.g. Grof, 1976; E. W. L. Smith, 1975). Techniques involving induction of altered states in therapy, such as hypnosis, meditation, and guided fantasies, have been used with positive therapeutic results (e.g. Assagioli, 1981; Deatherage, 1975; Kretschmer, 1969; Van Deusen, 1958). Despite this, consciousness and ASC's have not been widely acknowledged by the clinical community as an important aspect of therapeutic change. Altered states are not generally seen as a potent part of the therapy process, and so clinicians are unlikely to look to ritual techniques to effect such changes.

In summary, a number of observations on ritual, when taken together, begin to form a cohesive and compelling description of how cognitive and behavioral changes can result from ritually induced ASC's. However, for a variety of reasons, these pieces of information have neither been presented in a unified form nor been evaluated in a systematic or integrated fashion from a clinical perspective to assess how they might

be applied to therapy.

Objectives of the Dissertation

The proposed objectives of this dissertation are as follows: (a) to expand and clarify the conceptual basis for the use of ritually induced changes of consciousness in psychotherapy, (b) to summarize ways in which ritual is currently being used in psychotherapy, (c) to identify factors likely to be associated with effective use of ritual in therapy, and (d) to propose a theoretical intervention utilizing ritually induced changes in consciousness in individual therapy.

Design of the Dissertation

The dissertation will begin with a review of anthropological literature relevant to understanding definitional aspects of ritual, functions served by rituals, and stages of the ritual process. Ritual and psychotherapy will then be compared on these points.

Next, components of various theoretical approaches will be combined to describe how ritual can achieve changes in consciousness. Relevant literature from anthropology, the psychology of consciousness, and physiological changes associated with ritual will be included.

Following this, ways in which ritual is being applied to therapy will be explored. First, literature describing current usage of ritual in psychotherapy will be reviewed, and, in addition, information will be gathered from therapists who describe themselves as using ritual in their therapy. These therapists will participate in a structured interview to determine their conceptualization and use of ritual, the effectiveness of ritual in inducing therapeutic changes, and whether their use of ritual is associated with changes in consciousness.

The final section of the dissertation will focus on application of ritually induced changes in consciousness to psychotherapy. This will be accomplished in two stages: the first will describe key elements in the effective use of ritual in evoking altered

states; the second will present a technique in which ritually induced changes in consciousness can be incorporated into psychotherapy.

Significance of the Dissertation

Anthropological literature suggests that ritually induced ASC's are a significant factor in the process whereby rituals create and change belief systems. However, although ritually induced ASC's have the potential for application to psychotherapy, this technique has not been adequately addressed and developed in clinical literature. This dissertation will further understanding of how ritually induced shifts of consciousness may be applied to therapy in several ways. First, by unifying information presently scattered across the diverse fields of anthropology and psychology, this project expands and clarifies the theoretical basis for the use of ritually induced changes in consciousness in psychotherapy. A second contribution of this dissertation lies in its clinical orientation: psychotherapists have neither written widely about ritual nor often considered it for its practical applicability to their work. Third, the present dissertation furthers understanding of how ritual is currently being used in the clinical setting. In particular, structured interviews of therapists using ritual will provide both an indication of the utility of ritual in therapy and also specific aspects important in its use. Fourth, the elaboration of key factors in the development and enactment of ritual in therapy can provide specific guidelines that may be helpful in designing rituals appropriate to a number of different therapy situations. Moreover, these key elements should be useful in suggesting further research on the use of ritual in psychotherapy. Finally, the present dissertation makes a significant contribution by developing a technique that applies ritually induced shifts in consciousness to therapy.

Thus, in emphasizing the potential importance of ritually induced ASC's, in enumerating elements necessary for this to occur, and in presenting a specific technique to ritually induce ASC's in therapy, this dissertation greatly expands the

conceptualization of ritual from a clinical standpoint.

CHAPTER TWO

Definition, Functions, and Stages of Ritual

Anthropology as an Area of Potential Benefit to Psychotherapists

The study of anthropology can provide useful information for any practicing psychotherapist, but for those psychotherapists who wish to use ritual in their work with clients, the study of anthropology is critical because most of the investigation of rituals has been carried out in this area. Anthropology is a rich source of suggestions for ritual construction and for ways to incorporate ritual into psychotherapy; however, most clinical psychologists have limited exposure to anthropology. Moreover, as one begins to pursue the study of ritual, other problems arise.

The psychologist studying ritual may feel that she or he is chasing a phantom for ritual appears to be everywhere and nowhere. This is partly due to the fact that ritual is complex and hard to define and specify. Also, much of the anthropological literature on ritual is focused on copious documentation of specific ritual practices in various cultures. While such information increases understanding of the many forms that ritual action can take, it does not lead directly to understanding the psychological commonalities of the process. For these reasons, the psychotherapist who looks to anthropology as a source of increased understanding of ritual will not find straightforward and comprehensive answers. However, because anthropology does offer significant information relevant to the further understanding of psychological processes of ritual and therapy, it remains a compelling area to pursue.

This chapter will draw together information on ritual from a variety of anthropological sources, particularly in the area of symbolic anthropology. First, various characteristics by which anthropologists have defined ritual will be reviewed. Next, functions of ritual as seen by anthropologists will be described, and finally a description of stages of the ritual process will be presented.

The Definition of Ritual

How Anthropologists Have Defined Ritual

Defining the term ritual is difficult and confusing; in fact, Goody (1977) described ritual as "vagueness itself" (p. 25). While anthropologists have offered numerous definitions of ritual, the earlier efforts confined ritual to sacred activities. Turner (1967), for example, defined ritual as "prescribed formal behavior for occasions not given over to technological routine, having reference to mystical beings or powers" (p. 19). Gluckman (1962) also defined ritual as symbolic action with reference to supernatural powers.

More recently, elements of ritual have been observed in activities that do not refer to the supernatural at all. Consequently, most anthropologists have broadened their view of ritual to include secular as well as sacred activities. Myerhoff (1977) defined ritual as "an act or actions intentionally conducted by a group of people employing one or more symbols in a repetitive, formal, precise, highly stylized fashion" (p. 199). Goody (1961) defined ritual as "a category of standardized behavior in which the relationships between the means and the end is not 'intrinsic', i.e., is either irrational or non-rational" (p. 143).

A problem with many of these definitions is that they are so broad that they include much, if not all, social action. For instance, Bocock (1974), cited as ritual such diverse activities as football games, funerals, Christmas parties, the theater, gymnastics, student demonstrations, handshaking, teeth-cleaning, and walking the dog. The value of such a definition can be questioned on the basis that if ritual includes almost all standardized action, then the use of ritual itself becomes so encompassing as to be meaningless.

Key Elements of a Definition of Ritual

Defining ritual becomes a task of specifying what it is about certain behaviors that sets them apart as ritualistic. While anthropologists and others may not agree on a precise definition, the following features are commonly cited as characteristic of

ritual: symbolism, enactment, repetition, purpose, specificity, and separation from ordinary life. Each of these features of ritual will be discussed in turn.

Symbolism. Ritual has been repeatedly characterized as symbolic; that is, it is common in rituals for one thing to represent another. Frequently that which is represented is abstract. Washing the hands, for example, may symbolize purification of the entire person, or eating a particular type of food may symbolize internalizing a characteristic associated with that food. The presence of symbolism has been cited as a key aspect in describing ritual activity (Myerhoff, 1977; Van der Hart, 1983). Ritual has been differentiated from technical activity on the basis of a preponderance of symbolism in ritual action (La Fontaine, 1972). This is not to say that ritual cannot evidence some actions that have a rational basis. As Leach (1954) noted, even highly technical acts frequently involve some degree of symbolism, while some ritual actions may be rationally related to their desired end. This distinction between ritual and non-ritual actions is determined by whether symbolism or rationality predominates. For example, if a man gives his college-bound son plane fare solely to get the son to college, then the purpose of the act is instrumental. However, if the father presents the ticket as symbolic of the new heights now open to his son, the symbolism ritualizes the action.

Belief system. For meaningful symbolism to be present, the ritual activities are usually embedded within a belief system. Generally, this belief system is culturally defined and shared by others; however, the belief system may also refer to a more idiosyncratic set of assumptions and beliefs influencing a person's thoughts, perceptions, and behavior.

The belief system to which ritual action is connected may be thought of as myth. The relationship between myth and ritual is an interconnected one; while ritual occurs within the matrix of a belief system, it may also change or create that belief system. Myths have been described as explaining ritual actions (Chapple & Coon, 1978), and similarly, ritual has been described as enacting myth (T. Moore, 1983; Southall, 1972).

Such a relationship between myth and ritual is especially apparent in cultures with a highly developed cosmology.

The belief system serves many functions in the ritual. It provides a rationale for the activities, symbolism, ritual objects, and roles that are used in the course of the ritual. The myth confers symbolic power (Childs-Gowell, 1979), and this in turn contributes to the potency of the leader as well as to the ritual actions performed. The belief system or myth can also help persons make sense out of their problems (Childs-Gowell, 1979; Douglas, 1966; Frank, 1961) as well as demarcate stages in the transformation process (Childs-Gowell, 1979).

Where the belief system is externalized and formalized, it may be communicated and/or interpreted by a leader or leaders who preside over ritual activities. These persons are socially sanctioned and generally have gone through some experience whereby they gained special power or knowledge. The special power may be sacred, as in the case of a shaman evoking the power of a corn diety, or mundane as the case of a judge evoking justice and impartiality. In both instances, the ritual leaders mediate between the higher power/authority and the community at large.

Enactment. Physical actions are an integral part of rituals; in fact, it is through enactment that the purpose of the ritual is fulfilled. When the minister dips a woman into a river to purify her of sin, or when the queen touches a man on the shoulder with a sword to make him a knight, a ritual is carried through.

Generally, ritual actions are based more on their emotional, symbolic, or intuitive appeal rather than on logical or scientific considerations and are often highly stylized, the meaning of the actions being specified by the belief system. Cultures vary remarkably in the meaning of a particular ritual action. In one culture, placing the palms together indicates prayer; in another this is an attitude of respect. In addition, ritual actions are also open to some degree of individual interpretation; thus, although participants may perform the same actions, they can do so with different degrees of emotional intensity, thereby affecting the meaning the action has for them.

It has been suggested that when myths and rituals are practiced in concert, both take on a fuller meaning than when either is practiced in isolation (Chapple & Coon, 1978; d'Aquili 1975). Brenneman (1979) proposed that both myth and ritual transmit similar symbolic meanings through different media. For Brenneman, words provide the vehicle for transmission of meaning in myths while gestures provide the vehicle for transmission of meaning in ritual. When ritual is performed within the cognitive context of myth, meaning is conveyed in both thoughts and actions. According to Brenneman, this can result in a much fuller experience than either actions or words would provide alone.

Often ritual actions are based on the assumption that, through some mysterious force, things can act on each other at a distance. Such a belief has been called the "law of sympathy" (Frazer, 1963). The term "magic" can be used interchangeably with ritual actions based on this assumption. Frazer described two major branches of magic that have emerged from the basic notion of sympathy: imitative and contagious magic. Imitative magic is based on the belief that a desired effect can be produced simply by imitating that effect. An example of this is laying food offerings before an idol which physically resembles a diety. The expectation here is that what is done to the idol is also done to the diety. Contagious magic is based on the notion that once things have been in contact they continue to interact despite being physically distant. An example of this is the use of a person's hair, nail clippings, or other exuvia to influence that person. Some rituals may involve enactment based on both imitative and contagious magic and these two types of magic form the basis of action in many modern rituals, both secular and religious. This can be observed in the belief that what is done to a flag reflects upon a country or the Christian belief that symbolically partaking of the blood of Christ brings one into closer contact with Him.

Purpose/Meaning of the ritual. Related to the belief system is the purpose for enacting the ritual or the meaning established by its performance. The presence of a specific intention, meaning, or aim has been observed to be a central characteristic of

ritual (Holloman, 1974; Myerhoff, 1977). While the belief system forms a context for the ritual, the aspect of purpose emphasizes the expectation that a specific result will follow a specific, often symbolic act; thus, purpose could not exist apart from the belief system. In addition, the fact that ritual acts are performed in a belief system which decrees them to have certain effects is largely responsible for their efficacy. Thus, Buckland (1982) cited that the purpose and meaning of the ritual to the practitioner is the most important element in the outcome of ritual practice; J. H. Smith (1983) also observed the importance of belief in ritual efficacy.

As mentioned before, the same ritual may have different meanings for participants. One reason for this is that the symbols employed in ritual are multivocal and can mean different things to different people. In fact, it was suggested that even when symbols are shared, rituals will not have the same meaning for all participants (A. F. C. Wallace, 1966) nor will they be experienced with the same intensity (Chapple & Coon, 1978). It is also possible for rituals to have simultaneously both public or social meanings as well as private ones (Chapple & Coon, 1978; Siggins, 1983); in this case, social rituals can evoke meaning which is both collective and highly personal. In fact, rituals can relate the individual meaning to the collective one and strengthen the individual's identification with the collective. This is not always the case, of course, but when it happens, it can be a powerful force in uniting the individual to the collective identity.

Another important aspect of ritual in relationship to meaning is its ability to combine global and essential meaning. Many public rituals, for example, particularly religious rituals, are situationally specific but concern subjects of universal meaning such as life and death, the beginning and end of time, and the source of all things. When this occurs, the impact upon the individual is powerful and helps to establish a basis of meaning in his or her life.

Repetition. Repetition is also a salient feature of ritual (Myerhoff, 1977; Nadel, 1954) and repetitive stimuli such as dancing and music are present in many rituals.

Moore and Myerhoff (1977) suggested that such repetition in ritual "imitates the rhythmic imperatives of the biological and physical universe, thus suggesting a link with the perpetual processes of the cosmos" (p. 8). Repetitive stimuli also have physiological effects; these will be considered in detail in the chapter on potential effects of ritual on consciousness.

Repetition is present when rituals are repeated on successive occasions. In our culture, the celebration of birthdays is a type of ritual occurring with a fairly specific format on many different occasions. Similarly, tribal initiation rites or rituals of harvest occur over and over again. Some rituals may involve an individual only once in his or her lifetime, but may be applied to many other individuals; other rituals may repeatedly involve the same individual. Still other rituals may involve an individual numerous times but in different roles.

Repetition increases familiarity with behaviors appropriate to a particular ritual. For example, Mead (1973) observed that it is essential to performance of ritual that at least some of those participating in it have done so before, so that they can serve as leaders. Repetition of a ritual is also important in establishing a shared sense of meaning among participants. Through repetition, rituals gain a sense of authenticity (Myerhoff, 1977; Turner, 1969), although, even when performed only once, a ritual can still convey a sense of tradition by stylistic performance, utilization of established symbols in a new context, and evocative presentation conveying a sense of unquestionable validity.

Precision, order, and formality. Typically, ritual activity is carried out in a specified manner. Moore and Myerhoff (1977) emphasized the formal and stylized aspects of ritual behavior. Ritual behavior may be carried out as if the participants were acting parts in a play. Being precise, rituals inform participants of what to do and what not to do. The consequences of the ritual are sometimes believed to rest on the accuracy with which it is performed.

Precision in ritual has been observed to increase with the length of ritual

(Bossard & Boll, 1950). The degree of precision may also vary with the purpose of the ritual; for example, rituals concerned with transition from one social status to another generally have very specific forms, whereas healing rituals often allow more room for individual variation (Van der Hart, 1983). The determination of the precise ritual actions is often made by some authority other than the ritual participants. A ritual leader, for instance, may specify the actions required for correct performance of the ritual. Further evidence of precision in ritual can be seen in the resistance to change. This does not mean that the form of ritual necessarily remains unchanged indefinitely, for if rituals are to remain potent, they must be able to accommodate the changing needs of the participants. At any point in time, however, a particular recognizable form for the ritual will exist.

Despite an acknowledged presence of precision in ritual there is room for spontaneity. Rituals may structure open parts allowing individual improvisation and originality. In this way, creativity and surprise can be incorporated into the ritual.

Social context. Rituals frequently involve groups of participants. Hunting rituals may involve the hunters or the entire community; healing rituals may involve not only the afflicted person but his or her extended family and friends as well. Even when rituals involve actions by a lone individual, such as a solitary vision quest, these are likely to be a part of an extended ritual process in which others participate at some point. Some anthropologists, like A. F. C. Wallace (1966), have said that ritual is always social in some part of its expression; however, while recognizing the social element in ritual, most anthropologists admit that ritual can occur privately. The social aspect of ritual will be seen to have great influence on how ritual is used.

Heightened emotionality. Ritual is almost always characterized by an affective component and is often associated with intensified emotions. While ritual may produce strong emotions, not every individual participating in a given ritual will feel the effect equally, and the powerful emotional states that can result from ritual may be either positive or negative (Holloman, 1974).

Rituals can gain emotionality from the theatrical presentation and pageantry which often accompany them. Music and dance in ritual serve as both evocateurs of emotion and regulators of its expression, so that intense emotions may be released in a contained manner (Akstein, 1973). Emotional states can also be mobilized by charismatic leadership (Holloman, 1974) and by their length and perceived importance (Chapple & Coon, 1978).

In addition, Taylor (1973) has observed that familiar rituals can produce specific emotional effects because the elements of the ritual (e.g., bodily movements, utterances, and music) are so standardized that their occurrence not only expresses meaning but also stimulates the feelings that are expected to be evoked by the ritual or that have been evoked in the past. Some emotions, therefore, may occur in the nature of a conditioned response to ritual stimuli.

Often the emotional expression accompanying ritual is perceived as different or more intense than that experienced in everyday affairs. Mead (1973) provided a nice description of this aspect of ritual:

In New Guinea an anthropologist can usually tell ritual activity from the way people walk: either they just walk or they walk as if it were a ritual occasion. When the anthropologist sees people walking in this second way, he knows he'd better go along too; something is going to happen. (p. 88)

This attitude, which is a salient aspect of many rituals, has been called "ritual awareness" (Mead, 1973). Ritual awareness is an example of a ritually induced ASC. The degree of alteration of consciousness actually experienced is quite variable. Some rituals may elicit good will, solemnity, or mild feelings of relaxation, while others may elicit very dramatic ASC's, including such phenomena as possession, hallucinations, and mystical ecstasy. Even rituals which evoke extreme emotional behavior in some participants may not do so with all; however, in most cases, ritual will have some effect on the emotional experience of the participants which, when pronounced, will be

recognized as an ASC.

Potential reference to the sacred. While anthropologists are presently emphasizing ritual aspects of secular activities, ritual has had a traditional association with the sacred. Because ritual has historically had close ties to the sacred aspects of life, this can be an important characteristic of some rituals. Bocock (1974) stated that sacred rituals can be distinguished from secular rituals by the former's emphasis on three elements: (a) a reality that transcends the present one, (b) the expectation of a high degree of involvement and commitment by participants, and (c) the anticipation of far-reaching effects on the lives of participants.

Summary of Definition

This section has reviewed salient aspects involved in defining ritual. These include the presence of symbolism, the presence of a belief system, enactment, a stated purpose, repetition, precision, social participation, the separation of ritual activity from ordinary reality, and, sometimes, the use of ritual to involve the individual in the sacred aspects of life.

Functions of Ritual

Anthropologists have noted that rituals serve a number of functions. Discussing functions of ritual can be complex because the stated functions of ritual can differ substantially from what they actually achieve. For example, rituals purporting to increase the availability of game animals may have no scientifically discernible validity; however, such rituals may in fact help hunters improve their ability to hunt by increasing their confidence (A. F. C. Wallace, 1966). Discussing functions of rituals is also difficult because one ritual can serve a number of functions simultaneously. The effect of any ritual is likely to be complex and multiple. A ritual may simultaneously improve confidence, reinforce a belief system, and increase group solidarity, while purporting to attract antelope to a particular patch of prairie. In discussing functions of ritual, it is important to remember that participants may not

be conscious of some functions and that various functions of rituals will interact with each other.

Functions of Ritual that Mediate Social Order and Establish Meaning

Anthropologists have recognized that one of the main functions of ritual is to create, change, and perpetuate the social order. Ritual both mirrors an existing social order and also provides a vehicle for reorganization of that order (Moore & Myerhoff, 1977). As Myerhoff (1977) observed, reality is constructed socially; that is, the particular values and beliefs governing behavior are socially determined. Ritual is often the major process by which social belief systems are created, changed, maintained, and communicated. For example, ritual establishes socially agreed upon relationships (Gluckman, 1962). Chapple and Coon (1978) observed that rituals do this by regulating interaction among members. Through rituals, roles are clarified, rules are defined, and boundaries are created (Kafka, 1983). Rituals communicate traditional beliefs and transmit culture, as well as provide a means for old values, norms, and traditions to be exchanged for new ones in a manner which promotes continuity. Additionally, rituals can help de-emphasize the inevitable incongruities that arise between belief and action (S. F. Moore, 1975). Specific beliefs or values can also be validated and reinforced by ritual (Bossard & Boll, 1950; Myerhoff, 1977); thus, ritual can be a powerful tool of social control. Some of the ways in which ritual can accomplish this are through periodically affirming values, catharsis, intervening during crisis, changing social roles, and mediating cultural innovations.

Expression of social values. Periodic reaffirmation of an ideology is necessary to its maintenance. Ritual can be used in a conservative fashion to reinforce the existing values, beliefs, and behaviors of the community as a whole. Rituals for the specific purpose of reaffirming values and social relationships have been described as rites of intensification (Chapple & Coon, 1978); these are especially likely to be employed to restore equilibrium after a crisis. Such rites may also be calendrical, occurring at fixed intervals, e.g., according to astrological or seasonal considerations. Examples of such

rituals would be festivals of renewal such as celebration of the new year, and rites relating to planting, hunting, and harvest. Reaffirmation of the belief system will also be a covert function of almost all (effective) rituals.

Affirmation of the values that order social interaction may also be strengthened by ritually mediated divine sanction. As noted previously, ritual has a tradition of strong ties with the sacred aspects of life, and frequently ritual has been used as a means of contact the supernatural. Such contact is extremely meaningful for those who experience it and provides a sense of purpose and strength in their lives. In addition, contact with the divine can provide a very strong basis for social control. For example, breaches of the social order can be seen as evoking immediate divine retribution, causing all sorts of ills to befall not only the culprit but, in some cases, the community at large. Similarly, prosperity can be interpreted as evidence that the populace is living in accord with divine decree. Such a belief system can be a very effective means of controlling behavior.

Ritual as catharsis. Rituals can also help to maintain the social order by providing a relatively safe format for venting chronic frustrations. During some rituals, such as saturnalias, participants are permitted or even required to act in ways contrary to the usual social order; this type of ritualized permission to behave in opposition to generally accepted norms has been called "rites of reversal" (Gluckman, 1962). Often rites of reversal involve a change in customary roles. For instance, underlings may gain power and an authority figure may be portrayed as a slave. While such activities may temporarily seem to upset the social order, they occur in a highly structured manner and have been seen as ultimately functioning to maintain order and stability in society (A. F. C. Wallace, 1966). Such indulgences can provide a catharsis of social frictions which accumulate during periods of required conformity.

Turner (1969) also proposed that the periodic disruption or suspension of normal social order, which he called "anti-structure", is followed by a return to social structure with a renewed sense of balance and commitment. Socially sanctioned evocation of

anti-structure will occur only in stable societies (A. F. C. Wallace, 1966). In such societies, the ritual process can specifically help contain the expression of potentially threatening emotions by dissociating emotional expression from the everyday roles of the participants and by allowing emotional expression to occur in a symbolic form (Turner, 1969).

Ritual and the control of crisis. Another function of ritual related to change is its ability to control or make manageable that which is unknown, frightening, or overpowering. Because of this, Moore and Myerhoff (1977) noted that ritual is often used to convey those very things that are most open to doubt. Rituals are frequently employed to resolve conflict by fusing diverse symbols, by formal and precise behavior, and by presenting a selective view of reality in which conflict is minimized or ignored. Ritual action is particularly likely when open conflict may not be expressed, when revolution is not considered desirable, and when continued interaction is necessary despite conflict (Hunt, 1977).

Ritual and changing social roles. Just as ritual can establish order, so too can it provide an instrument for changing an existing order. Two common functions of ritual in this regard are changing social roles and cultural innovation. When changes are inevitable, rituals can help these occur in a manner that minimizes disruption of the social order. At such times as birth, puberty, marriage, and death, rituals enable the individual to make a safe transition to a new state with minimal disruption and eventually restore a state of equilibrium. Rituals associated with changes in the life cycle of individuals have been called "rites of passage" or "transition rituals". These were first described by Van Gennep in 1909 as marking the passage of an individual from one state in his relations to a new state. Rites of passage are usually nonperiodic and affect a single individual within the group, instructing, directing, and programming the entrance into a new role. It is important to recognize that the target of such rituals is not just the individual who is changing, but other members of the community as well. Rituals simultaneously instruct persons undergoing changes in

status to act in new ways, and teach the community at large to act differently towards these individuals.

Ritual and mediation of cultural innovation. Ritual can bring about changes in the social order by incorporating new insights and achievements into the existing culture. These innovations can be either minor or radical. In either case, rituals can be used to effect changes in a balanced manner by creating a new order within the context of previous experience and meaning; because of this, continuity with the past can be maintained, when this is desired. One way in which rituals promote continuity is by presenting axiomatic symbols which evoke meanings and emotions associated with previous experiences into subsequent situations (Myerhoff, 1977). Thus, symbols that have become imbued with meaning may be used in a new context to help establish authenticity or meaning for that context. Wolin and Bennett (1984) noted the importance of such incorporation of change if ritual is to continue to be meaningful. In this manner, rituals can provide continuity with the past while simultaneously allowing growth and change.

Sometimes, however, radical changes are necessary. This occurs when the community moves so far afield from its values that a major revitalization is necessary; at such times, conscious organized efforts emerge to construct a more satisfying culture. A. F. C. Wallace (1966) depicts society as passing more or less regularly through a cycle of revitalization, stabilization, and decline. For Wallace, the essence of this process is a dialectic between the ideological, which is conservative and aimed at the repair and perfection of the existing order, and the utopian, which is aimed at effecting revolutionary change for the achievement of a new and better order (Mannheim, 1936). Even when revolutionary changes occur, they will generally emerge from a reconstitution of elements from the former belief system into a new and more viable form (A. F. C. Wallace, 1966). In this process, ritual is often a major force in instituting and maintaining the new order.

Functions of Healing Rituals

Rituals have long been used to effect the physical and emotional health of individuals, both positively and negatively. Ritual exists within the overall conceptual framework of the participants, and the belief system on which healing rituals are based includes a theory of causes of illness as well as probable cures. For example, if the belief system of a culture endorsed possession as a cause of illness, then treatment by exorcism would follow.

In primitive societies with little communication with other cultures, an all-encompassing world view can be an extremely powerful tool in influencing change. This is especially true when such a view is shared by the patient, the healer, and the community at large. The belief system sanctions the healer's role as a help giver, mobilizes expectation of change, makes sense out of problem, and suggests a plan of action (Frank, 1961). In addition, the belief system is likely to be expressed in such a way that it can not be disproved, for it will also explain instances of failure. If the belief system specifies, for instance, that illness results from breach of taboo, confession may be seen as a cure. Failure to regain health, will not result in questioning the basic premises of belief system; instead, continued illness would probably be considered to be evidence that the patient had not completely confessed.

The exact manner in which rituals can function to accomplish healing is not thoroughly understood. In general, however, it is widely recognized that psychological and physical processes can profoundly influence each other. Ritual seems to be a particularly effective means to manipulate psychological aspects of participants which in turn effects their physical health. Evidence from case histories suggests that ritual actions, such as voodoo curses, can in fact cause sickness and even death (Seligman, 1974). Conversely, in some instances ritual can relieve, or partially relieve, physical illness. Almost invariably, physical illness will be accompanied by some degree of anxiety, stress, demoralization, and feelings of powerlessness. Ritual may counteract these debilitating effects of stress and despair. Frank (1961) observed that hope of a cure, the intense relationship between patient and healer, and the belief that

supernatural help is available may all function in healing rituals to mobilize the patient toward health. In addition, involvement of the patient's family and friends may focus group attention on the patient and may help to counteract morbid withdrawal and/or feelings of alienation, while simultaneously demonstrating to the patient that he or she is a valued and worthy member of community (Frank, 1961).

Functions of Technological Rituals

Technological rituals seek to control various aspects of nature for the benefit of man. Examples include divination, protective rituals, and hunting and agricultural rites of intensification. It is generally agreed that by intellectual standards many technological rituals appear to be useless. In addition, these rituals are the most likely to be disproven by scientific tests as well as by personal experience. Despite this, technological rituals are present even in intellectually sophisticated cultures. To account for this, A. F. C. Wallace (1966) described several functions that may help explain their persistence. Technological rituals may, for instance, reduce a period of indecision; when it is difficult to decide on a course of action, ritual may make it possible to do something. In addition, such rituals may help to achieve consensus within a group; that is, when disagreement is likely, ritual can provide a way to act in which no one feels his or her views have been disregarded. Flipping a coin to determine possession of the ball at a football game is an example of such a process. Finally, technological rituals can be effective in mobilizing human effort. Hunting rituals, which emphasize divine protection and insurance of game, are an example of this function. Ritual thus used can prepare individuals to execute actions with maximum efficiency, confidence, and cooperation, and with reduced anxiety. Also, when group energies are mobilized in this way, confidence and increasing willingness to cooperate may actually have an indirect effect on achieving desired goals; thus, technological rituals may serve specific positive functions, albeit indirectly and unconsciously.

Functions of Mystical Rituals

The evocation of mystical experience may be a part of many types of rituals;

however, mystical rituals are justified in being discussed in their own right because the experienced personal contact with the supernatural sets them apart. Because of the intense feelings of validity that often accompany them, mystical experiences may profoundly effect the whole social order, either reinforcing it or pointing the way to change. A. F. C. Wallace (1966) observed that when an existing belief system can accommodate or explain the experiences of the ASC, that belief system is likely to be strengthened. For example, in societies that believe in the experience of possession, trance states are seen as evidence confirming the validity of the belief system. In contrast, when a belief system cannot encompass the experiences of a profound ASC, then the belief system itself is likely to be questioned.

A mystical ritual can effect a radical change in consciousness of the participants eliciting cognitive and/or affective changes such as might occur in transition rituals. Such a use of mystical ritual would be the vision quest of the Plains Indians. The vision quest uses ritual procedures such as fasting, solitude, and sweat baths to help individuals discover a new mystically inspired identity. Mystical experiences can also add power to other rituals. In healing rituals, mystical experiences can effect the healing process itself; if a patient believes that divine intervention is working on his or her behalf, healing may be facilitated. Of course the opposite effect is also possible; if persons feel that they have incurred divine wrath, their physical or mental condition may worsen. To the participants, mystical phenomena accompanying such rituals can be interpreted as powerful evidence that divine intervention has in fact taken place either positively or negatively. This in turn can affect the outcome of the ritual, enhancing or reducing confidence, depending on how the supernatural intervention is interpreted.

Summary of Functions

In summary, rituals serve a number of functions, both on a social and on a psychological level. These include the creation of meaning, perpetuation and change in social beliefs and roles, healing, the attempt to effect specific changes in the

environment, and establishing contact with the divine.

Stages of Ritual

The final section of this chapter will consider the ritual process. In 1909, Van Gennep described ritual change as involving three stages. These stages were seen as particularly apparent in transition rituals. However, Chapple and Coon (1978) noted that the stages identified by Van Gennep are present in all rituals, although different rituals may emphasize one or another according to their purpose. The three consecutive stages described by Van Gennep are separation, marge, and aggregation. Currently, marge is often referred to by Turner's (1969) term "liminality", and aggregation may also be called integration.

Stage One: Separation

In the separation phase, the ritual space and action is set apart from everyday affairs; separation may be spatial and temporal as well as psychological. For example, ritual activity is generally limited to a specific time and place and is marked by a reduction or even complete cessation of interaction between the ritual participant(s) and other members of the social system. In some rituals, enactment of separation may be very dramatic. Ritual subjects may pretend to die or may even be symbolically "murdered", they may be kidnapped, or make a pilgrimage into the wilderness. A less extreme example of effecting separation may be accomplished by designating a specific location as ritual space. The function of ritual boundaries has been described as twofold (Douglas, 1966): first, boundaries protect the ritual area from the intrusion of ordinary life; second, boundaries protect ordinary life from contact with ritually evoked energies which could potentially threaten social order.

Many factors may enter into selection of the ritual site. In one sense, ritual can be performed anywhere; however, the space in which a ritual is conducted may markedly effect the ritual experience. Some sites, by their very nature, seem to be more evocative of creative or spiritual energies than others. Moreover, some places may be

more appropriate for certain ritual actions; for example, rituals of cleansing may be greatly facilitated by being performed near or in running water and so forth.

The selection of ritual sites, as well as the organization within them, may be very complicated and elaborate. Spiritual or psychological principles may be symbolically represented in architecture (Bakhtiar, 1976; Grimes, 1982; Michell, 1983). In addition, numerical considerations may dictate construction of ritual spaces; for instance, the dimensions of ritual sites have been found to correspond with geologic measurements, astronomical phenomena, seasonal changes, and the like (Michell, 1983). In less elaborate circumstances, the ritual space may be physically marked off by such means as stones, chalk, broken branches, candles or small fires, a circle of participants, or circumambulation.

Stage Two: Liminality

Between the beginning of the change and its consummation lies the liminal stage. Liminality derives its name from the Latin word for threshold and refers to the symbolic threshold on which ritual participants stand as they make their transition from the former state to a new one. Liminal entities (liminars) possess few if any attributes of either their former or their future state. Liminality is characterized by ambiguity, anonymity, and paradox.

The function of the sojourn into liminality is the destruction of the individual's former identity and the subsequent development of new attributes. In this process, the customary referents which normally provide identity are stripped away: liminars possess nothing; they may go naked or be dressed alike; they may be nameless or be referred to by the same term. Normally forbidden behavior may be permitted and perhaps even prescribed. Thus, liminal entities may be involved in murder, cannibalism, incest, adultery, and other acts in which the customary social norms are completely overthrown. Liminars may vacillate between behavioral extremes, displaying foolishness and/or wisdom, verbal purity and/or profanity, asceticism and/or strong sexuality (Friedrich, 1978). Because of the loss of a sense of self,

liminality may be likened to death or to a return to the womb. Liminality is the moth in the cocoon, the planted seed, an embryo whose old patterns of behavior have been destroyed so that new ones may emerge.

Typically, liminars must face ordeals. They may undergo stern discipline or be required to make a quest for a special object or knowledge. The ordeals have been seen as representing not only further destruction of the previous state but also a means to temper and prepare subjects for new responsibilities which will be required of them in the new state (Turner, 1969). When such experiences of isolation, destruction of social norms, and ordeals occur in a group, a sense of comradeship may develop. Turner (1969) called this comradeship "communitas" and notes that it is characterized by feelings of deep community, relating in an open and undefended manner, and an awareness of the connectedness of each person to the others.

The culmination of the liminal period is confirmation of the new status onto the ritual subject and a subsequent return to a state of stability once more. Often this is accompanied by the presentation of "sacra", i.e., key symbols or sacred objects that are revealed only to those who have earned the transition to the new status. Sacra may also include something that is told to the ritual subject, such as myths or sacred traditions. At this point, the liminal phase may be said to terminate. Frequently a ceremonial cleansing symbolizes the transition back to a state of structure.

Stage Three: Reintegration

The final stage is reintegration. During reintegration the ritual subject achieves a state of relative stability once more and returns to ordinary life. In the case of rituals of transition, life is resumed from the new status or position. Typically, reintegration will involve a ceremony in which the individual begins to interact with others from his or her new role which the transition ritual has conferred. Such a ceremony provides a structured opportunity not only for the ritual subject to behave differently but also for others to respond differently. This mutual change of behaviors is seen as very important both in initially marking a transition and in maintaining it (Chapple &

Coon, 1978). In the case of rituals of continuity, life is resumed within the former social order but with increased commitment. When this occurs, reintegration may be marked by a celebratory feast affirming that the ongoing order has indeed been strengthened.

Chapter Summary

In summary, this chapter has presented information from anthropological sources concerned with the definition of ritual, some of its functions, and a conceptualization of stages of the ritual process. This information will be used in the next chapter to compare psychotherapy and ritual.

CHAPTER THREE

Similarities and Differences in Ritual and Psychotherapy

In this chapter, similarities and differences in ritual and psychotherapy will be explored. In comparing ritual and psychotherapy, the following definitions will be used. Psychotherapy is defined as a relationship through which a psychotherapist seeks, by various means, to help persons change their feelings, perceptions, beliefs, and behaviors in ways that decrease stress and/or increase the capacity for self-knowledge and self-directed behavior. Ritual is defined as symbolic enactment performed in a precise manner for a particular purpose; this action is often repeated, is accompanied by changes in affect and consciousness, and is performed within a belief system which is usually social.

Difficulties in Comparing Ritual and Psychotherapy

Comparing psychotherapy and ritual is particularly difficult because of the considerable diversity that exists within each. Both involve a variety of approaches, goals, and practices, and within each there are variations of both theory and technique. Because of this, exceptions can be found to almost any generalization. The discussion of similarities and differences, therefore, will concentrate on illustrating areas in which psychotherapy and ritual seem to be generally similar and will point out those areas in which they seem to be generally different.

A second complication in comparing ritual and psychotherapy is the difficulty of achieving a balanced analysis. It is easy to either ignore or overstate existing similarities. An example of the latter is the view of therapy as the modern guise for ritual. Reinforcing this bias is literature presenting the idea that rituals in our society are lacking in power or meaning. In this vein, Kavanaugh (1973), stated that many see ritual as peripheral to real activity; Grimes (1982) has commented on the dearth of meaningful rituals in our society. When such observations are combined uncritically

with observations of the parallels between therapy and ritual, psychotherapy and ritual might seem somewhat interchangeable. Such a view, however, would exaggerate the functional parallels that do exist between ritual and therapy, and also minimize the presence of social rituals in our society. Statements comparing ritual and psychotherapy need to acknowledge their substantial differences and also their similarities.

Sources of Differences and Similarities of Ritual and Psychotherapy

Many of the basic similarities as well as the differences in ritual and psychotherapy can be traced to the historical development of each. In all likelihood, there was a common point of origin. The connection between ritual and emotional disorders is apparent in the early writings of a variety of cultures including the Chinese, Egyptian, and Hebrew. Abnormal behavior was generally attributed to possession by a demon or god. Treatment fell to priests, priestesses, or shamans and involved ritual procedures such as magic, prayer, noisemaking, purgatives, and even flogging and starvation (Coleman, Butcher, & Carson, 1984). The use of ritual to effect emotional change can be seen in early Greece, where the priests of the god Asclepius directed patients to sleep in the temple of the god in the expectation that dreams would reveal what was needed for treatment. This practice was supplemented by prayer, suggestion, and activities such as dance, theatre, and music. Throughout antiquity, emotional healing was often intertwined with religious ritual, and because of this, it is not surprising that the two share some important commonalities still evident today.

In more recent times, there has been a marked divergence between ritual and psychotherapy. Partly this has been caused by the alignment of psychotherapy with the tradition of intellectualism and scientific investigation, an alignment which ritual has not shared. Due to this orientation, belief in the supernatural as a source of healing in therapy has been minimized or denied. For example, Jung (1958), often seen as a psychotherapist who is allied with the mystical, advocated that psychology be "a

science of mere phenomena without any metaphysical implications" treating "all metaphysical claims and assertions as mental phenomena, and regarding them as statements about the mind and its structure that derive ultimately from certain unconscious dispositions" (p. 476). As Watts (1961) pointed out, this is itself a substantial metaphysical assumption but it illustrates the trend of psychotherapists to separate themselves from the sacred, the supernatural, and the metaphysical in the pursuit of objectivity.

In contrast, ritual has maintained a traditional association with the supernatural, even though anthropologists recently have sought to expand the concept of ritual into areas other than those that pertain to the sacred. The different emphasis that ritual and psychotherapy place on the supernatural has a significant impact on the current philosophical parameters of each, not only on the way their process is conceptualized by their practitioners, but also on the functions each serves.

Another difference between ritual and psychotherapy is the emphasis by psychotherapists on the importance of individualism. It has been observed that regardless of therapeutic orientation, most American psychotherapists value individual self-fulfillment and self-direction (Frank, 1961). In accord with this value, therapists regard independent behavior as generally preferable to behavior directed by external forces, and they view techniques that are overly directive or externally imposed as alien to their philosophy.

Obviously, ritual does not always aim at maximizing self-directed behavior. Ritual has the potential to be experienced by participants as either coercive or liberating. Furthermore, because of its ability to influence the belief systems of large groups of people, ritual has frequently been used as a means of social control. When ritual is employed to maintain social order, it may be used in ways which might appear as coercive from a clinical perspective. Rituals, for example, may specify which actions and beliefs are required and which are taboo, with little regard for the preferences of individual participants. Such external direction is not a necessary effect

of ritual, but it frequently exists because ritual is often used to mediate social order.

In conclusion, because the belief system of psychotherapists is likely to endorse individualism and scientific validity and because ritual may be used in ways that infringe on autonomy and depart from empirical validation, there will be times when ritual and therapy may appear to be very dissimilar indeed. In other cases, the values of ritual and therapy will coincide. With this in mind, the similarities and differences between ritual and therapy will be examined as to characteristics, function, and process.

A Comparison of Characteristics of Ritual and Psychotherapy

In the preceding chapter, some characteristics of ritual were mentioned, including symbolism, emotionality, and repetition. These are present in virtually all psychotherapy while other aspects of ritual such as enactment, precision, and the presence of a social context are not saliently present in most psychotherapies.

Symbolism

First, ritual and psychotherapy show similarity in their emphasis of the symbolic and the abstract. Both traverse the realms of fantasy and may explore the depths of that which is usually unconscious. Both may delve into the mythic, whether personal or collective. Also, both can, and sometimes do, connect the person with the intense transpersonal energies that can give life renewed meaning and purpose. Thus, both ritual and psychotherapy share a concern with an important area of life which may be ignored in everyday pursuits.

Heightened Emotionality

Both ritual and psychotherapy emphasize emotional expression. In many types of therapy, the evocation of strong emotions is almost a sine quo non. Not only are usually suppressed emotions allowed expression, but such expression is often actively encouraged. Like ritual, the therapy situation is structured to contain the expression of emotions so that this expression can occur in a manner that is not harmful or

overwhelming for the client.

Repetition

Another salient characteristic of ritual, repetition, can also be present in therapy. Psychotherapy is usually conducted week after week in the same room and at the same time. In this sense, repetition is a part of therapy. In addition, many rituals involve repetition of specific behaviors. For example, phrases may be repeated over and over, musical instruments may repeat a particular beat, and participants may engage in repeated stereotyped movements. This aspect of ritual may not seem to have a clear parallel in therapy. However, Holloman (1974) noted the presence of redundancy in psychotherapy, particularly if the therapist encodes theory in succinct statements. Examples of this are such phrases as "Do what you want to; just be responsible for it" or "If you went ahead and did it, what's the worst thing that could happen?" (Holloman, 1974, p. 273). Holloman's observation points out that the course of therapy involves repetition in the sense that certain themes will be encountered by a client over and over again.

Enactment

Ritual always involves enactment; therapy may or may not. Some psychotherapists may use various techniques in which real or imagined events are acted out in the present, accompanied by appropriate affect. Enactment may be used either in group situations, such as in some types of psychodrama or psychomotor therapy, or in individual therapy, such as in the Gestalt empty-chair technique. The importance of including concrete sensory and motoric input into the therapy was emphasized by Perls (1973) in relation to Gestalt therapy and by Pesso (1973) in relation to psychomotor therapy. Naranjo (1970) also advocated therapeutic reenacting of scenes with gestural as well as verbal participation. In particular, reliving a past experience by acting it out in the present can help make clients aware of many aspects of the experience which had been suppressed or forgotten. Reliving an experience with appropriate enactment may also help clients disempower toxic

introjects (E. W. L. Smith, 1985). Finally, enactment in the safety of the therapy environment can offer a way to try out new ideas and behaviors. When enactment is used, it has many characteristics of ritual, such as increased affect, symbolism, and often a degree of precision and repetition. Many therapists who use enactment, however, would probably be unaware of the similarity between this technique and ritual.

The Social Aspect of Ritual

So far, it has been shown that ritual and psychotherapy share some basic similarities in characteristics: presence of symbolism, heightened emotionality, repetition, and sometimes enactment. As mentioned earlier, differences in ritual and psychotherapy can also be observed. These differences spring from the dissimilar values and usages of ritual and psychotherapy. Historically, ritual has focused on groups; in contrast, the focus of psychotherapy has always been on the individual. Evidence of this basic difference can be seen in the fact that ritual is much more likely to require a social component than is psychotherapy; ritual may be used with very large groups or even with a society as a whole. In rituals of healing or transition, for example, a person's entire community might actively participate. In this process, the group can exert support and/or pressure for the individual to change. In addition, rituals can act directly to change the ways that members of the broader community relate to the ritual participant. That is, as a result of the ritual, not only will the main participants in the ritual begin to behave differently, but, equally important, other community members will begin to behave differently toward the participants as well. This simultaneous change in relationships--which can be mediated by ritual--is important both in making an initial change in individual behavior and in maintaining changes. This ability to impact situations at the social level contributes to the traditional power of ritual.

In contrast, interventions at the social level are less frequent and less extensive in psychotherapy. Even when psychotherapy occurs in groups, it has not been used to

affect the sheer numbers of persons which ritual can accommodate. In addition, there has been a basic orientation in psychotherapy toward the perspective of the individual. Involvement of the social aspect of behavior change may be approached in some types of therapy, particularly family therapy, group therapy, and network therapy, but a recent survey (Norcross & Prochaska, 1982a) revealed that such activities account for a small fraction of actual therapy time and that the modality of preference is individual therapy. Thus, in contrast to ritual, therapy will generally center on the individual, effecting social systems in much more limited and indirect ways.

Therapist vs. Shaman

The underlying value system of therapy can also tend to create differences in the role of the therapist vs. that of the shaman. The ritual leader, as a spokesperson for a particular belief system, can be extremely manipulative, seeking to directly influence the participants' behavior. Ritual practices may also overtly encourage dependence and obedience toward the ritual leaders. Such techniques would be alien to the value system of most psychotherapists, for, while the therapist's ascendancy may be recognized (particularly in the sense that his or her educational credentials are valued), efforts are generally made to avoid conscious exploitation of this "one-up" position to manipulate therapeutic change. This attitude is apparent in the following description of the therapist/client relationship in Gestalt psychotherapy (Fagan & Shepherd, 1970):

The Gestalt therapist is, and regards himself as, an expert. This does not imply, however, that he regards the patient as inferior or different. He recognizes the potential interchangeability of patient and therapist roles, and indeed has found himself on many occasions wrestling with his own blocks and unfinished business. (p. 83)

As a consequence of this type of viewpoint, change in therapy is seen to result not so much from the therapist's powers of persuasion, as from the client's ability to function with increasing independence. Thus, feelings of dependency are ultimately

discouraged in favor of self-direction, and even very directive therapists value the client's increased autonomy (Korchin, 1976). It has been suggested that their emphasis on independent functioning may lead American therapists to underestimate the degree to which therapeutic manipulation actually enters into therapeutic change (Frank, 1961). To whatever extent persuasion does effect change, however, it is used in a less overt manner than that typical of some ritual activity, where submission to authority can play a prominent role in changing both beliefs and attitudes.

Precision

Precision is also less likely to be stressed in psychotherapy than in ritual. While some aspects of therapy may be very precise, the basic philosophical approach to therapy itself seems to be one of flexibility. The uniqueness of each therapeutic relationship is emphasized, and consequently, willingness to try a variety of techniques is encouraged. The value therapists place on diversity within an individual's therapeutic repertoire can be seen by the popularity of eclecticism as a therapeutic orientation. In a recent survey (Norcross & Prochaska, 1982b), more clinical psychologists described themselves as "eclectic" (integrating a number of diverse contemporary theories) than any other theoretical orientation. With such a viewpoint, psychotherapists would tend to tailor interventions to meet the unique needs of individual clients. In contrast, ritual often places a great deal of emphasis on the importance of precision in the techniques employed. For example, if a ritual fails this is often blamed on a lack of precision in performance. Such would seldom be the case in psychotherapy; instead, the psychotherapist would be inclined to modify the approach and try something else. In emphasizing the formality of ritual, though, it should also be reiterated that ritual sometimes allows for very spontaneous expression, particularly by employing structured means to reach states in which free expression can occur.

Purpose

In the previous chapter, statement of a particular purpose, aim, or intent was

identified as being an important characteristic of ritual. Certainly, therapy also has intent or purpose, but the intent may be more general than in ritual. In particular, ritual acts are often performed with a specific intent, that is frequently verbalized and/or consciously acknowledged. Thus ritual acts, while possibly open to expanded meaning, are nonetheless entered into with intent and understanding of specific purpose. In contrast, the intent in psychotherapy is often more general and may not even be consciously stated. One reason for this is that much of therapy works to uncover or discover meaning, while ritual often enacts a meaning which is already determined.

Summary of Comparison of Characteristics of Ritual and Therapy

To summarize briefly, therapy shows similarities to ritual in that it is characterized by the presence of symbolism, heightened emotionality, repetition, and sometimes enactment. One of the ways in which psychotherapy and ritual differ is that the latter more consistently employs group dynamics in the change process. Ritual and therapy also differ in their acknowledged reliance on manipulation or persuasion by a leader to effect change, and in the importance each places on precision, with ritual emphasizing precision to a greater extent. Finally, a clear statement of the purpose or intent of actions is more likely in ritual than psychotherapy.

A Comparison of Functions of Ritual and Psychotherapy

Just as ritual and psychotherapy have many similar characteristics, they also share similarities of function. However, the philosophical allegiance of psychotherapy to self-direction and objectivity guides psychotherapy and will sometimes cause therapy and ritual to function in very different ways; at other times their functions will be extremely similar.

A Comparison of Functions which Establish Meaning and Mediate Belief Systems

Both ritual and psychotherapy establish meaning by influencing belief systems. A major difference is that rituals often mediate belief systems at a social level while

psychotherapy impacts assumptions and beliefs at an individual level. As mentioned earlier, because of the ability of ritual to impact the belief systems of groups, it has traditionally been a primary means of creating, maintaining, and changing social order. Thus, ritual has been used to directly effect the belief systems of large groups of people, even the belief system of societies as a whole. Used this way, ritual is more likely to stress social rather than individual preferences.

In contrast, psychotherapy will almost invariably try to maximize the expression of individual preferences and rights. This is true even though therapists may find themselves at times functioning as agents of the social order. This role of therapists is evident when persons deviate too far and find that their entrance into therapy is mandatory. Even in this situation, however, most psychotherapists would not view themselves as agents of social control, but would see themselves as advocates between a distressed individual and the social order. The psychotherapist then would work to bring about a reconciliation between the individual and social norms, without sacrificing the integrity of the individual. Moreover, while most therapists would acknowledge the necessity of a certain degree of conformity to the social order, they would also believe that within the limits of that order exist the possibility for wide variation in self-expression. Therapists might even be considered "revolutionaries" in that they aid clients in a liberation from their social conditioning. In this sense, therapy and ritual may frequently be employed at cross-purposes: the therapist may be an advocate for the individual to maximize self-expression within a social order that may have been created by ritual.

The function of expressing values. Psychotherapy may function on an individual scale just as ritual functions on a social scale, both maintaining and changing belief systems. One way in which ritual may be used to maintain belief systems is by periodically expressing social values. However, simply reinforcing socially-decreed belief systems would probably be seen as alien to psychotherapy. For example, Korchin (1976) considered the production of socially "adjusted" individuals as

a focal therapeutic goal to lack integrity. Reaffirming a belief system, though, is certainly a part of therapy. The difference is that efforts are directed in psychotherapy toward achieving a belief system that is consistent with the client's own sense of selfhood. This belief system will probably be compatible with the belief system of society because social sanctions impose certain limits on deviation. However, despite these conditions, belief systems reaffirmed in therapy will likely be ones that both the client and therapist feel have been developed by the client, rather than externally imposed.

The function of catharsis. Ritual also uses emotional catharsis to maintain social beliefs. While emotional catharsis is a part of psychotherapy, it is generally used in the service of changing beliefs rather than to reinforce them. Another difference between the use of catharsis in ritual and in therapy is the number of persons who participate simultaneously. It is not uncommon in therapy for catharsis to occur in a group setting, but frequently, persons will take turns expressing intense emotions, and they may express emotions on unrelated topics. For example, one client may express intense anger at a parent, and later in the same session, another client may express strong grief over the loss of a loved one. In contrast, in rituals such as saturnalia rites, it is common for a large group of people to express intense emotions simultaneously. These emotions will be directed toward a unified theme (e.g., at an enemy). Alternately, one or several persons may act out emotional dramas for an audience which may participate by shouting encouragement. This phenomenon has little parallel in psychotherapy. One exception is the work of Houston (1980) who used ritualized expression of emotions in large groups to increase awareness, although she terms these exercises "dromenons" or "therapeia" and not therapy. These intense emotional exercises are couched in mythology and seem to be quite similar to large-scale cathartic rituals, a similarity readily acknowledged by Houston.

Functions during crisis. Both psychotherapy and ritual can function to restore equilibrium in times of crisis. It is, in fact, crisis which brings many persons into

therapy. During these transitional phases, old behavioral repertoires are no longer adequate for the new demands of the situation; consequently, a crisis can be a time of profound disturbance but also a time of growth. The importance of intervening at the time of crisis has been emphasized by Caplan (1964), who saw crisis as a critical event from which subsequent pathology may develop. Caplan has also noted that, if unresolved or only partially resolved, crises tends to recur and escalate. Finally, he has observed that following crisis, persons are more susceptible to suggestion and more open to change. For these reasons, psychotherapy, like ritual, will help persons deal with the crises that they may encounter.

Functions to change social roles. Ritual and therapy may both be used to help individuals change social roles. This function has been cited as an important way in which therapy can be used when meaningful social rituals no longer exist. However, a potential difference exists in the degree to which each emphasizes self-fulfillment in the change of social roles. When ritual is used to mediate role change in large groups, there may be greater emphasis on maintaining the social system than on individual preference. The outcome may be specified by a source external to the ritual subject. Participants may have little choice in the goal of the ritual or about taking part in it; indeed, ritual participants may not be conscious of a lack of choice, since ritual is often not presented in terms of choice at all, but rather in terms of "this is the way it is done."

With its different orientation, psychotherapy is more likely than ritual to be consistently concerned with individual satisfaction in changing social roles. Psychotherapy will, for example, encourage clients to pursue self-satisfying goals and considerable effort may be expended in examining whether particular goals will help the client achieve fulfillment and personal satisfaction. Thus, while both ritual and psychotherapy may help persons change their social roles, ritual may be used to do so with or without the individual's approval of the goal, while therapy more often encourages self-directed choice.

The function of establishing new beliefs. Rituals also function to revitalize the

social order by incorporating new insights. While psychotherapy does not function to effect major changes on a social scale, it can be thought of as mediating a very similar process on an individual level. Basic to the conceptualization of therapeutic goals is the integration of new insights and behaviors. Psychotherapy, then, is one means whereby new insights are both achieved and integrated into the ongoing personality structure just as ritual mediates new beliefs on a cultural level.

A Comparison of Healing Functions in Ritual and Psychotherapy

Healing rituals probably bear more consistent functional parallels to psychotherapy than any others. Reasons for this may be because psychotherapy is vitally concerned with healing and also because healing rituals tend to focus more on the individual than many other rituals.

Reducing demoralization and engendering hope. Healing rituals and psychotherapy both function to reduce demoralization by engendering hope (Childs-Gowell, 1979). One way in which hope is engendered in both healing rituals and psychotherapy is confidence in the healer. This faith may be fostered in several ways. Both ritual leaders and psychotherapists undergo special training and receive credentials supported by at least some segment of society. In addition, during the initial stages of ritual, some leaders may build confidence by recounting their past successes. Frank (1961) noted, for example, that prior to ritual, healers may perform certain feats of magic or speak of how they received their call. While more subtle, the diplomas hanging on the therapist's wall serve the same function in our society. The client's confidence may also increase by hearing of the therapist's past successes from others.

In addition to believing the healer or therapist can help, the fact that they want to do so is also important. The patient's perception that the healer cares about his or her welfare is cited as an important aspect in ritual healing as well as in psychotherapy. The relationship with the healer may also help the patient overcome feelings of loneliness, especially when healing occurs in a group. While ritual healing

tends to use groups more consistently than psychotherapy does, the functions served by the group in both are quite similar. For example, the sense of community possible in groups and the sharing of intense emotions can provide an experience of meaningful interpersonal contact and can counteract feelings of alienation. The increased status experienced by clients as a function of being center of a group's attention can exert powerful forces for cognitive and behavioral changes (Childs-Gowell, 1979; Frank, 1961). In addition, groups can reinforce faith in the healer and provide consensual validation. All of these aspects of psychotherapy and ritual function in various ways to reduce demoralization and raise the patient's or client's hope that change is possible.

The role of the belief system. The belief system in both healing rituals and psychotherapy is also an important part of the healing process. In psychotherapy, a belief system exists and serves important functions. The belief system may take a variety of forms, such as stressing the importance of increased awareness or emphasizing the effect of early learning on present experience. It may also be expressed informally and gradually, but it helps make sense out of the problem and generates a plan of action (Frank, 1961). The belief system also guides the course of therapy or ritual by providing a basic metaphoric or symbolic framework from which flows roles, ritual objects, actions, and so forth. While this is probably more apparent in relation to ritual than to psychotherapy, consider how the well-known belief system of Transactional Analysis allows the client to discuss interpersonal interaction, not only with his or her therapist, but also with others.

Increasing self esteem. Increased self-esteem of the patient or client can also be an important part of their change both in healing rituals and in psychotherapy. Self-esteem can be enhanced in a number of ways. The relationship with the therapist or group members may be an important part of this process. In addition, Frank (1961) noted that it is important for the client to have some success experiences which can increase self-esteem. The belief system can help structure such experiences by

demarcating stages and defining these as reflecting progress.

Some differences between psychotherapy and healing rituals. Differences between psychotherapy and healing rituals are likely to stem from those same sources which were mentioned in the preceding sections of this chapter as major differences between therapy and ritual in general. For example, psychotherapy will more often be conducted individually than will healing rituals. Rituals are more likely than therapy to require precision of action. The leader in a ritual will probably depend more heavily on charisma and be more likely to condone actions that enhance his or her personal persuasion over the patient than a therapist will. Similarly, the ritual leader will probably be more directive, while the therapist will tend to encourage autonomy and personal self-direction, at least ultimately. In contrast to ritual, psychotherapy will often stress the importance of insight into the process of change; that is, the therapist will want the client to understand how he or she changed. In ritual, this will frequently not be the case.

Summary of Similarities and Differences of Functions of Ritual and Psychotherapy

The functions of ritual and psychotherapy may be very different or very similar. Many of the major differences in the two areas spring from the fact that therapy operates from within a belief system that endorses self-directed behavior. In contrast, ritual may or may not enhance individual autonomy; therefore, ritual may be used in ways which might seem coercive to psychotherapists. This is particularly likely because ritual can effectively manipulate the belief systems of large groups of people simultaneously. However, ritual may also be used to reinforce values consistent with individual autonomy. When used in this manner, ritual and psychotherapy may show remarkable parallels of function, such as have been described in connection with healing rituals.

A Comparison of the Ritual Process and Psychotherapy

Regardless of the fact that ritual and psychotherapy may be used for similar or

dissimilar functions, they show some striking parallels in the process each employs to effect change. The ritual process has been conceptualized as a journey whereby participants are separated from a state of structure, experience a state different from that which they usually experience, and finally return to a state of structure (Van Gennep, 1960; Turner, 1969). This process has many parallels in psychotherapy, though here the stages are not as clearly marked as they may be in ritual.

Separation

Psychotherapy may be seen as involving separation, for like ritual space, the therapy setting is sharply distinguished from the rest of the patient's life. Appointments are set for a certain time and a certain place and are not interrupted by phone calls or visitors; in addition, communication occurring in therapy is guarded as confidential, further separating it from ordinary activity. Such boundaries have been seen as important because they allow the client to engage in expressions which are less rational and more emotional than perhaps is usual, with the assurance that what is expressed in therapy will be held separate from the rest of the client's life.

In contrast to ritual separation, which can be an abrupt means of wresting individuals away from their constructed social order, separation in psychotherapy is generally mild and for a short period of time. Also, it is likely to be conceptually framed by the therapist in terms of sanctuary in which one can be oneself. In some types of therapy, however, such as therapeutic marathons, more abrupt ritual separation is used to divest individuals of their usual constructed order for an extended period of time.

Liminality

Psychotherapy exhibits many liminal characteristics. Features of liminality have been described in such diverse therapeutic orientations as psychoanalysis (Siggins, 1983) and encounter groups (Childs-Gowell, 1979). For one thing, in both therapy and liminality, change is a central feature, involving first separation from the old way of being and then discovery of the new state. Since the new state is

unknown and since the old state must be altered if not abandoned, therapy and liminality both contain possibility and uncertainty. A necessary part of the transition is encountering and traversing this unknown space which inevitably involves reflection on core values.

Suspension of social norms is also a feature common to both psychotherapy and liminality. Many examples of how suspension of cultural mores occur in liminality were described in the preceding chapter: liminars may no longer be called by their former name; they may go naked or may be dressed alike; and they may be expected to engage in highly emotional and deviant behavior. While certainly not as extreme as ritual, psychotherapy shows parallels to liminality in suspension of some customary social mores. For example, polite small talk has little place in therapy, whereas the expression of intense and often suppressed emotions is encouraged. Touching in a non-sexual way is often permissible. Psychotherapy also encourages clients to set aside defenses and become open and vulnerable. An executive who, outside of therapy is competent and efficient, may, in therapy, be free to express her neediness and vulnerability. In addition, some forms of therapy may encourage practices reminiscent of the status-stripping of liminars. Both Holloman (1974) and Childs-Gowell (1979) commented on anonymity and status-stripping present in encounter groups. In other therapy modalities, therapists also tend to relate to clients from the special status of therapist-client and not in terms of the client's usual status. Thus, much of what constitutes the client's usual identity may be dropped as he or she enters the therapist's office.

Another parallel between psychotherapy and liminality is the emphasis on the symbolic and the nonverbal. Fantasy and reality may blend together more readily than in ordinary life. In fact, in both psychotherapy and liminality, fantasy is supported, whereas in most other aspects of life, fantasy takes a decided back seat to rationality. Moreover, both liminality and psychotherapy exist in a space where it is possible for one's past, present, and future to merge with each other.

A final characteristic of liminality readily apparent in psychotherapy is heightened emotionality. Strong emotional experiences, both positive and negative, are a frequent aspect of many psychotherapies, from primal therapy (which advocates expression of very intense emotions) to largely verbal therapies. Also, when *communitas* occurs in therapy groups, strong emotional components are evident. In summary, many elements of liminality are present in therapy experiences, particularly intensification of emotional experience and separation from one's customary identity and patternings of reality.

While psychotherapy shows many parallels with the liminal phase of ritual, therapy is often limited in the degree to which departure from ordinary social structure is allowed. For example, rituals may encourage archetypal or transpersonal experiences or even deviant behavior. In contrast, such evocation of experiences would often be minimized in psychotherapy. One reason for this difference is that psychotherapy has emerged from a tradition that values rationality and empiricism. Because of this, many psychotherapists may be hesitant to acknowledge the importance or even the validity, of experiences that deviate too radically from the rationality which currently structures society. Thus, while therapy will allow some separation from the customary predominance of rationality and verbalization, it will generally stop short of the extreme departure from rational thought allowed and even encouraged by ritual.

Reintegration

In reintegration life is resumed from a new position or status. In some types of therapy (for example those with specified behavioral ends), this process may be somewhat formalized and may occur at a particular point in time. Reintegration also occurs in psychotherapy in a fashion similar to rituals when the separation is extremely pronounced, and/or when a great deal of change is compacted into relatively short periods of time, as might occur during therapy marathons, for instance. In such cases, a specified period of reintegration is likely to be structured.

Often, however, such clear points of integration do not exist as a formalized part of psychotherapy. It is more meaningful to talk about the emphasis therapists place on integration throughout the therapy process as being similar in function to the ritual phase of reintegration. In psychotherapy, integration is probably not so much a separate stage as it is a guiding value in the therapeutic process. Integration encourages the unification of new insights with what is already understood; that is, as each new insight is gained, effort is made to unify that insight with past insights. This in turn can lead to new insights and renewed attempts at unification. Integration, in this sense, is bringing parts together to form a whole. Psychotherapy does not value only achievement of the whole; it values the commitment to try to bring the parts together.

Chapter Summary

In comparing ritual and psychotherapy many similarities have been noted; however, substantial differences have been observed as well. Throughout this chapter, two common sources of difference between ritual and psychotherapy have been discerned: an emphasis of psychotherapy on self-directed behavior and on empirical validation. Depending on how ritual addresses these issues, at times it may show remarkable commonalities with psychotherapy while at other times it may appear to be very divergent.

There are many ways to use ritual in psychotherapy which are consistent with the inner direction and preferences of the client. For example, ritual could be used to help clients expand their awareness of themselves by inner exploration. Similarly, the client could be encouraged to develop his or her own ritual procedures. When ritual is used in this manner, it can truly become a passageway to further growth and self-knowledge.

The second consideration (i.e., conformity to scientific and rational principles) may lead therapists to stop short of the radical departure from ordinary

consciousness that is common to many rituals. Until recently, psychotherapy has tried to disengage itself from encouraging experiences of the mythic, the transpersonal, or the supernatural as sources of wisdom and inspiration (Korchin, 1976) and encouraging such experiences was seen as threatening to the credibility of therapy, in particular by fostering psychotic-like states. However, ritual often embraces these very realms; its ability to touch nonrational or pararational places is one of its strengths. Thus, in using ritual, therapists must balance their need for conformity to consensual reality with their willingness to open up to the unknown. To the extent that they favor the former, they will limit the potency of ritual to connect with knowledge which is presently hidden; to the extent that they risk transcending the ordinary belief system based on scientific principles, they may also risk censure by advocates of that belief system.

There is, currently, an increasing acceptance of the transpersonal, the mythic, and the archetypal in psychotherapy. This may be noted in relation to awareness. By denying or disowning awareness of parts of oneself, for example, one becomes more and more limited. Conversely, as one incorporates previously disowned parts into the self, one's boundaries and self-concept expand. In this process of re-owning, the focus may initially be on reclaiming the disparate parts within oneself. However, if this process continues as one's boundaries continue to expand, one inevitably transcends one's former self. At this point personal therapy merges into the transpersonal. Elkin (1978) has noted the continuum from ego-based therapy to the transpersonal in Gestalt therapy as more and more formerly disowned parts are integrated into the self. Other theoreticians and clinicians who have advocated the therapeutic value of exploration of these transpersonal realms include Assagioli (1981), Houston (1980), Ornstein (1972) and Wilbur (1981) (to name a few of those who are best known). All of these therapists and theoreticians call attention not only to the importance of the transpersonal but also to its inevitable inclusion as a part of psychotherapy.

As the transpersonal becomes more integrated into the fabric of psychotherapy,

ritual offers a vehicle for clients to make personal and direct contact with its power. Ritual has traditionally been valued as a method for dealing with ultimate questions of existence. When such issues become focal for the client, ritual offers a way to connect very personal meanings with archtypal and primordial ones.

Anthropological literature clearly describes the way in which ritual facilitates change. The ritual process involves a journey from ordinary reality to liminality and back again (Van Gennep, 1909) or from structure to a state of anti-structure (Turner, 1955). In other words, anthropologists believe that cognitive and behavioral change can be effected by the controlled encounter with a state of consciousness that suspends the individual's belief system. Ritual has been a specific means of accomplishing this, and ritual induction of ASC's is particularly apparent in transition rituals.

Anthropologists who have studied psychotherapy see a similar process at work. Psychotherapy has been described as showing parallels to the ritual process by evoking a state of consciousness in which the individual's learned defenses are suspended and in which the individual is particularly open to change. The therapy process in encounter groups was described by Hallen and Giffel as involving ritual manipulation of emotion so that a state of "psychic opening" is possible in which "major shifts in ... psychic configurations can occur" (p. 103). Child-Gressel (1979) reported a similar process in relationship to experiential therapy with schizophrenia.

In comparison, psychoanalysts seem more reluctant to view the induction of ASC's, ritually or otherwise, as potentially important in directly facilitating therapeutic change. Obviously some therapists do use techniques that evoke altered states, such as hypnosis, guided imagery, and meditation. However, despite instances in which ASC induction is used in therapy, most therapists probably do not see ASC's as a major resource in effecting therapeutic change.

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CHAPTER FOUR

A Conceptual Basis for the Use of Ritually Induced Altered States of Consciousness in Therapy

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A recent area of interest in psychology, the study of consciousness, provides a theoretical basis for viewing ASC induction as therapeutic. Work in this area has generally described the individual as operating from a set of learned assumptions that

limit experience, behaviors, and feelings. In altered states, these learned limitations can be disrupted, and new and more satisfying ways of experiencing the world can be accessed. Such conceptualization supports anthropological observations suggesting that altered states may be useful in therapy.

The goal of this chapter is to present information that establishes a basis for conceptualizing therapeutic change in terms of changing belief systems or assumptive sets and that points to ASC induction as a tool for facilitating this process. To this end, theory concerning the psychology of consciousness will be presented, including a description of how assumptions or belief systems are established, their effect on experience, and their potential disruption via ASC's. While such ideas would seem to hold great potential for clinical application, they have not been widely applied to clinical work, nor do clinicians seem to conceptualize therapeutic change in this manner. However, if psychotherapists accept the model set forth within the area of consciousness psychology as a valid one, or if they see that the induction of ASC's can be beneficial in the therapy situation, then ritual can substantially expand application of this process to therapy.

The Psychology of Consciousness as Supporting Change in Belief Systems via ASC Induction

The Limitation of Consciousness via Learned Filters

Cognitive psychology conceptualizes belief systems as sets of assumptions that organize and limit sensory input. At any given time many stimuli bombard our senses. It is generally acknowledged that this multitude of incoming sensory data can be processed in two discrete ways: sequentially and holistically. In sequential processing, the incoming data is divided into separate bits. Welwood (1977) used the term "focal attention" to describe this type of mental processing, by which he meant that attention was focused on one area, resulting in a heightened awareness of that area

and a corresponding decrease of awareness of other areas. Such processing has been described as sequential, linear, temporal, and analytic (Ornstein, 1972). In contrast, holistic processing stresses integration and synthesis of stimuli. Attention in holistic processing is diffuse rather than focal. Wilbur (1981) noted that such perception is not chaotic or undifferentiated, but rather a perception in which variations are "interwoven into a seamless multi-faceted flow" (p. 48) in which a sense of unity is perceived.

These two modes of data processing are thought to reflect a specialization of function in the brain related to the two hemispheres. Some research suggests that this anatomical division of the brain is paralleled by functional differences; although there is much interaction between the two sides of the brain and both sides contribute to the performance of many tasks, one hemisphere (usually the left) seems to be specialized for sequential processing while the other hemisphere (usually the right) specializes in holistic processing (Ornstein, 1972). Thus, the left hemisphere has been cited as excelling in those tasks that involve causal or temporal relationships between discrete elements, including language and mathematics, rational thought, judgment, and interpretation. The right hemisphere has generally been associated with more diffuse organization in which relationships between parts are simultaneously apprehended--rather than discrete bits, patterns emerge. Examples are artistic endeavors, spatial relationships, visual recognition, and body image. The terms "left-brain" and "right-brain" may be conveniently used to describe these two discrete cognitive approaches. In the present paper, "left-brain" and "right-brain" will be used in a metaphoric sense rather than referring to specific structural features.

An emphasis on sequential processing. In any given instance, either sequential or holistic processing might be more appropriate, and ideally individuals would be able to call on both types. However, there seems to be a general imbalance in favor of sequential processing, particularly in modern Western culture. Ornstein (1972, 1976) has been among the foremost authorities who have observed that abilities associated

with left-brain sequential processing have consistently been more highly valued than those associated with right-brain functioning.

It has been suggested that focal attention and the ability to process information sequentially have contributed to biological survival in humans, and for this reason, it has been more highly developed than holistic processing. Huxley (1954) eloquently addresses both the beneficial as well as the restrictive consequences of focal attention in the following quote:

Each of us is potentially Mind-at-Large. But insofar as we are animals our business is at all costs to survive. To make biological survival possible Mind-at-Large has to be funneled through the reducing valve of the brain and nervous system. What comes out at the other end is a measly trickle of the kind of consciousness which will help us stay alive on the surface of this particular planet. (p. 23)

The development of cognitive maps. An important consequence of the emphasis on focal attention and sequential processing has been that each individual develops a stable concept of reality from which to operate; a person learns to superimpose a structure upon the infinite bits of data simultaneously vying for attention. This model has been variously described as an "assumptive world" (Frank, 1961), a "cognitive map" (Grinder & Bandler, 1976), a system of "boundaries" (Wilbur, 1981), and a "local reality tunnel" (Wilson, 1983). This paper will also refer to this model as "filters", because reality is filtered and distorted through a somewhat idiosyncratic set of assumptions that an individual accumulates in the course of his or her lifetime.

A number of different influences contribute to the development of cognitive maps. Parts of this model are neurologically imposed; that is, more stimuli exist in the external world than our senses are capable of receiving. An example of this is the color spectrum of which we are able to discern only a selected portion. In addition to neurological constraints, social and cultural learning also plays an important part in

teaching individuals how to structure reality. Each individual functions within a set of cultural expectations and culturally defined social roles that influence perception of reality. Ericson (1977), in particular, has commented on the multitude of social traditions that pattern the interaction of the individual, describing this as "ritualization". Another major way in which stimuli are structured is through language itself. Language offers rich possibilities for communication about some things while being sparse in its ability to communicate about others. Because of this, language can exert considerable influence on the way in which individuals both perceive and communicate. Individuals also learn to filter information in specific ways as a result of experiences with family, friends, and various cultural subgroups.

Between these combined influences, the individual develops various constellations of what is good, bad, beautiful, ugly, right, wrong, etc. Thus, many of the tastes, opinions, and behaviors that are felt to be so much a part of oneself are acquired through a process which is largely unconscious and accidental, resulting in the formation of an idiosyncratic cognitive map that structures the way we perceive reality. In fitting our perceptions to these structures, we filter information and thereby distort it. Naturally, there may be wide individual variation in which stimuli are endorsed and which are ignored. Cognitive maps are especially important in attributing causality (i.e., people are likely to infer causes from the perspective of their cognitive map). In addition, a person may be fairly conscious of some aspects of his or her cognitive map but unconscious of other aspects. Finally, cognitive maps may lack internal consistency and may be a source of significant personal conflict.

Cognitive maps as potentially distorting reality. Quite frequently, we distort reality to fit our own inner frames of reference. While our individual models are convenient and are necessary for life as we know it, it is easy to mistake our model of reality for reality itself. We come to expect things to be a certain way, and our perceptions may become biased and distorted to fit these expectations. Given that cognitive maps exist as a function of divisions of reality and that many such divisions

are arbitrary, some distortion of reality is inevitable. However, the inevitable distortion is compounded by additional distortion present as a result of the attachment individuals develop toward their own filtering systems. In other words, the individual's sense of identity and self-esteem often gets involved in seeing reality in ways consistent with his or her individual expectations. Such attachment is understandable because these filtering systems help make events (seem) predictable. The filtering system can thus be a potential source of great security; conversely, change in filters is seen as potentially threatening.

Distortion of reality has been described throughout the literature of psychology in various ways. Clinical psychology refers to the protective stances, called defense mechanisms, as ways in which input is distorted to conform to our inner frame of reference; in this manner, unwanted input may be projected or suppressed. One of the results of this limited awareness which Wilbur (1981) described is the development of the Shadow; here, the facets of the individual that are not liked or understood are unconsciously projected into the environment. In this very common process, the individual comes to see his or her own negative characteristics as external, and what remains is an impoverished and inaccurate self-image in which only positive elements are emphasized. Maintenance of this unrealistic perception then requires that experience be continuously distorted to defend the individual from awareness that within the cherished self reside not only characteristics regarded as good and beneficent but also those regarded as negative and disturbing. Childs-Gowell (1979) referred to this process as "transformation" in which information is redefined or changed to fit a learned inner frame of reference. Tart (1975) also observed some defensive processes typically employed to maintain perceptual filters, such as "loading", which Tart described as constant, often unconscious, internal chatter that helps keep unwanted input from intruding. Another maneuver is "limiting", in which situations that might arouse unwanted emotions, etc., are avoided.

Distortions of reality to fit an inner frame of reference have also been observed

in social psychology. For example, the literature on self-fulfilling prophecy provides ample evidence that persons distort experience in ways consistent with their expectations. Finally, in the area of transpersonal psychology, Wilbur (1981) noted that perception of reality is greatly influenced by the boundaries that the individual has learned to place on that reality. A common thread running through all these observations is that awareness can be limited and distorted in certain idiosyncratic, habitual, and self-perpetuating ways.

The distortion of reality to fit our own inner maps may be the source of significant problems. Childs-Gowell (1979) suggested that psychopathology can be described as the degree to which an individual distorts reality to fit his/her own inner frame of reference. In some instances, an individual's cognitive map may be so grossly at variance with what most others experience that he or she is clinically described as being out of touch with reality. Even in less extreme instances, an individual's attachment to his or her particular cognitive map can be a significant factor in limiting the possibilities for growth and increased awareness. Bandler and Grinder (1975) described the chronic narrowing of options as potentially painful. Wilbur (1981) observed that limited awareness is a source of distress not only in clinical populations but also in "normal" individuals. Similarly, Wilson (1983) noted that the majority of humanity suffers from this condition, which he calls "tunnel-vision". In all these instances, cognitive maps are described as both limiting the individual's present reality, perhaps in maladaptive ways, and also impeding further growth.

Disruption of cognitive map as potentially therapeutic. While therapists have not often talked specifically about the value of changing one's cognitive map, they have addressed this same process by advocating increased awareness; for example, an integral part of psychoanalysis is bringing into consciousness parts of the psyche of which the client is unconscious. Many other psychotherapies also regard increased awareness of unconscious ideas or dynamics as beneficial. Wilbur (1981) observed that a wide "spectrum" of therapies share the common aim of increasing the individual's

awareness and acknowledgment of those aspects which, on many levels, have been disowned. Perls (1973) also noted the value of awareness, and observed an inverse relationship between awareness and anxiety. Increased awareness, then, can be seen as potentially therapeutic.

However, awareness can not be increased unless the cognitive map is at least temporarily disrupted, for it is this very map that determines what an individual can be aware of. In addition, if awareness is to expand, this very awareness must eventually include understanding of the ways in which our reality is habitually restricted; until the individual becomes conscious of the fact that he or she limits reality and begins to increase awareness beyond these limits, perception will continue to be unconsciously restricted and distorted. Despite the potential benefit of such an expansion of consciousness, many scholars note that people cling to their particular cognitive maps with tenacity. A good account of this phenomenon is given by Maslow (1967) who wrote of the "Jonah syndrome", commenting: "We enjoy and even thrill to the godlike possibilities we see in ourselves in peak moments. Any yet, we simultaneously shiver with weakness, awe, and fear before these same possibilities" (p. 163). Much of the work of psychotherapy can be conceptualized as increasing awareness and gradually expanding those aspects of the individual's cognitive map which are limiting or maladaptive. In the supportive environment that therapy can provide, the client can experiment with alternate ways of being or perceiving--i.e., changes in the cognitive map. The temporary disruption of cognitive maps in this process is potentially therapeutic because it can free the individual from habitual ways of patterning reality, while simultaneously opening him or her to new possibilities.

Altered states of consciousness as disrupting cognitive maps. The disruption of cognitive maps constitutes the salient feature of an array of phenomenon which have been described as altered states of consciousness. Ludwig (1969) defined ASC's as "any mental states induced by various physiological, psychological or pharmacological maneuvers or agents which can be recognized subjectively by the individual himself (or

by an objective observer of the individual) as representing a sufficient deviation in subjective experience or psychological functioning from certain general norms for that individual during alert waking consciousness" (p. 9). Characteristics of ASC's include alteration in thinking, disturbed time sense, loss of control, change in emotional expression, change in body image, perceptual distortions, changes in meaning or significance, a sense of the ineffable, feelings of rejuvenation, and hypersuggestibility (Ludwig, 1969). Some altered states have also been characterized as being accompanied by the subjective experience of intense validity (d'Aquili, 1982; Diekman, 1969).

Altered states may be experienced as extremely pleasurable. Wilson (1983) described altered states as "a neurosomatic turn-on" resulting in "sensory enrichment, sensual bliss, perceptual delight, and a general laid back hedonic 'high' " (p. 157). In such experiences, the altered perceptions may be felt to be intensely fascinating, if not revelatory. Consider the following notes written by Bucke, a traveler to altered space, quoted by Wilbur (1981):

All at once I found myself wrapped in a flame-colored cloud...There came upon me a sense of exultation, of immense joyousness accompanied or immediately followed by an intellectual illumination impossible to describe... I saw that the universe is not composed of dead matter, but is, on the contrary, a living Presence; I became conscious in myself of eternal life. It was not a conviction that I would have eternal life, but a consciousness that I possessed eternal life then. (p. 1)

Many writings from altered states resonate with positive feelings: peace, wonder, rapture, insight, a sense of union and meaning, and in profound cases, even very unusual perceptions. However, such experiences are not always positive. Opposite feelings of fear, apprehension, depression, or intense discomfort may also be experienced in some cases. This is not surprising when one considers that in ASC's many of the sources of security, predictability, and identity are suspended.

Altered states have been described as instances in which, to varying degrees, the

cognitive maps that normally structure perceptions are disrupted. For example, Diekmann (1969) suggested that during altered states the mechanisms of automatic selection become "de-automatized". Using the computer as an analogy, it is as if previous programming is suspended, and one goes back to a condition in which re-programming can occur. Thus, ASC's are disruption of cognitive maps. It is also likely that ASC's represent instances in which individual's usual reliance on sequential processing is diminished in favor of a greater-than-usual reliance on holistic processing. Welwood (1977) noted that, while holistic processing is an important part of everyday perception, it probably reaches its fullest expression during ASC's. From this, it seems likely that during ASC's cognitive filters are de-automatized, sequential processing decreases, and holistic processing predominates.

The Therapeutic Value of ASC's

Altered states may be seen to have significant therapeutic value because they can disrupt cognitive filters. The usual defensive procedures may be lessened or abandoned during ASC's, and as a result, the individual may experience alterations in thinking, heightened suggestibility, and access to new perceptual possibilities. In addition, because customary ways of perception are temporarily suspended, individuals may be free to behave in new and less defended ways. The experience of such fresh perceptions or insights can effect individuals long after their return to an ordinary state of consciousness. In particular, ASC's can provide experiences accompanied by such a degree of emotional intensity and validity that they cannot be denied later on.

For these reasons, some writers have suggested that accessing ASC's can facilitate integration and personal development. Both Childs-Gowell (1979) and Battista (1981) saw ASC's as being linked to transformation of the personality. Similarly, d'Aquili (1975, 1982) observed that the intense feeling of validation often accompanying altered states may be an important aspect for achieving new

integration and growth. Finally, A. F. C. Wallace (1966) commented that experiences of altered perception always have important, lasting consequences for one's belief system. As mentioned earlier, Wallace believed that when perceptions experienced in an altered state are explained by a belief system, such experiences serve to reinforce the power of that belief system; alternately, when such experiences are contrary to a belief system or when the belief system cannot accommodate the experiences encountered in an ASC, it is likely to be weakened. Thus, ASC's can offer the possibility of challenging or affirming an individual's assumptions and changing the individual in quite dramatic ways.

Clinical Application of ASC Induction

In general, clinicians currently do not widely advocate the induction of altered states in therapy. However, there are some clinicians and also some theoreticians who are extremely enthusiastic about potential utility of ASC induction in therapy. This present view of ASC's in therapy represents a shift over the last 25 years, during which both consciousness and ASC's have become more positively viewed by psychologists.

While early psychologists such as James (1958) held a lively interest in exploration of consciousness and its many variations, this interest was eclipsed by the rise of behaviorism. For many years, the entire area of consciousness was largely ignored as an area of psychological inquiry. Induction of ASC's tended to be associated not with enlightenment but with quackery or pathology. Korchin (1976) concurred that ASC's historically have had negative connotations for clinicians. He noted that in the past when clinicians departed from normal consciousness to access altered states, it was generally to make the content of such states available for rational examination and analysis.

Since the mid-sixties, consciousness has become a more central focus of psychology. Additionally, altered states as well the transpersonal, the mythic, and

the archetypal are being viewed in a more positive light, and are beginning to be studied as a pathway to creativity and self-knowledge. This tradition in therapy had strong roots of origin in the work of Jung, whose emphasis is on archetypal energies, synchronicity, and the transpersonal. The increased interest in Eastern religious and philosophical systems has also contributed to the tendency in some psychologists to advocate the expansion of consciousness as potentially beneficial. Because of these influences, the pursuit of the spiritual, the transpersonal, and the evocation of ASC's is currently tolerated by many psychologists and actively endorsed by some. Houston (1980), advocated the importance for individuals to experience "those levels of the psyche where the images are archetypal, mythological, and possibly transpersonal" (p. 165). Similarly, Cogburn (1984) suggested the importance of "connecting with our deep selves, with each other (including nonhuman 'others' and our place of dwelling), and with God" (p. 11). Both Ornstein (1976) and Wilbur (1981) advocated a "spiritual psychotherapy" capable of addressing the collective rather than the individual root of many of humanity's current problems. Finally, Assagioli (1981) saw ego-centered psychotherapy as leading naturally and inevitably into spiritual realms. For Assagioli, this process of "psychosynthesis" first involves integration of disparate parts of the self, and later progresses to integration of the self both with others and with the cosmos. These spokespeople provide examples of a call for psychotherapy to embrace profound and intense experiences that transcend the rational and the logical and connect individuals to the timeless, the holistic, the transpersonal. Certainly, altered states and the holistic, transpersonal awareness that is their hallmark are more conducive to the exploration of such areas than is logical, sequential processing.

Therapists have also commented specifically on the effectiveness of ASC's in psychotherapy. For example, Grof (1976) observed that changes in consciousness can have profound and heuristic value; using LSD as a catalyst, Grof described induction of altered states in psychotherapy to mediate pronounced and positive changes in personality. E. W. L. Smith (1975; 1985) also commented that ASC's contribute to the

effectiveness of Gestalt therapy, and he hypothesizes that the effectiveness of Gestalt work may be related to the depth of the altered states evoked.

The renewed interest in consciousness and altered states has been mirrored by an increased use of techniques that may induce ASC's in psychotherapy. While such techniques are not particularly widespread, their use is becoming more accepted. The use of techniques to induce ASC's dates back to the early days of psychotherapy; hypnosis, for instance, has always been recognized among potential psychotherapeutic techniques. Some clinicians might avoid the use of hypnosis, particularly on the grounds that it is manipulative; however, others are of the opinion that therapy by its very nature employs at least a degree of hypnosis. For example, Bandler and Grinder (1979) observed that "most of the techniques in different types of therapy are hypnotic phenomena" (p. 100). If one agrees with such a viewpoint, then extensive use of ASC induction in psychotherapy is already present albeit unrecognized. More recently, other techniques such as meditation and guided imagery have also been used in psychotherapy to induce ASC's. Thus, in a number of ways, a minority of clinicians and theoreticians are actively and enthusiastically advocating the use of ASC's in therapy as being of potential therapeutic benefit.

Limitations to the Therapeutic Value of ASC's

In emphasizing that that ASC's can be therapeutic, it should also be clearly stated that that altered states only offer a possibility of desired change. For example, such states may not always be experienced as positive; as mentioned above, some persons experience ASC's as neutral or even negative. Moreover, even if the experience of an altered state is positive, the induction of such a state does not in and of itself guarantee that therapeutic change will occur. Bourguignon (1976) was especially emphatic on this point, noting that altered states, such as might be induced by drugs, "do not contain their own content, but only modify human consciousness for a time. What happens during that time is largely dependent on what is brought to the experience by the

individual" (p. 241).

Finally, even if positive learning occurs during an ASC, Tart (1973) observed that understanding may be state specific; that is, observations made in one state of consciousness may not be comprehended later in another state, and even important insights made in an altered state can not be expected to automatically make the transition back to one's normal state of consciousness. Both the experience of the ASC as well as its subsequent effect appear to be a function of considerations such as the motivation of the individual, the intensity of the altered state, and environmental conditions (Diekmann, 1969). Such issues must certainly be taken into account and addressed before induction of ASC's can be ethically applied to psychotherapy. For the present, however, it is important to see that, at least in theory, altered states can be useful in freeing the individual from his or her customary perceptions so that new awareness and change are possible.

Chapter Summary

The material presented in this chapter has shown that the therapeutic benefit of ASC's, such as might be induced by the use of ritual in psychotherapy, is well grounded in that area of psychology dealing with consciousness. This area suggests that radical alterations of consciousness may provide a means of changing belief systems and thereby provide a conceptual basis for understanding why altered states such as the liminal, the nonrational, or the holistic can help bring about the change.

This body of literature also has the potential to expand and clarify the psychological basis for understanding the ritual process described in anthropology. The stages of ritual, as described by Van Gennep (1960) and elaborated upon by Turner (1969), show striking parallels to the process of deautomatization described by Diekmann (1969). The ritual process involves separation of ritual subjects from their previous belief system, followed by a period during which experiences alien to the former belief system are encountered. This new experience (i.e., liminality) is an

altered state, and integration of insights occurring there is seen as crucial to the ritual process whereby participants either strengthen their old belief systems or establish new ones. This same process is present in much, if not all, therapy. Bandler and Grinder (1979) observed that "every therapy has dissociation, sorting, and reintegration as its major processual components" (p. 123). The three phases by which Bandler and Grinder describe psychotherapy parallel the three phases of the ritual process, although the therapy process may not generally be conceptualized in this way by the majority of clinicians.

This basic similarity between the ritual process and psychotherapy should provide additional legitimacy for considering the application of ritual techniques to psychotherapy. Moreover, if therapists acknowledge the value of changing cognitive maps and agree that this may be facilitated by ASC induction, then ritual can provide an extensive body of information on the practical application of this process. Thus, ritual can provide a viable means to accomplish what has hitherto existed in psychology primarily in theory.

CHAPTER FIVE

Ritual as a Means to Induce, Structure, and Integrate Altered States

In the preceding chapter, a conceptual basis for the usefulness of ASC's as a part of therapy was established. Ritual has been described as a traditional means of manipulating cognitive maps, often with the induction of ASC's. This chapter will survey material relevant to understanding how ritual can de-automatize cognitive filters through ASC-induction, how this process can be of therapeutic benefit, and how such an experience can have lasting impact. First, studies will be cited suggesting that ritual induces ASC's; next, literature will be reviewed that supports the ability of ritual to organize and interpret experiences within ASC's once they have been induced; finally, consideration will be given to the ways in which ritual can help individuals integrate those insights experienced in liminal or altered states into ongoing life.

Ritual as Accessing Altered States

Much has been written from various perspectives attesting to the ability of ritual to evoke ASC's. In a survey of 488 societies of varying geographical location and technology, Bourguignon (1972) found that nearly 90% access some sort of ASC via ritual behavior. Thus, ritual is almost universally associated with at least periodic induction of ASC's. Induction of altered states has been described as the central aim of ritual. For example, R. L. Moore (1983) noted that, "the 'telos' of ritual is attainment of a special state of consciousness" (p. 12).

Ritual induces altered states through such techniques as fasting, fatigue, hypnotic suggestion, hyperventilation, sensory deprivation, rhythmical stimulation, dancing, and physical and mental ordeals, as well as through alcohol, mescaline, lysergic acid, and other psychotropic substances. Often several of these techniques are employed simultaneously or consecutively. Not all rituals that aim at ASC

induction succeed., and when such states are produced, their intensity may range from very mild alterations of consciousness to very dramatic ones, such as possession and trance states. Additionally, some participants may experience altered states while others may not. However, rituals can still be considered to be a fairly systematic way to induce ASC's, especially when such states are expected by the participants.

Physiological Aspects of Ritually-Induced ASC's

Physiological data also suggest that ritual can induce radical changes in consciousness. For example, Lex (1979) observed that ritual affects the organism in toto, but is particularly prone to effect hemispheric dominance and the autonomic nervous system. The potential influence of ritual on hemispheric dominance will be considered first.

It has been noted that one major characteristic of ritual activity is its ability to block sequential processing and encourage holistic processing (Ornstein, 1972). Two ways this is frequently facilitated in rituals are by drastic reduction of external stimuli and, conversely, by sensory bombardment. It is generally accepted that there is both an upper and a lower threshold of sensory stimulation. These thresholds are probably a function of both cultural learning and idiosyncratic predisposition. When stimulation either exceeds or falls below these limits, the change in excitation of neural structures directly affects the behavior and subjective experiences of the individual. Lex (1979) proposed that either procedure interferes with the linear sequential processing associated with left-brain pre-eminence, while simultaneously encouraging holistic processing. Lex's reasoning is consistent with that of Ornstein (1972), who also asserted that many forms of ASC's, including ritual trance, exhibit more holistic rather than sequential processing.

Ritual activities may include sensory deprivation or sensory bombardment. Such practices as isolation or lonely vigils can be seen as ritualized methods of sensory deprivation while overload may occur through contact with repetitive stimuli such as music, rhythm, dancing, or chanting. Needham (1967) noted the frequency with which

drums, rattles, and the like are used by ritual participants to communicate with the spirit world. Dancing may include not only rhythmical auditory stimulation but also visual flicker effects due to shifts in the visual field caused by the movement of other participants between oneself and the light source (Lex, 1979). Following the work of Neher (1962), it has been shown that rhythmical optic or auditory stimulation can alter and often synchronize brain activity, causing a state that has in turn been associated with ASC's (Goodman, 1972; Sturtevant, 1968; Walker, 1972). Chapple (1970) also commented on the effectiveness of rhythmical stimulation in helping to establish group solidarity.

Whether ritual activity is aimed at sensory bombardment or at sensory deprivation, it is likely that more than one sense will be involved. For example, when a ritual subject is isolated, he or she may be placed in a cave with movement restricted, reducing tactile, auditory, and visual stimulation. Alternately, when rituals employ sensory bombardment, there is generally tactile and auditory stimulation and frequently visual stimulation as well. The multisensate nature of ritual experiences, whether to reduce or increase stimulation, intensifies the effect. In addition, sensory bombardment and sensory deprivation often occur in conjunction with other means of eliciting altered states such as fasting, hyperventilation, fatigue, or the use of drugs. When this stimulation occurs in a context in which altered states are expected and encouraged by the belief system, a total milieu is created that can be a powerful evocateur of such experiences.

The literature on neural tuning further clarifies how ritual might induce physiologic changes through action on the ergotropic and trophotropic subsystems of the autonomic nervous system. Ergotropic responses consist of augmented discharges of the sympathetic branch of the autonomic nervous system in association with somatic arousal and desynchronization of diffuse cortical activity. Trophotropic responses consist of augmented discharge of the parasympathetic system in association with somatic relaxation and increased synchrony of cortical activity. The

function of the sympathetic system is to mobilize body resources in times of emergency, while the parasympathetic system tends to conserve and store the body's resources. Normally, a state of equilibrium exists between the two systems in that the excitation of one system inhibits the other. In addition, excitation of either the sympathetic or parasympathetic system typically leads to a period of rebound, during which the alternate system predominates. However, in their work on neural tuning, Gellhorn and Kiely (1967) demonstrated that prolonged and intense stimulation can occasionally lead to simultaneous discharge of the ergotrophic or trophotrophic systems.

Neural tuning progresses through three phases. In the initial phase, responsiveness in one system increases while responsiveness in the other system decreases to the point of non-responsivity (inhibition of responses). In the second phase, there is a cross-over effect such that stimuli that usually elicit a response in one system (the desensitized system) now elicit a response in the opposite system (the sensitized system). If stimulation continues, a final phase can be reached in which both systems discharge briefly and simultaneously at nearly maximum stimulation.

According to Gellhorn and Kiely (1972), neural tuning may be accomplished by many methods which block or activate either the sympathetic or parasympathetic system. Following this line of reasoning, Lex (1979) described the behaviors of ritual as elaborate methods of tuning the nervous system. Through ritual, prolonged and intense stimulation of either the ergotrophic or trophotrophic system can occur, to the point that both systems discharge simultaneously. For example, ritual activities can cause stimulation of the parasympathetic nervous system by drugs or by procedures such as sweat baths or relaxation of skeletal muscles. Meditation, which may be a part of ritual, may also help elicit trophotrophic dominance (R. K. Wallace, 1970). Alternately, ritual can augment the ergotrophic system by prolonged dancing, swaying, clapping, or chanting. The use of ordeals such as requiring participants to undergo extremely frightening experiences are also ways that ritual initiates ergotrophic

excitation. Thus, the literature on neural tuning support the expectation that ritual can evoke ASC's.

The Ability of Ritual to Structure Experiences in Altered States

In addition to accessing ASC's in which cognitive maps are disrupted, ritual can play an important part in structuring the experiences encountered in altered states. While the encounter with altered states may not necessarily be positive or productive, some aspects of the ritual process foster a positive and useful experience by creating boundaries that both embrace the ASC and contain it. Ritual is particularly important in this regard for structuring a means both to enter into the ASC and to exit from it; this may increase the individual's sense of control and security in psychologically unfamiliar territory. Ritual may also help integrate and structure experiences in the altered state by the context of the belief system or mythos in which it exists. It has been noted, for example, that altered states are more likely viewed as positive when they occur within a belief system which patterns and interprets them in a positive light (A. F. C. Wallace, 1959).

The ability of ritual to structure ASC's is shown in a study conducted by A. F. C. Wallace (1959), in which he compared the reactions of North American Indians taking peyote as part of a religious ritual with the reactions of subjects taking the same drug as part of a laboratory experiment. Wallace found striking differences between the two groups. The Indians maintained a sense of decorum and reverence and evidenced no physical illness while the subjects in the experiment experienced wide mood shifts ranging from agitated depression to euphoria and showed a marked breakdown of social mores, behaving in socially disapproved ways. The perceptual changes experienced by the experimental subjects were often described as frightening and tended to be highly individualistic; in contrast, the perceptual changes of the Indians were culturally shared and conformed to the religious belief system. While the peyote ritual seemed to lead to long-term changes in the behavior and psychological

well-being in the Indians, no long-term therapeutic benefits were observed in the other group. These differences demonstrate the efficacy of rituals both to structure experience encountered in ASC's and also to integrate these experiences.

Ritual as Maintaining Post-ASC Changes

Ritual may access a special state in which new and possibly therapeutic insights may be apprehended. The efficacy of this procedure, however, in therapy or elsewhere depends on whether these changes will, at least partially, carry over when the return to ordinary consciousness is made. The literature suggests that some aspects of ritual help to insure that changes made during the ritual are maintained afterward.

State/Context-Dependence and Ritual

When discussing carryover of learning from an ASC, state/context-dependence cannot be ignored. State-dependence suggests that material learned in one state of consciousness is retrieved or remembered better in that state than in another. State-dependence has been experimentally demonstrated with drug-related states (e.g., Cowan, 1976; Overton, 1964, 1972), sleep (Evans, 1974), and the mood swings present in manic-depressive episodes (Weingartner, Miller & Murphy, 1977).

In addition to the effects of state-dependence, it has also been noted that the ability to retrieve information varies directly in proportion to the similarity between the context of input of material and the context of retrieval of material. For example, recall of learned information is facilitated when the external context of the recall situation (e.g., furnishings, etc.) replicates the situation in which information is acquired (Bilodeau & Schlosburg, 1951; Greenspoon & Ranyard, 1957). This phenomenon has been called "context-dependence". Context-dependence includes both external and internal (e.g., cognitive) elements. State-dependence and context-dependence interact; in fact, they are often difficult to distinguish from each other and separate experimentally. The phenomenon of the combined effect of both state and context upon subsequent retrieval of information may be referred to as

state/context dependence.

Despite evidence that state/context-dependence can exert substantial influence on subsequent retrieval of information learned in an ASC, the anthropological evidence on ritual must also be taken into account. As suggested in the previous chapters, ritual has been used historically as a major way to effect transformations of great magnitude. One need only consider transition rituals to see that this is so. These rituals, such as rites of passage at puberty, are often characterized by very dramatic changes in consciousness and are associated with lasting and substantial changes in behavior, cognition, and affect. In fact, many see that the very induction of profound ASC's is a primary mechanism in effecting the desired changes (e.g., Childs-Gowell, 1979; Holloman, 1974; Turner, 1969).

The potency of transition rituals to induce lasting changes in behavior and thought suggests that ritual may reduce state/context-dependence and maximize the chance that input gained during ritual consciousness will be retrieved when the return is made to ordinary consciousness. Kiefer and Cowan (1979) hypothesized that rituals decrease state/context-dependence by focusing attention on the input to be recalled, repeating input, and connecting new input with other related inputs. First, ritual can increase the intensity of attention and direct attention in specific ways because extraneous stimuli are excluded. This is a major function of the entire separation phase of ritual. In effect, when ritual boundaries are created, they provide a controlled space and only stimuli relevant to the aim of the ritual are allowed within these boundaries. Miscellaneous or competing stimuli are systematically excluded while stimuli associated with the ritual purpose are vigorously presented in dramatic or exaggerated fashion for increased emphasis. Additionally, stimuli are often presented simultaneously and/or consecutively in different sensory modalities. Finally, stimuli are constantly repeated, which also facilitates learning. Some rituals also involve participation on successive occasions; this can also exert a powerful influence for maintaining what has been learned in the ritual.

Rituals also employ overlap of input, often including an array of symbols, actions, words, and ritual objects that converge around a central theme and reinforce it in different ways. This phenomenon has been described as "cross-linking" (Turner, 1969). Cross-linking supplies participants with a number of cues for retrieval of information. In addition to cross-linking, some rituals use symbols that will be encountered in everyday life. Contact with ritual symbols in nonritual situations may trigger the access of inputs learned during ritual. Finally, state/context-dependence may be even further decreased by the presence of emotional arousal. Emotional arousal is particularly likely to decrease state/context-dependence when it occurs in conjunction with familiar material rather than during the initial presentation of material (Weingartner, Hall, Murphy & Weinstein, 1976).

Considerations such as these suggest that elements of the ritual process maximize the possibility that the learning that takes place in ritual will carry over to postritual experience. In summary, crucial aspects in bridging learning from ritual to postritual space include focused attention, repetition of input, multifarious cues, multisensory involvement, and increased emotionality.

The Sense of Validity of Ritually-Induced ASC's

The intense feelings of validity that can accompany ritually induced ASC's also make it likely that belief systems will be effected in an ongoing manner. The potential power of such experiences to radically change the outlook of persons experiencing them has been observed (Diekman, 1969; Wilbur, 1981). It has long been noted that the discharge of the ergotrophic and trophotrophic systems effects higher cortical functioning as well as peripheral autonomic structures and somatic functions (Hess, 1925). d'Aquili (1975) combined the observation that ergotrophic and trophotrophic discharges affect cerebral cortex with the observation that sensory input may be processed either holistically or analytically. He tentatively identified analytic functions as more common in ergotrophic excitation, whereas holistic functions would be more common to trophotrophic excitation and further theorized that during

simultaneous discharge of the ergotropic and trophotropic systems, the brain functions both holistically and sequentially. In other words, when neural tuning achieves simultaneous discharge of the ergotropic and trophotrophic systems both hemispheres simultaneously contribute to the individual's subjective experience. D'Aquili (1975) proposed that, in keeping with its proclivity for verbal processing, the sequential, left-brain input is cognitive. In ritual, this cognitive input may take the form of myth. Meanwhile, the right-brain, in keeping with its functional style of holistic perception, contributes a sense of profound unity which may be experienced as conviction. Because these occur simultaneously, the subjective experience will be a composite of both, and it will be experienced as profound verification of the cognitive input. At this point, intense feelings of union, either with the ritual group or with a higher power, are also common. D'Aquili cited this intense emotionally charged experience as a main reason why rituals can convey a profound sense of validation in some instances. Admittedly, d'Aquili's ideas involve speculation; however, the fact remains that rituals can elicit altered states and profoundly effect belief systems.

Proposed Ways Ritual Can be Used in Psychotherapy

The literature described in this chapter suggests that ritual may be used in psychotherapy to induce states of consciousness in which cognitive maps may be altered in at least three ways. First, ritual can facilitate the induction of states of consciousness in which one's self-perception is very different from that found in ordinary consciousness, with weakening of the usual filters through which one perceives reality. Wider perceptual and behavioral possibilities can also become available for consciousness. Such states as these are especially conducive to inner exploration of mythic, spiritual, and transpersonal issues.

For altered states to be useful in therapy they must first be attained, but they must then be navigated. A second proposed use of ritual in psychotherapy is to provide structure for focusing the energy that may accompany altered states and to assist in

interpreting and integrating new insights and perceptions into the individual's experience.

Third, ritual can be used to mark externally an internal change. When one is changing from an old way of being to a new one, ritual can provide a means for this to be expressed. This is especially appropriate to therapy because ritual can accommodate the symbolism necessary to express great changes. Moreover, the very expression of changes demonstrates that the transition is made, thus affirming its reality in a way in which a mental event alone cannot. In these three ways, ritually induced altered states can be expected to contribute to the practice of both individual and group psychotherapy.

CHAPTER SIX

How Ritual is Used in Therapy

The focus of this chapter will be on understanding the current uses of ritual in psychotherapy. After a review of publications in which the authors describe what they do as ritual and the setting in which it occurs as psychotherapy, data obtained from structured interviews with psychotherapists who use ritual in their therapy will be presented.

Review of Published Literature on the Use of Ritual in Psychotherapy

Publications on the use of ritual in therapy have increased in recent years. However, therapists who say that they are using ritual may mean many different things. The use of ritual by one therapist may involve very precise prescription of actions by the therapist (e.g., Selvini Palazzoli, 1974); then again, another therapist may de-emphasize external precision in favor of internal exploration (e.g., Perry, 1974). These different usages of ritual in therapy will be described in turn.

The Use of Ritual in Family Therapy

Strategic family therapists have used ritual for a number of years. For example, Haley (1973) described the work of Milton Erickson as making extensive use of symbolic enactment to effect marked therapeutic results. In numerous examples, in which Erickson uses hypnosis in conjunction with directive symbolic actions, these techniques seem to have an almost magical ability to relieve clients of specific problems. With a couple having sexual difficulties, for example, Erickson might initiate a conversation concerning whether the couple preferred steaks "rare" or "rarely". Following this conversation, he might prescribe that the couple go out to dinner at a certain location and dine in a certain manner. The next session, the couple might well report a delicious dinner and, incidentally, improvement in their sexual relationship as well. Such techniques which were used by Erickson with a variety of

clients, seem particularly effective with issues involved at various transition points in family life and with neurotic clients.

Like Erickson, Haley (1973) also advocated very directive, symptom-centered interventions to break up maladaptive patterns of behavior. Haley suggested that when there are no naturally occurring rituals to help individuals make transitions at predictable life crises, the therapist can provide these, such as by developing puberty rituals whereby family members can acknowledge their children's attainment of adult status.

Selvini Palazzoli (1974) and Selvini Palazzoli, et al. (1974, 1977, 1978) conceptualized maladaptive family behaviors as contained in unhealthy family myths, and prescribed family rituals to change the old myths for new and more adaptive ones. According to Selvini Palazzoli (1974), rituals intervene at the level of action and are therefore more powerful than verbalization. Rituals as used by Selvini Palazzoli and her co-workers may be defined as prescribed symbolic acts performed in a specified manner and order, which may or may not be accompanied by verbalizations. In this therapy, rituals are created specifically for a particular family. Sometimes the family will use the ritual only once, sometimes it will be repeated on a number of occasions. One maladaptive family myth described by these authors (Selvini Palazzoli, et al., 1977) was the belief that anyone who criticized relatives was a bad person. The authors traced the development of this myth over three generations of relationships within an extended family in Italy. The presenting client, a teenage child of the third generation, was diagnosed as anorexic. This child was extremely beautiful but had a cousin who was plain and was jealous of the client. The client's parents so strongly endorsed the family myth that both they and the client denied the very real acts of hostility on the part of the cousin. The situation was compounded by the lack of privacy within the extended family, members of which entered each other's homes at will. The ritual prescribed by the therapists was designed to create privacy, to define the client's family as a distinct group, and to provide an opportunity to express negative

feelings. Every other night, the client, her parents, and her sister were instructed to lock the door and spend one hour seated together around the dining room table, with each member having 15 minutes to talk without anyone else interrupting. If nothing came to mind, the family spent the time in silence. While the target family was to be kind to the rest of the extended family, no one could repeat what was said at the table. As a result, the target family began to separate itself from the extended family, and as members began to share negative feelings the patient's condition improved.

In the uses of ritual described so far, the therapists have not made any interpretation to the family. Erickson (Haley, 1973) minimized the role of conscious insight and refrained from therapeutic interpretation. Selvini Palazzoli, et al. (1978) added that insight, if it occurs at all, can develop spontaneously following change.

In contrast, family therapists Seltzer and Seltzer (1983) saw ritual as a way for the family to increase awareness of their pathological interactions. According to these authors, rituals contain components both of ideational and of physical enactment, paralleling their view that family defenses typically focus on either action or cognitions. Therefore, for families defending their maladaptive behaviors intellectually, rituals cut through the mental defenses by providing an intervention at the level of action; conversely, for families whose defenses are behavioral, rituals can intervene on an ideational level.

The following is given as an example of Seltzer and Seltzer's (1983) use of ritual in psychotherapy. A 10-year-old boy was brought to therapy by his parents because he suffered paralysis of his legs for which no organic cause could be established. Initially, the boy lay limply in the fetal position. Although he refused to speak, his condition dominated the conversation. The therapist defined the child's behavior as that of an infant and placed him away from the center of the group and telling him to rest. However, as soon as the conversation turned toward the relationship between the parents, the boy began to make disruptive noises, and finally asked to be let back in the group. He was allowed to return, whereupon the parents expressed obvious relief and

began once more to discuss their son's condition.

At the next session, when this same pattern was repeated, the therapist piled several pillows together, sat the boy atop of them, and, placing a gold plastic crown upon his head, announced that he was the chosen king of the family. She added that as king it was the boy's responsibility to maintain family harmony. She then turned to the rest of the family and asked them to show respect for their king and to comply with his every wish. The coronation ceremony was initially met with complete silence. Following this, the boy threw himself to the floor and cried that he did not want to be king any more. The therapist repeated his statement to the family and placed him on a chair next to his sister. After his "abdication", rapid improvement was noted in the boy's condition. Subsequent therapy sessions, focused on transgenerational family beliefs about grief, anxiety, and helplessness.

Seltzer and Seltzer (1983) felt that the ritual coronation was an extremely potent way of dislodging the family from its frozen and defensive beliefs. This accomplished, the family could more freely explore alternative beliefs and behaviors. Because it serves as a vehicle for spotlighting maladaptive beliefs and behaviors, the use of ritual by Seltzer and Seltzer differed substantially from that of Erickson, Haley, and Selvini Palazzoli and her co-workers.

Van der Hart (1983), employed rituals as a part of individual, couples, and family therapy, giving many examples in his book, Rituals in Psychotherapy. In contrast to Selvini Palazzoli, Van der Hart relied more on client input into the ritual, and he used ritual to emphasize a therapeutic insight following extensive therapy.

Wolin and Bennett (1984) suggested that families might better survive periods of crisis by developing rituals when no meaningful ones existed. These authors believed that family rituals are important for creating a sense of family identity by clarifying roles, defining rules, and establishing boundaries. In developing family rituals, Wolin and Bennett stress the importance of meaningfulness, repetition, the presence of strong affect, and enough flexibility to accommodate the inevitable changes encountered in

the family cycle.

The Use of Rituals in Individual Therapy

Rituals have been used in individual therapy in conjunction with more traditional techniques to help persons showing a variety of clinical problems and in diverse clinical orientations. Van der Hart and Ebbers (1981) saw ritual as particularly effective in helping clients work through unresolved feelings about past relationships or events, involving both preparatory ritual acts and a culminating ritual. For example, a divorced woman may find that she still harbors strong feelings of anger toward her ex-husband; the client may be instructed to write an ongoing letter to her former spouse, stating all the feelings and ideas she would like to tell him, no matter how childish or irrational they may seem. Both the place and time of writing are prescribed. According to the authors, the ritualization of expression of emotions via letter-writing acts as a container for potentially overpowering emotions so as the writing progresses, it is expected that the client's feelings will become clarified and that the emotional intensity of the letter will gradually dwindle.

At some point, when the client seems ready to let go of the past relationship, the therapist will suggest a culminating ritual. This might involve an act such as burning the letter along with other objects symbolic of the client's attachment to the former relationship. The therapist accompanies the client in the ritual, to lend support and bear witness to the change symbolized by the ritual. Performance of the ritual is followed by an act of purification (e.g., a bath), and clothes worn during the ritual are disposed of. A celebratory act (e.g., dinner with a friend) is also prescribed. It is felt that involvement of a friend is particularly important as this person also becomes a witness to the change.

According to the authors, the preparatory and culminating rituals work together to help bring about a therapeutic resolution of unfinished business of the past. During the preparatory period, feelings are processed and the impact and meaning of the past is acknowledged. When this has been achieved, the culminating ritual can mark a

specific point at which the client admits a willingness to give up past grievances and injustices and embark upon a path to new experiences.

These authors acknowledge the strong influence of Selvini Palazzoli on their work, although Van der Hart and Ebbers use more client-therapist interaction in the development of the ritual and place greater emphasis on insight by the client. Also, Van der Hart and Ebber's use of an extended preparatory ritual in conjunction with a culminating ritual is not mentioned by Selvini Palazzoli.

The use of ritual has also been reported to be effective in individual therapy with bereaved clients (Rando, 1985). Rando emphasized that the rituals developed must pertain to the specifics of the client's loss. Thus, rituals are tailored to each client and are quite varied. In one instance, a client placed half of a bouquet of flowers on a grave and took the remainder home; another client planted a tree in the field in which his brother committed suicide; a third lit a candle on occasions when she wanted to feel especially close to her deceased husband.

Rando (1985) reported that such rituals were extremely powerful for a number of reasons. First, allowing clients to express their grief in action gave them something to do, avoiding falling victim to the powerlessness commonly experienced at such times. In addition, ritual helped limit grief since the ritual is a circumscribed activity with a distinct beginning and end. When grieving was thus focused, persons were less prone to experience prolonged grief. Ritual also helped clarify ambiguous or vague emotions surrounding the death.

Ongoing rituals provided a means whereby the bereaved could interact with the memory of the deceased in an intense manner. Such use of ritual was particularly good for structuring behavior on anniversaries and holidays. At the same time, the fact that the activity was bounded by ritual mitigated the possibility that such intense interaction would develop into a morbid preoccupation. Ritual activity also allowed others to participate in the grief process. Finally, Rando (1985) stated that rituals were beneficial in simply reducing stress, an important consideration in itself. For all these

reasons, Rando advocated judicious creation of rituals in grief therapy, and reported benefit from using such techniques with her clients.

The Use of Rituals in Group Therapy

Rituals have been used in groups in a variety of ways. These include the use of rituals to induce kinetic trance (Akstein, 1973), to stop smoking (Sarbin & Nucci, 1973), to encourage psychological and spiritual growth (Cogburn, 1984; Houston, 1980), to facilitate therapeutic termination of group membership (Baute, 1975; Corder, Whiteside, Koehne, & Hortman, 1981), and to help persons work through bereavement (Aguilar & Wood, 1976). Group ritual techniques have been used with a wide range of clients, including persons diagnosed as schizophrenic (Childs-Gowell, 1979; Perry, 1974) and persons who exhibit a variety of neurotic disorders (Aguilar & Wood, 1976; Akstein, 1973).

Mexican death rituals. Aguilar and Wood (1976) described the therapeutic use of death rituals as part of the treatment program at a facility designed specifically to serve the mental health needs of Mexican-Americans. These persons often encounter additional difficulty surrounding the deaths of loved ones because their new culture lacks appropriate rituals to express their feelings. The ritual is conducted in a group setting, with one person who lies on a blanket to play the part of the deceased. Candles and poetry are used to help create a solemn atmosphere appropriate to a funeral. With the stage thus set, the client is encouraged to act out whatever is necessary to facilitate acceptance of the death.

One variation of this is velorio, which focuses on saying goodbye to the departed person and acknowledging the death in a formal way. Velorio terminates with the coffin being closed, enacted by the client covering the "corpse" with a blanket, symbolizing acceptance of the death. Aguilar and Wood (1976) reported that this ritual drama may be effective in even more symbolic ways, such as burying undesirable things from the past.

An alternate ritual is tendida, used when the client harbors unresolved issues

toward the deceased and providing encouragement to express whatever feelings have prevented acceptance of the death. Often group members spontaneously take the roles of mourners, perhaps kneeling beside the body and saying prayers, thus reinforcing the power of the ritual and helping to create a family atmosphere. While Aguilar and Wood (1976) cautioned against overuse of such rituals, they reported very positive results in cases in which there is reason to suspect unresolved feelings surrounding a death.

Rituals used to terminate psychotherapy. Ritual has been described as helpful in facilitating therapeutic termination from psychotherapy with adult clients (Baute, 1975) and adolescents (Corder, et al., 1981). Baute (1975) described the use of the "autonomy chair" ritual in group therapy as a way to achieve more therapeutic termination. A therapeutic termination is one in which both client and therapist agree that the client has achieved his or her planned goals. In the group setting, additional support can be gained when group members agree that termination is appropriate.

When a group member is considering the question of termination from the group, he or she may elect to sit in the autonomy chair. The decision to take the autonomy chair is voluntary; however, once this decision has been made, certain rules are followed. While seated in the chair, the client states his or her therapy contract, describes achievement of these goals, and indicates openness to receive both feedback and questions from the group and the therapist. At this point, Baute (1975) reported that the therapist made an objective assessment as to the value of further treatment of the person at the time. Other group members have an opportunity to state both their observations about the person and how he or she has changed. Group members may also challenge the person and ask specific questions. The person in the chair is expected to respond to each question or statement.

From the statements of his clients, Baute (1975) concluded that use of the autonomy chair ritual was quite useful in crystallizing the termination process. For clients who were ready to terminate, this ritual both objectified and strengthened that decision. In contrast, when clients were leaving prematurely or were considering

termination for nontherapeutic reasons, group confrontation during the autonomy chair ritual helped make the lack of readiness obvious. In particular, Baute felt that the autonomy chair ritual structured a chance for objective input by all present, and thus enhanced the opportunity for termination to be more therapeutic for all concerned.

Corder, et al. (1981) also reported positive results using ritual to structure both loss and addition of members in an ongoing adolescent group in a residential setting. The group met weekly and included both males and females, aged 13 to 15. The length of stay of the members varied from five months to a year, and as one member was discharged a new member was admitted to the group. Prior to the use of ritual to structure changes in group membership, the authors observed nonproductive and disruptive behavior surrounding termination by members as well as a tendency to scapegoat new members. To counteract this, group leaders employed structured discussion of productive and nonproductive ways of handling loss, encouraging members to deal extensively with feelings surrounding the imminent departure of one of the group's members.

In addition, two prescribed rituals were employed. The first was the creation of a "memory book" by the remaining group members. The memory book could contain photographs, poems, notes, pressed flowers, or other memorabilia. Each member was asked to fill at least one page of the book, stating the good things he or she remembered about the departing member, the things he or she would like the departing member to remember about their relationship, and what, in their opinion, the departing member had learned from the group. The memory book was presented to the departing member at his or her last session. In addition, during the month prior to his or her discharge, the departing group member created a "legacy tape", which included what the person liked about being in the group, what he or she learned from the group, and advice to new members. This tape was played the first session that the old member was not present, which was also the first session for the new member. Corder, et al. (1981)

believed that the use of these two ritual procedures, in conjunction with ongoing emotional expression, helped ease the changing membership of the group and also provided a vehicle for a productive therapeutic experience.

Kinetic trance. Akstein (1973) reported positive therapeutic results using ritual kinetic trance in groups as an adjunct to more conventional forms of treatment. Trance was induced by hyperventilation followed by body rotation. After entering trance, participants moved to rhythmical music for approximately two hours; during this time, their eyes were closed and they concentrated on a single thought. The music used was from Umbanda rituals and was described as dynamic, with rhythm predominating over melody. No mystic element was allowed, and participants were expected to maintain a degree of control, moving in ways that were individually satisfying but which still related to the music being played. Extremely frantic or chaotic movements were discouraged. Initial experiences often involved very intense emotional outbursts, diminishing with repeated experiences into deep trance accompanied by a tranquil countenance and slow, rhythmic movements. Persons displaying this type of trance activity were described as reporting a sense of ease and extreme relaxation following the trance. A number of persons reported that they accessed old memories. A high level of cohesiveness among participants was also reported.

Akstein (1973) believed that trance experiences was of positive therapeutic benefit in that they helped make clients calmer, enabling them to better face and solve their problems. In addition, when trance induction was used with other therapeutic approaches, clients make more rapid gains. Finally, following discharge, when persons faced particularly trying times, a session or two of trance induction seemed beneficial in preventing relapse. Akstein reports kinetic trance induction was particularly useful in cases of hysteria and light depression, but felt it was contraindicated with psychotic or epileptic clients, for those with phobic or paranoid tendencies, or for clients with physical problems in which intense physical exertion

might be harmful.

Therapeutic Use of Rituals with Psychotic Individuals

Rituals have been used in treatment of persons diagnosed as schizophrenic (Childs-Gowell, 1979; Perry, 1974). Childs-Gowell (1979), an urban anthropologist, analysed a treatment program for schizophrenics in terms of ritual elements. This program, Cathexis, was founded by Jacqui Schiff. The treatment setting was primarily residential, and the major therapy approach used was transactional analysis. Cathexis is probably most known for its use of total regression and extended reparenting techniques in which individuals return to infancy where they are physically bottle-fed and cuddled. Following this is a successive progression through developmental "lacunae" (stages) to the present chronological age, with each year taking approximately 3 to 6 weeks of therapeutic enactment. It is felt that through this process, pathological learning can be replaced with positive experiences.

Childs-Gowell (1979) described the structured processes by which individuals entered, participated in, and left the program as rituals. Some of the salient features of Cathexis which Childs-Gowell identified as similar to ritual practices included: separation from ordinary reality, anonymity, minimal emphasis on status, heightened emotionality, a shared special language and belief system, suspension/inversion of usual social norms, temporary license to act out usually suppressed actions, and repetition. Childs-Gowell also saw ritual as a way to induce *communitas*, a state that she felt was crucial in the success of Cathexis. Additionally, induction of ASC's was cited as important in helping to erase maladaptive cognitive sets and achieve integration of new insights. Using the semantic differential technique, Childs-Gowell (1979) demonstrated that shifts in personal constructs occurred in individuals following participation in the Cathexis program.

Perry (1974) also described the use of ritual with young, first-break schizophrenics. Perry saw the process of schizophrenia as an initial and necessary dis-organization of a maladaptive personality structure prior to the re-organization of

a new and potentially more integrated one. He also described mythological motifs in the content of psychotic communication and he related to clients on this basis. Many of the characteristics of liminality observed by Turner (1969) were also described by Perry. Some examples included prominent themes of death, rebirth, and renewal, a feeling of return to the beginning, being at a place of great power and potentiality, motifs of ritual centers, and numerous reversal phenomenon, in which things turn into their own opposites or dualities became merged in new and creative ways. Perry made extensive use of rituals in his work. Often a client would enact an aspect of his or her reorganization process with staff and other clients portraying various parts in this. Perry reported that enacting the imagery of psychosis as a mythical drama was been beneficial in many cases.

Group Ritual to Break Up Addictive Behavior

Rituals have been used to change specific behaviors, such as smoking. Sarbin and Nucci (1973) used "self-reconstruction", a ritual method involving symbolic death of the individual as a smoker and subsequent rebirth as a non-smoker. Participants were first removed from their everyday life on a two-week retreat where cigarette smoking was prohibited. The theme of death and rebirth was constantly stressed both on cognitive and symbolic levels. Ritual techniques such as oaths, confession, punishment, humiliation, public testimony, active stress induction, and designation of smokers by special costume were actively employed in an effort to dispose of the old self-concept and evoke and confirm a new one. Forceful leaders and peers served as agents for change. At a crucial point, individuals were confronted with a choice of smoking or nonsmoking, and those who choose nonsmoking were welcomed in a ritual of celebration.

Group Ritual to Increase Consciousness

Ritual has also been used in groups to expand consciousness and promote spiritual growth. One example was described by Cogburn (1984), who saw ritual as a means to access the unconscious, to connect deeply with oneself, others, and the

cosmos, and to consciously transform energy. She reported the use of rituals patterned after those of Indians along the Rio Grande River or inspired by dreams of the group members. Cogburn described an empowerment ritual developed from a dream in which members danced and mimicked fighting movements. The fighting symbolized efforts to destroy the defenses that blocked meaningful contact.

Houston (1980) also used ritual extensively in her work to expand consciousness. Drawing on a variety of mythological motifs, Houston conducted workshops extending over several days. During these, she employed various ritual techniques including the prescription of symbolic acts and movements, drama, costumes, chanting, and singing. For example, as a part of one five-day workshop, Houston led a group of about 80 persons in an enactment of an Aesclepius healing ritual. This enactment lasted almost 24 hours and utilized costumes, a symbolic journey through Hades, a ritual cleansing, and a period of emotional stimulation particularly using humor. Following this, group members were instructed to sleep on sleeping bags in one large hall and to have dreams that might be revelatory. While participants slept, they were anointed with oil and again instructed to have a healing dream. The following morning, dreams were chosen to be acted out by the entire group. Participants reported very moving and intense emotional experiences in connection with this extended ritual (Personal communication from workshop attendees).

Although these authors described what they do as therapeutic, they did not speak of the use of rituals for spiritual and psychological growth as specifically part of psychotherapy. For example, Houston (1980) called her work with rituals "therapeia" which in Greek means "doing the work of God" (p. 226). Cogburn spoke of her work with growth rituals as "meta-communication" in which an individual increased self-communication, as well as communication with others and with God. However, even though Houston and Cogburn did not cite what they do as therapy in the traditional sense, the techniques they described are included here because of their intrinsic applicability to the psychotherapeutic situation.

Interview of Therapists on Their Use of Ritual in Psychotherapy

In order to further investigate how ritual is used in psychotherapy, data was gathered from hour-long, structured interviews with therapists currently using ritual in their clinical practices. While this is not a representative sample of all therapists engaged in the use of ritual, it provides understanding of how ritual is conceptualized by therapists and illustrates some specifics involved in its development and use. Interview questions appear in Appendix A, and quantification of some of the therapists' responses appears in Appendix B.

Description of the Therapists Interviewed

Twenty therapist were recommended by two experienced clinical psychologists in the Atlanta area as interested in the use of ritual in psychotherapy. Of these, ten therapists, seven females and three males, indicated that they did conceptualize some of their work as ritual and would be willing to participate in an hour-long structured interview. Eight of the interviews occurred in the therapists' offices, and two therapists were interviewed over the phone. Six of the therapists were trained in psychology, four holding doctoral degrees and two holding master's degrees. The remaining four therapists held a master's degree in social work. Three of the therapists had an active interest in anthropology with coursework in this area. All of the therapists were in private practice and had five or more years of clinical experience.

When asked about their theoretical orientation, most of the interviewees described themselves as experiential. Six used Gestalt techniques, three used psychomotor techniques, and two used psychodrama. Theoretical orientations

The author gratefully acknowledges the cooperation and interest of the following therapists who participated in the interview: Franklin Abbott, Martha Brock, Marsharee Chastain, Jan Clanton Collins, Sharyn Faro, Carole Light, Ann Love, Oscar Miro-Quesada, Bruce Pemberton, and Joan Read.

reported in addition to experiential included psychodynamic (three therapists), bioenergetics (four therapists), transactional analysis (three therapists), Jungian (one therapist), cognitive (one therapist), and transpersonal (one therapist). None of the therapists felt that he or she used ritual exclusively but used it as an adjunct to other approaches and techniques.

Conceptualization of Ritual

The therapists generally conceptualized ritual as involving physical acts that had symbolic meaning. Most of the interviewees believed that the purpose of the ritual should be clearly stated beforehand. About half of the therapists also included a potential connection to transpersonal or archetypal realms as part of their conceptualization of ritual.

The therapists seemed to use ritual in two ways. First, ritual was used to finish an event or complete a process. Without exception, this use of ritual occurred after the client had gone over the salient issue from a variety of perspectives and had gained good insight. A second use of ritual was to provide a means whereby clients got more deeply in touch with their feelings, particularly through the use of physical movement. Some therapists used both types at different points in therapy. The therapists did not think of ritual as applying to all symbolic enactment in therapy, but to special, clearly defined instances somehow set apart from the rest of therapy.

What Influenced the Therapists to Use Ritual?

When the therapists were asked where they got the idea of using ritual in therapy, almost everyone had a different answer. Contact with shamanic religions influenced two therapists, while another cited exposure to an anthropology course. Some therapists saw their use of ritual as an outgrowth of an interest in Gestalt therapy and the use of enactment involved in this approach. One began to use ritual because her clients expressed an interest in it. Several also acknowledged as an influence the use of ritual as part of their own spiritual development or in their own therapy. As one therapist explained, "This kind of work has always had heart for me; it's part of who I

am."

Examples of the Use of Ritual in Therapy

Examples of their use of ritual given by the interviewees were similar to those described in the literature already cited. Several therapists mentioned using techniques similar to those of Van der Hart and Ebberts (1981) in which the client destroys something symbolic of a past relationship, such as burning or tearing up letters or drawings. One therapist also described a use of ritual very similar to that reported by Rando (1985) in dealing with grief which involved lighting a candle to acknowledge the importance of a client's relationship with her husband.

S. Faro (personal communication, November 19, 1986) described one client who spent several years in group and individual therapy focusing on how she had internalized negative injunctions from her mother. Over the course of therapy, the client symbolized her "negative mother" in various ways, such as by drawing her, writing letters to her, and talking to her using Gestalt dialogues. However, the negative injunctions, although reduced, would still occasionally emerge in the form of alcohol abuse, severe depression, and suicidal ideation. To help the client to separate more completely from her negative mother (whom the client characterized as "witch-like") the client and the therapist decided on a ritual in group therapy to "banish the witch". The client drew a picture of the witch surrounded by the negative injunctions that her mother had expressed. Spontaneously, group members began to scratch out the negative injunctions and replace them with positive statements, much to the delight of the client. Finally, the group witnessed the destruction of the picture by the client.

In addition to uses of ritual similar to those described in the literature, many new examples were also reported. Two therapists who conceptualized their therapeutic work in transactional analysis terms found the use of ritual helpful in getting clients more in touch with their child ego state. One therapist reported dramatic shifts in her client following a therapy session conducted at a public playground, during which the client actively played on the playground equipment (M. Chastain, personal

communication, November 7, 1986). According to the therapist, this experience gave the client permission to explore the child part of herself. Another therapist (C. Light, personal communication, November 19, 1986) encouraged several of her female clients to contact the child within themselves by buying and then interacting with a doll. Following preparatory work, the therapist instructed the client to find and buy "the doll that is she". One client had difficulty finding the right doll, and when she finally found it, she kept it in a shopping bag. However, as the client began to like the child within herself, she felt badly about keeping the doll in the shopping bag and decided in therapy that she needed a basket for the doll, finally creating a beautiful bed for the doll. The therapist felt that the client's interaction with the doll very much paralleled the client's integration of her own child state.

Two therapists also described the use of ritual enactment of a healing birth as especially powerful for individuals who have had traumatic experiences surrounding their own birth (S. Faro, personal communication, November 19, 1986; B. Pemberton, personal communication, November 17, 1986). Clients first enacted their real birth experiences, becoming more conscious of the effect of that experience upon their subsequent life. Enactment of one's actual birth is often followed by enactment of an ideal birth, one that involves being physically held and welcomed into the world, hearing lullabies, and (when facilities permit) being supported in water by others. A variation of this technique used by Barbara Findeisen, was described by A. Love (personal communication, December 10, 1986). This was the "birth tunnel" in which group members formed a tunnel with their bodies and took turns passing through it. Participants reported that the physical passage through the tunnel facilitated access to memories of their own physical birth.

Another interesting use of ritual in therapy reported by B. Pemberton (personal communication, November 17, 1986) was a "divorce ceremony". The divorce ceremony occurred as the culmination of extensive couples therapy that both husband and wife pursued with the aim of achieving a healthy divorce. Near the conclusion of therapy,

the divorcing couple imagined a setting similar to the one in which they were married, with friends present as witnesses. With this image in mind, each person in turn took back his or her wedding vows and released the ex-partner. For example, the divorcing wife might say, "I no longer promise to honor and cherish you", to which the divorcing husband would in turn reply, "I no longer expect you to honor and cherish me." The divorcing husband would then take back his vows and hear the divorcing wife release him from them. According to the therapist, the divorce ceremony was important because rituals established meaning for persons on a very deep level; when that meaning changed, it was helpful to undo the ritual that originally established meaning by using another ritual.

C. Light (personal communication, November 19, 1986) reported that she frequently uses rituals around separations. For example, when she planned to be out of town for several weeks, Dr. Light allowed her clients to select something from her office to take home while she was away. The items chosen might be a crystal or rock, a vase, a candle, a stuffed animal, a pillow, or a picture. Dr. Light thought that the article chosen by the client would provide a symbol of continuity with the therapist during her temporary physical absence. Similarly, at termination, Dr. Light often gave the client something symbolic of their relationship, such as a crystal or a stone, as a way of passing on a part of herself.

Two of the therapists interviewed (M. Brock and F. Abbott, personal communication, December 10, 1986) worked together and used regularly scheduled weekend retreats as part of their group therapy. Every three or four months, group members met in a cabin in the woods for an intensive weekend. These sessions often began and ended with rituals, such as anointing the clients with oil or passing a candle around the group. Ritual enactment was used throughout the retreat, often in a very provocative manner. For example, one client had frequently fantasized that if he died, everyone would be sorry for the inconsiderate ways they had treated him. He was allowed to enact his own funeral, even including being made-up by a "cosmetologist".

Following this, the client was placed in a "coffin" represented by a sleeping bag, which was zipped up by group members. He was then carried outside, buried under leaves, and left. After several hours, he got bored and returned to the group. Following this, he realized that if he did die, life would go on without him. In addition, he heard from other group members that his preoccupation with the importance of his own funeral was not only boring but also kept them from having meaningful contact with him.

Many therapists interviewed reported the use of symbolic enactment of the client's fears or fantasies. For example, a client struggling with dependency issues may be fed from a baby bottle and cuddled during therapy. This procedure was quite similar to that reported by Childs-Gowell (1979) with the differences that it was used in an outpatient rather than an inpatient setting and with nonpsychotic rather than psychotic individuals. Another instance involved a male client who felt overwhelmed by his sexuality to the point that he admitted in group therapy that he felt like he was "trying to screw everyone, like a dog". The therapist instructed him to enact this by physically playing the part of a dog. Ultimately, this client was able to accept the "dog" part of himself, but was also able to see that he was, by no means, all dog. Another client who wanted to shatter a past relationship was aided in this process by shattering a set of glasses especially purchased and brought to therapy for that purpose.

Several therapists also mentioned the use of rituals in conjunction with their clients' religious beliefs, including esoteric ones. One therapist reported placing a crystal cluster on a client's lap to ground her. Another therapist, working with a client who was engaged in the worship of a goddess, used a ritual from this religious tradition to help the client control panic attacks. Symbols, actions, and ritual objects were drawn from the client's religious beliefs; however, the therapist thought that her own role was very important in helping the client clarify what the panic attacks and the ritual symbols meant in the client's dynamics. The therapist also believed that the goddess religion could be an empowering one for women and so was particularly therapeutic for the client. Another therapist described the use of a ritual to heal a

misunderstanding between herself and her client. This ritual was performed in a location that both felt to be sacred space with water from a temple, with the ritual being healing for both.

Location of Ritual and Presence of the Therapist

The therapists reported using ritual in a variety of locations, including in the therapy session in their offices or in adjacent areas such as parking lots or parks. Alternately, some therapists helped clients design rituals to be performed by the client at a separate location, for example, at the client's home. When this occurred, some clients performed the ritual alone. In other cases, therapists reported accompanying clients to perform rituals at locations removed from the therapist's office. This use of ritual was generally approached with caution, and therapists who used it stated that they did so rarely. One therapist expressed hesitation "to do out-of-office things because it blurs boundaries in a way that feels unknown. I don't know that it is negative but I'm cautious of it; in my experience it can open up fantasies of importance and dependence that are unrealistic and undermining." Another therapist believed that when rituals were performed outside of the therapy session, it was important that the client do this alone to reinforce the client's own strength; this therapist saw accompanying clients in the performance of ritual as a subtle way to take power away from the client.

Despite these considerations, some therapist reported that they occasionally went outside the therapy session. One therapist commented that when she goes to a different location, "it seems important to stay within the symbol of who I am for that person." Another therapist reported very powerful results when she accompanied a client into a special space outside of the ordinary therapy context, but she had done this rarely and with a great deal of preparation.

In contrast, the two therapists who routinely took their groups on weekend therapy retreats reported that the weekend "intensives" encouraged clients to get to deeper levels of self-exploration because the retreat provided freedom from customary

roles and responsibilities and also because clients approached the retreat with the expectation that they would make substantial therapeutic gains. No difficulties with boundary issues were reported, and this was thought to be because the intensives were structured as a routine augmentation of ongoing therapy.

It is possible that some of the difference in opinion expressed by the therapists on the effect of location can be resolved by considering the way ritual outside the usual therapy setting is structured. For example, when a therapist rarely accompanies a client outside of therapy, this frames the event as extremely unusual, and attention to the clarification and maintenance of boundaries will be required. In contrast, when a therapist routinely goes outside of his or her office, the client can become accustomed to this and learn that the role of the therapist can transcend the physical location of therapy. In addition, when rituals are used outside of therapy as a culminating act to symbolize the client's power, it seems important to consider if the therapist's presence might weaken the client's sense of power.

How the Use of Ritual is Introduced in Therapy

Often the therapists interviewed had a history of suggesting specific symbolic actions in therapy. This was likely to occur with the use of Gestalt or psychomotor techniques. However, the therapists may or may not conceptualize these as rituals to either the client or to themselves. While, in retrospect, the therapists interviewed agreed that such interventions could be conceptualized as rituals, they more often reserved this term for an intervention that was different and more formal than other symbolic enactments. As one therapist stated, "I do a lot of symbolic work so it's not foreign to [my clients]." The therapists interviewed also emphasized the importance of a therapeutic relationship involving mutual trust and understanding. "You can't do ritual with someone you're just beginning to work with," one therapist stated, "you can only do it and make it really effective with someone that you already have a deep relationship with."

Many of the therapists described the introduction of ritual to a client as an

opportunity. The therapist may tell the clients that she or he believes a ritual could be useful, but implicit in the offer is the option for the client to refuse. When asked how she introduced ritual, one therapist commented, "My style is not to make a big deal out of it; I find that when you make a big deal of things people feel that they have to perform and it scares them; I tell my clients, 'don't participate unless you want to, but if you do participate, it's very important that you be there'. I give lots of permission to people just to be there as they can." In some instances the introduction of ritual into therapy was initiated by the client.

Client's Reactions to the Use of Ritual

The therapists noted that when offered a therapeutic ritual, clients were usually positive in their response, probably because the therapists waited until they thought a client would be receptive. As one therapist commented, "Usually my clients are very favorable to ritual, but this is because I am highly selective, using ritual only when I know a client well and when I have a deeply felt intuitive sense of the rightness of ritual." Other reasons given for positive attitude toward ritual included the client seeing it as practical or meaningful or offering them an opportunity to do something concrete. Another therapist remarked that clients may be afraid but may participate because of their faith in the therapist.

Development of Rituals in Therapy

Uses of ritual cited by the therapists include instances in which the therapist suggested rituals, instances in which the client suggested rituals, and instances in which rituals were developed by both. Most often, the use of ritual was suggested by the therapist, and the client participated actively in its development. For example, a therapist might suggest in very general terms the parameters of the ritual, such as its time and purpose, and the client may then specify what symbols or objects were needed. Within this general framework, much ritual action might develop spontaneously. Less frequently, the therapist and client worked together, often for an extended time, to develop in detail many aspects of a particular ritual. One therapist who used ritual in

this manner believed it was important for the client to understand and specify the meaning of each element she or he included and to state the purpose clearly.

Symbolism of Rituals in Therapy

The therapists interviewed were unanimous in their belief that for ritual to be successful, it had to have meaning for and make sense to the client. As one therapist commented, "I feel it's essential to incorporate the individual into the ritual and not to prescribe specific actions unless they have meaning for the person; if you don't do this, rituals become hollow and ineffective."

The therapists also agreed that the symbolism used and the understanding of it must emerge from within the client rather than being externally provided by the therapist. "Symbolism," commented one therapist, "comes from the client and takes the form most meaningful and necessary for the client at the time." In practice, many therapists suggested symbolic actions but underscored the importance of asking the client if these felt right. One therapist admitted that he frequently suggested symbolic actions to his clients but also stated that "if it doesn't fit, I drop it, even if I think it's true, because in a sense, it's not true until it's true for them." However, some of the therapists felt that their relationship with the client was so strong that they could intuit the appropriate symbolism and ritual.

Several other therapists emphasized that it was important for the therapist to understand the meaning of the ritual and the symbolism involved. One therapist mentioned a need for the therapist to be alert when verbal formulae are involved. When this was the case, it seemed important that negative injunctions did not creep in and undermine the ritual. For example, one therapist saw the statement "I am loved," as more powerful than "I am not hated".

Many sources of ritual symbols were reported, including dreams, the client's religious beliefs, and the metaphors the client used in therapy to describe his or her feelings. When a client says, "I feel like I'm holding myself in", or, "I feel like I'm being weighted down", for example, the therapist might suggest enactment of these feelings.

Another source was symbols that had been important to the client in the past, particularly those symbolic of past relationships.

Ritual Objects

A wide variety of ritual objects were described. These included pillows, mattresses, blankets, crystals, baby bottles, glasses (for shattering), drawings, candles, salt, oil (for anointing), glitter, bells, food, wine, water, special clothing, and music.

Precision

The therapists interviewed generally tended to de-emphasize precision in ritual performance. Especially if the ritual was performed as part of the therapy session, spontaneous improvisation was allowed and encouraged. Most therapists seemed to look for certain elements that they considered to be of key importance, and once these were present, precision was not emphasized. For instance, one therapist thought it was important that she understand what the ritual actions meant for the client, while a second therapist believed that it was important that the client feel present during the performance of ritual actions. A third therapist, who used ritual with couples, thought it was desirable for both of the spouses to perform actions in a reciprocal manner. However, once these basic conditions were met, each of these therapists welcomed spontaneous changes or additions and were willing to let the ritual carry them and the client to new insights--even though these new insights may not have been fully anticipated by the therapist when the ritual was suggested. Similarly, if a client voiced a need for a particular object or behavior, therapists saw this as an important part of the ritual; but again, after this occurred, further development of the ritual was open-ended. Precision of performance received more emphasis when ritual was developed in the therapy session to be performed later by the client on his or her own.

Repetition

The therapists interviewed used rituals that were repeated as well as rituals that were performed only once. Some of the therapists used the same or a similar ritual format with a number of clients, but generally, therapists saw each use of ritual as

tailored to a specific situation, particularly rituals of transition. As one therapist pointed out, however, such use of ritual frequently involved extensive repetition as a part its preparation, with the client encountering similar dynamics over and over again from different perspectives.

Impact of Social Context on Therapeutic Rituals

Many of the therapists interviewed worked primarily with individuals and so did not use group ritual. However, those therapists who use groups generally agreed that groups could add extra power to the ritual, if the client felt supported by the group and if the group members were able to be present with the client. Two of the therapists expressed a decided preference that rituals occur in a group.

The therapists who used rituals in groups also saw the group as important in serving the function of witnessing. Though, at the time, ritual enactments may be very intense, clients may later discount the importance or validity of the experience. When the experience occurred in a group, however, there was less chance that this would happen. One therapist noted that using a group increased the potential for more elaborate ritual because other people could act out a number of parts. When doing this, the therapists thought that it was important that the client let other members of the group know what he or she needed them to do. It was also observed by several therapists that when groups had a strong history of participating in each other's work, group members engaged in spontaneous input to ritual procedures with positive results.

One therapist, who used ritual as part of transpersonal therapy, definitely stated a preference that this occur in groups. This therapist conceptualized himself as helping persons transcend their usual sense of self and begin to express a higher self with a transpersonal or cosmic orientation. A group, according to this therapist, can be an important source of support and can also help the client express feelings of universal love and compassion. When a group is not present and these emotions are evoked, the therapist has observed a danger that the client will focus these very intense emotions on the therapist, becoming overly attached in the process. Therefore, this therapist

preferred to use the group modality for ritually evoked ASC's in transpersonal therapy, though he did use ritual in individual therapy for other purposes.

Overall, there are times when therapists feel that performance of ritual in a social context may be beneficial. The fact that all of the therapists interviewed also report successful use of ritual in individual therapy suggests that ritual may be used in a variety of therapeutic modalities with positive results. Where more than one modality is available, the specific situation may dictate whether group or individual performance may be more appropriate.

Clients with Whom Ritual is Likely to be Useful

The therapists interviewed agreed that rituals were useful with a wide variety of clients, especially those whom they knew well, who had insight into their own dynamics, and who were interested in depth therapy as opposed to brief or superficial involvement. As one therapist commented, "I would not use ritual with just anybody; I would not use it with clients whom I didn't know well or with clients with whom I didn't have a strong relationship." Other attributes mentioned as characteristic of persons likely to benefit from the use of ritual were open-mindedness, a flexible defense system, a strong ego structure, and a degree of autonomy. Also cited was openness to ritual process and past experiences in which ritual had been beneficial, such as in the client's religious practice. It was also mentioned that rituals could be particularly useful with clients who needed organization or with clients who were looking for a deeper meaning in their lives.

Clients with Whom the Use of Ritual is Contraindicated

The therapists had distinct opinions about clients with whom the use of ritual should be avoided. It was noted that ritual would be difficult or even impossible for persons who were very defended or very rigid. In addition, ritual was felt to be contraindicated with persons who had very weak ego structures. The transpersonal use of ritual (for example, the use of ritual techniques involving ego-dissolution) was seen as particularly risky with such persons.

Asked if they would avoid the use of ritual with any particular diagnostic group of clients, the interviewees expressed concern about persons diagnosed as borderline personality disorder, undergoing a psychotic episode, or exhibiting obsessive-compulsive tendencies. The latter category provoked the most disagreement. Many of the therapists said they avoided the use of rituals with obsessive-compulsive clients out of fear that they might become caught in the ritual rather than use it as a vehicle for increased insight; however, other therapists felt that, at some points in therapy, rituals could be useful for this type of client because ritualistic behaviors and attention to detail of performance came easily to them. One therapist felt that the degree of insight the client had into his or her own tendency to obsess was crucial in mitigating against getting stuck in ritual. Another therapist stated that she avoided certain types of rituals with persons inclined toward obsessive or compulsive thoughts or behavior but did not avoid all rituals with this group. For example, this therapist refrained from the use of very cognitive rituals with obsessives, but she found rituals that were concrete and action-oriented helpful in getting such persons "out of their heads and into their body and feelings". Similarly, this therapist stated that she would not encourage repetitious acts with persons with compulsive behavior but instead might suggest a concrete act which connected symbolically to their feelings. Finally, another therapist who specialized in working with obsessive persons, said that, while she frequently avoided the use of ritual with such persons, at times she had felt that ritual had been quite beneficial in "moving the person beyond his or her obsessions".

Another diagnostic category with which many of the therapists seemed hesitant to use ritual was borderline personality disorder. The therapists believed that such clients lacked the ego strength necessary to utilize symbolic action appropriately. Of particular concern was the possibility that such clients would begin to engage in action that was supposed to be symbolic but that would be not be understood as such by the client. Many of the therapists also expressed reluctance to use ritual with clients undergoing psychotic episodes, though most of those interviewed stated that they

currently had little contact with psychotic clients. As one therapist commented, "I probably wouldn't use ritual with [persons in a psychotic state] because they are so labile that I would not feel enough in control of how the ritual was going to be used." Interestingly, the one therapist who did see a number of persons diagnosed as psychotic endorsed the use of ritual with this type of client in some cases. This therapist made a distinction between "psychotic" clients and "mystical personalities", and he saw the latter type of person as going through a spiritual transformation often prone to be mislabeled as psychosis. With such persons, this therapist found the use of ritual extremely beneficial.

Results of the Use of Ritual in Psychotherapy

In general, the therapists reported very positive results using ritual in psychotherapy. One therapist commented, "I've sometimes seen very profound shifts in persons I work with when I have used ritual." When the therapists used ritual as a means of completing a process, many felt that the ritual had lasting results. For example, the therapist who used a divorce ceremony felt it was a very important part of the divorce process and that it had a permanent effect upon the participants in terms of undoing the meaning created by the wedding ceremony. This therapist was, however, quick to point out that part of the efficacy of the ritual was due in part to the months of extensive therapeutic work preceding it. Another therapist who used ritual to release problematic aspects of a relationship noted that ritual often has the immediate effect of helping the person to feel better. "This may last and it may not," she commented, "However, even if nothing else, the person feels he or she can do something, and that generates some hope. It also provides a chance to step outside of the predicament and look at it, and that experience gives the client a good idea of what to work for."

As part of the interview, the therapists were asked for examples of when rituals had not worked. Many of those interviewed could not think of instances in which the results using ritual had been negative. Several therapists attributed this to the fact that they were highly selective in their use of ritual. However, some unsuccessful instances

were noted. One therapist had suggested that a very rigid client exaggerate her rigidity and had used rhythmical movements to facilitate this. To the therapist's dismay, the rhythmical movements persisted even when the client was instructed to stop the exercise. Several additional sessions were necessary to alleviate the movements, though the therapist reported that the client's progress following this incident was positive. A second instance in which ritual yielded negative results was with a very self-destructive female client, diagnosed as borderline personality disorder, who turned positive statements into negative ones. When her therapist gave her a symbolic object, she later used this object to act out negative feelings toward the therapist.

Therapists' Conceptualization of the Ritual Process

Importance of enactment in ritual. The therapists were asked an open-ended question about how they conceptualized ritual as working in therapy. Many of the therapists felt that because ritual involved physical action, it could make experiences in therapy more real than just talking. For example, one therapist felt that that the more a therapy session involved enactment, the more powerful it was. Another therapist commented on the power of a concrete physical act to strengthen intention. In addition, she observed that the physical actions in ritual were particularly powerful because they involved more than one sense, conveying meaning on many levels simultaneously and producing "a very rich and three-dimensional experience". Finally, therapists interviewed commented that when something was expressed in physical action, it was not as easy to later discount the event or deny its meaning.

A basic goal of many interventions was to bring key past experiences into awareness in the present. It was seen as particularly important that the client re-experience situations in their lives that resulted in the subsequent creation of major life views and decisions. For example, a client whose parents had not been available to love and comfort her as a child may have begun, at a very early age, to generalize the remoteness of her parents to all persons and decided to maintain distance from others. Subsequently, such a person might enter into relationships with the expectation that

they will be superficial or disappointing. To counteract this deeply rooted learned response, some therapists suggested that such a client re-experience, as vividly as possible, those instances in which the decisions were made, so that they could be undone and replaced by healthier ones. This reworking could be achieved in various ways, such as through imagery, verbalization, and physically acting out the meeting of a need that was originally denied. With therapists inclined to accept this general model of change, ritual enactment was seen as a very potent way to increase contact with original experiences and also provided a way to handle that experience differently. Thus, the ability of ritual both to evoke and also to anchor certain feelings, memories, and experiences made it particularly valuable for many of the therapists interviewed.

ASC's and ritual. The therapists interviewed differed in their conceptualization of the relationship of ritually evoked ASC's to therapeutic change. About half stated that they had not really considered whether or not ritual evoked ASC's at all; but most of those questioned volunteered that, once they considered it, they would agree that ritual sometimes evoked a state of consciousness different from that ordinarily experienced. The remaining therapists were inclined to believe that the potential of ritual to induce an ASC could be an important aspect of the change ritual often effected. One therapist stated, "I definitely think that ritual touches on ASC's, especially religious rituals; if I have designated the purpose of the ritual, and the client has agreed to that designation, then essentially what the client has done is to enter an altered state and accept a particular change." Another therapist explained what happens in ritual as "a moment in which you suspend all anchors of an obsolete reality and become open to a totally de-automatized or nonstatic reality; this makes you director and actor of your own play, and in this open ended-space you can create a new space, a new person, a new map of your self." This therapist felt that such experiences were particularly important in transpersonal therapy.

Comments on the Current Use of Ritual in Psychotherapy

Publications on the use of ritual in psychotherapy and interviews with therapists who conceptualize themselves as using ritual in therapy describe a variety of uses. Successful use of ritual in therapy has been reported in individual, group, couples, and family therapy with diverse types of clients, ranging from severely disturbed to neurotic to growth-oriented clients.

However, despite the variation in examples of ritual, there appear to be three main purposes for which ritual is used in therapy. The first use of ritual in therapy is to break up maladaptive behavioral patterns through behavioral intervention; this use of ritual is widely described in the literature published in family therapy. A second use of ritual in therapy is symbolic enactment for catharsis and increased awareness of feelings; this use is being employed, for instance, when a client spends a special time each day writing a letter to an ex-husband or ex-wife, expressing in the letter the ambivalent feelings towards that person. A third use is what could be called culminating rituals. These often occur following rituals of the second variety and are used as a means to finish a particular piece of therapeutic work--for example, to signify the end of an intense attachment to a past relationship. They are generally the most elaborate rituals.

These three types of rituals show differences, with respect to the importance of a therapeutic relationship, the amount of insight by the client, and whether the therapist prescribes the ritual or the client develops it. In the use of ritual to change a specific behavioral pattern, there was less emphasis on the therapeutic relationship and less emphasis on insight, which were seen as almost incidental to the effectiveness of ritual. Selvini Palazzoli, et al. (1978) exemplified this view when she advised that insight can develop, if it develops at all, well after rituals have been performed. In contrast, in rituals pursued for catharsis or self-awareness or in culminating rituals, therapists emphasized the importance of insight and a close, trusting relationship. Additionally, therapists using ritual in this way seemed less likely to prescribe rituals

but instead helped the symbology and ritual actions emerge from within the client. Therapist input, when it occurred, often took the form of a suggestion, with attention given to making sure the suggestion felt right to the client. This was particularly true of culminating rituals, with the therapist being more directive with rituals aimed at catharsis.

Wide variation is also seen in the role of the therapist in the ritual. The therapist may lead or conduct the ritual or participate in some other way such as providing support and/or witnessing the ritual. Finally, in some cases, the ritual is performed by the client(s) in the absence of the therapist.

There is also variation in acknowledgment of the importance of ASC's in effecting changes associated with ritual. Much of the published literature does not speak at all of ASC induction. A notable exception is Childs-Gowell (1979), an anthropologist, who directly attributed change in the clinical use of ritual to disruption of cognitive maps through ASC induction. Another exception is Akstein (1973) who used ritual to induce ASC's; however, he saw ASC-induction as important in calming clients rather than as a means to directly effect cognitive or emotional changes. Finally, Houston (1980) and Cogburn (1984) acknowledged the efficacy of ritual to expand (i.e., change) consciousness but did not apply their uses of ritual specifically to psychotherapy. Thus, in most of the literature on the use of ritual in psychotherapy, ASC's are not addressed. Although, many of the therapists interviewed agreed that ritual could access ASC's and that this could be an important part of the change process, only two therapists voiced a clear connection between ASC induction and disruption of the client's assumptive world. Thus, the ability of ritual to induce change through the induction of ASC's to disrupt cognitive maps is not widely recognized even by therapists using rituals.

In talking with perspective interview participants, it was clear that therapists are by no means uniform in their conceptualization of ritual. For example, some therapists see symbolic enactment in Gestalt and psychomotor therapy as ritual while

others do not. This discrepancy is symptomatic of the amorphous quality which seems to pervade the definition of ritual in general.

On the one hand, a case could be made that all symbolic enactment, if not all therapy, is ritual. This view would be strengthened by the current emphasis on seeing ritual elements in secular settings. If drinking sherry each evening is ritual, then so too would be going to the therapist once a week. In addition, the therapy process can be conceptualized as essentially identical to the ritual process in terms of both being structured attempts to separate individuals from their former belief systems and to invest them with new ones. This process is the essence of ritual (Turner, 1969; Van Gennep, 1960) and is also the essence of therapy (Bandler & Grinder, 1979; Frank, 1961). Finally, therapy may share many characteristics common to ritual, depending upon what aspects of ritual are salient for the observer and also depending upon what type of therapy is scrutinized for the presence of these characteristics.

While anthropologists might be more prone to see therapy as ritual or as displaying ritual elements, psychologists also have voiced similar opinions. Frank (1961) noted so many parallels between ritual and therapy that in his presentation the two seem virtually indistinguishable. Similarly, R. L. Moore (1983) suggested that:

instead of viewing rituals of healing and systems of personal transformation in religious systems as primitive psychotherapy, one could just as easily view contemporary psychotherapeutic practices as expressions of ritual process which offer a small segment of our population a source of ritual leadership in times of crisis. (p. 285)

At the other extreme, ritual may be conceptualized as having little if any relationship to therapy. This view was evident in some of the therapists approached to participate in the interview. These therapists used symbolic enactment but did not conceptualized it as ritual. For example, one therapist saw ritual as essentially a religious phenomenon having no real connection to therapy, which was to her secular in nature. Another therapist viewed ritual as very formal and precise and in no way

spontaneous; since the essence of therapy for this therapist was spontaneity, ritual played no role in his therapy whatever. A third therapist saw ritual as emphasizing social meaning at the expense of individual meaning. Since this therapist valued individualization, ritual seemed antithetical to his therapy because for him it carried connotations of synthetic activity connected with social tradition but not personalized.

In addition to these reasons, it may be argued that routine use of symbolic enactment is not ritual because it is not out of the ordinary in the context in which it occurs. Specifically, an attribute of ritual is its specialness. This can be seen in the emphasis in the ritual process on separation from everyday reality. In one sense, all therapy is special and separated from ordinary reality. Within the totality of therapy, however, some instances are more clearly marked as special or different. Thus, some persons may think that a particular enactment must be framed as special for it to be considered ritual; C. Kiefer (personal communication, December 8, 1986) endorsed this view. Finally, when enactment occurs in individual therapy, it may be accused of lacking the social dynamics often present in ritual, and, hence may not be considered to really constitute an example of ritual. Thus, one may conclude that techniques such as symbolic enactment constitute examples of ritual in therapy or one may conclude just the opposite.

Such a debate is impossible to resolve; too much depends upon one's conceptual framework. However, practically speaking, seeing all of therapy as ritual robs ritual of its potential impact upon and utility for therapists. In doing this, a situation is created in which the term "ritual" ceases to differentiate any one instance from any other, and hence becomes of little real value.

While acknowledging similarities in the process, characteristics, and functions of ritual and therapy, it seems more fruitful to see ritual as including techniques and applications different from those that have typically been labeled as therapy. Some of these different ways will not be applicable to therapy, perhaps because they are overly

coercive or require group participation; however, some techniques and elements generally associated with ritual will have substantial applicability to therapy and can potentially serve to augment its impact. For example, rituals typically use dramatic presentation, multisensate stimuli, and repetition in ways not typical in therapy but having potential value.

A specific definition of ritual that may have particular applicability to therapy is symbolic enactment (involving movement in excess of verbalization or visualization only) for an intended effect (e.g., to change a specific behavior or attitude or to increase awareness in a specific area). This definition stresses both the intentional aspect of ritual and the meaning or purpose of it. This definition leaves the door open for symbolic enactment such as those used in strategic therapy to be included as ritual; it should be noted, however, that because of the emphasis on meaning, intent, and purpose, the term "ritual" seems particularly applicable to those instances of symbolic enactment when the client understands (at least some of) the symbolism and performs it for a particular purpose in which she or he participates with conviction. Furthermore, because of the element of intentionality, at least some of the action and symbolism must be planned beforehand. The emphasis on intentionality is not meant to suggest that in the course of the ritual the meaning cannot expand beyond that originally intended. On the contrary, because rituals involve symbols, this will almost assuredly occur. Rather, this definition emphasizes that symbolic enactment can greatly enhance the impact of an experience, especially if its meaning is understood and if it is performed for a specific purpose.

CHAPTER SEVEN

Some Key Elements for the Successful Use of Ritual in Therapy

In this chapter some key elements associated with effectiveness of the ritual process will be discussed. These elements incorporate information from previously cited literature on ritual as well as material gathered from the interviews with clinicians. The first section of the chapter will deal with issues preparatory to the actual use of ritual and this will be followed by consideration of additional key elements during the phases of separation, liminality, and reintegration.

Preparation

Introduction

When ritual occurs in a cultural context, the context itself provides many of the elements needed for the effective use of ritual, including the conceptual framework that forms the basis of ritual action and symbolism. In addition, if a ritual has been used over a period of time, such factors as the antiquity of the ritual and a history of its successful usage can increase the faith of present participants.

When ritual is used in psychotherapy, the therapy context does not automatically provide these cultural elements, but other factors in therapy may potentially compensate; the client's faith in the therapist, for instance, may override the need for familiarity with the ritual. This section will look at some of these important factors needed for successful use of ritual. Although these elements are discussed separately, in actuality they exist in a matrix in which they interact, as for example when familiarity with a ritual both increases the authenticity of the ritual and also insures that participants know the appropriate behaviors.

Faith in Ritual

Rituals gains power from faith. While ritual will not work on desire alone, the expectation that it can and will work is an important factor contributing to a positive

outcome. In social rituals, there are several sources of faith. A main one is past experiences in which ritual has been effective; success validates the techniques of the ritual and the leader, and it reinforces the expectation of continued efficacy. Familiarity and a history of repetition can also lend authenticity. Finally, participants can gain faith in a ritual or a ritual leader through hearing positive testimony of others.

When ritual is used in therapy, faith in the ritual technique itself seems decidedly secondary to faith in the therapist. The training that the therapist has received and the credentials he or she holds suggest to the client that the therapist has special knowledge and experience that may be employed in the client's behalf. In addition, the testimony of others may be efficacious. This would be particularly applicable to situations in which, following a successful therapy experience, a client refers a friend to his or her therapist. However, the most important source of faith seems to be the therapeutic relationship and the confidence and trust it fosters. In a strong therapeutic relationship, the client is convinced that the therapist understands and cares for the client and acts with the client's best interest in mind. Thus, when the therapist suggests a ritual within the context of a strong and positive relationship, it is likely to be met with a great deal of faith by the client.

In addition to the therapeutic relationship itself, other factors can work to increase the client's faith in ritual. A history of meaningful use of ritual in other aspects of life may predispose a client favorably, and once ritual has been successfully employed in therapy, these successes would be likely to increase faith in future rituals.

The Purpose of the Ritual

A clear statement of purpose has been observed to be particularly important in the successful use of ritual. In a social context, an official purpose is often very clearly stated. In addition, although there may be covert meanings and also individual meanings, the presence of a number of persons gathered for a stated aim can add powerfully to the legitimacy and the importance of that aim.

Stating the purpose of the ritual is particularly important in culminating rituals, which are designed to end a particular piece of therapeutic work. When a client decides to stop ruminating on her past relationship with her ex-husband, and ritually enacts this intention by burning certain items symbolic of the relationship, the burning is accompanied by at least a mental statement of the client's intent. Statement of purpose may also be important when rituals are used to break up patterns of maladaptive behavioral patterns, such as the example reported by Selvini Palazzoli, et al. (1974) when a father solemnly flushed his son's medication down the toilet while the whole family repeated to the overly aggressive boy that they believed that he was not sick but in fact could control his temper.

Appropriateness of the Ritual

Another aspect of purpose has to do with sanctioning the appropriateness of the ritual. External sanctions add power to social ritual. In contrast, when rituals are used in psychotherapy, it is the therapist and the client who determine whether the ritual is appropriate; that is, in therapy rituals, the ritual is sanctioned internally.

Both the therapist and the client may participate in determining whether the ritual is appropriate. The therapist needs to consider the likelihood of therapeutic value in performing a particular ritual at a particular time for a particular client. When the client helps develop the ritual, the client's focus on appropriateness is more concerned with such issues as whether the ritual symbols are appropriate and whether the actions are meaningful.

It is particularly important for the therapist to determine the appropriateness of culminating rituals. If a client trusts the therapist and respects his or her judgment, then the therapist's endorsement of a culminating ritual increases its power and meaning. In effect, the therapist's agreement that a client is ready for a culminating ritual tells the client that the therapist believes he or she has finished a substantial piece of work and is ready to move on. With the exception of therapy approaches that use ritual in the absence of encouragement of insight, it is important to perform such

rituals only when the client has achieved insight into the many meanings of the relationship, including factors perpetuating it, as well as the ramifications of ending it. An example of this was the divorce ceremony, in which the therapist was adamant that enactment did not occur until the client(s) had gone over every relevant aspect of their relationship.

A ritual can also gain a sense of appropriateness by being satisfying or right for the client. In social rituals, the cultural context generally specifies when ritual actions are correct. When rituals are used in therapy, there is more leeway for the ritual to accommodate individual needs and preferences. Many therapists believe that it is important that the ritual be the client's own; in such cases, the ritual participant, rather than an outside source, becomes the final judge as to correctness. This observation was made by several therapists who stated that the client knew when the ritual action felt right. This concept is not unlike the "felt sense" to which Gendlin (1978) referred, meaning an inner auditor who knows unerringly when a symbol or action fits and when it does not.

The rightness of the ritual for a client can also greatly effect the integrity with which it is performed. In public rituals, there may be a substantial distinction between the outwardly stated purpose of a ritual and the inner intent of participants. Thus, a ritual may effect a very different end when a participant's aim differs substantially from the stated aim. However, since therapy encourages self-awareness and integration of all parts of the person, it seems particularly important that the inner intent match the outwardly stated aim when rituals are performed in therapy.

Belief System/Mythos/Symbols

When rituals are performed within a cultural context, this context almost always provides the mythos allowing the ritual action and symbols to make sense to the participant(s). In rituals used in psychotherapy, the symbolic base or myth may be provided by the therapist or it may come from the client. Some therapists observe the client and then select myth, symbols, and ritual actions which seems appropriate. An

example of this was given in Seltzer and Seltzer's (1983) use of ritual in family therapy when the therapist abruptly crowned one child as king of the family. In arriving at the myth of kingship, the therapist observed the family's interaction and let it evoke an image in her which she related to the family. If a mythos, symbols, and ritual actions are selected by the therapist, these must be consistent with the assumptive world of the client(s); otherwise, the ritual will not be believable. In particular, too radical a departure from the individual's normal belief system might easily lead to skepticism or failure to participate fully in the ritual. The myths, symbols, and ritual actions can also emerge from within the client in the exploration of his or her own symbology. This method of developing myth was described by one of the therapists interviewed, who suggested "finding the client's metaphor" (F. Abbott, personal communication, April 24, 1984), implying that meaningful, emotionally charged symbols already exist within and that there is no need to impose them externally. However, some time may be needed to discover the symbols, actions, and objects that are both meaningful to the client and also appropriate to the purpose of the ritual. Actually, the inner exploration involved in discovering personally meaningful symbols and mythologies can be a highly therapeutic pursuit in itself. It should also be mentioned that symbols are not "thought up" intellectually, but are instead discovered in the course of therapy through a process of receptive attention.

Heightened Emotionality

Rituals frequently have an affective component and are often associated with intensified emotions. When a ritual is performed in a cultural context, it will include factors that will heighten emotionality. This may be accomplished by contagion from other participants, charismatic leadership, expectation from past experiences, theatrical presentation, dance, and music. Such factors may not be present in rituals performed in psychotherapy. Often, however, the client may be very much emotionally present. In other cases, care will have to be taken that the client experiences emotional connection at the time of the ritual performance, for if this is not the case, the ritual

may result in empty actions barren of meaning and power.

Two sources of heightened emotionality seem readily available. One is the potential of symbols used in ritual to connect with strong emotions. For example, in a ritual in which a client burns a letter she has written to her ex-husband symbolizing the end of this relationship, she is not merely burning a piece of paper; rather, the letter may represent a month or more of agonizing self-searching in which the past relationship was viewed from a number of perspectives. The letter will contain her dashed hopes, her anger, her fears of future relationship, her self-recriminations. By virtue of what the client has undergone in producing it, the letter becomes an evocateur of the emotions involved in the relationship with the ex-husband. Above all else, the value of the letter in the ritual is this strong emotional connection. Like the letter, symbols used must connect to feelings that are important and meaningful to the client, even though the client may not always be conscious of the emotional connections of the symbol.

A second source of heightened emotionality is enactment. In ritual, the actions themselves help create a sense of reality which a mental event alone cannot. In particular, when action incorporates symbols that are emotionally charged for a client, the action itself makes the symbol more real. Therefore, when strong emotional content is latent in a symbol, enactment tends to manifest those emotions.

Another source of heightened emotionality infrequently employed in psychotherapy is music. Assagioli (1981) addressed the use of music in psychotherapy to evoke particular emotions such as sorrow, joy, anger, and strength, and even suggested particular pieces that might be appropriate. It would seem that music would be a natural and potent addition to rituals in psychotherapy. The author was particularly impressed at the impact of music during a healing ritual conducted in a group therapy situation. A female member of the group had very recently experienced a traumatic automobile accident, and a ritual was designed for the group to share their concern and love with her. However, in the background, music was playing in which a

theme of sorrow and desolation was repeated. The longer the music played, the more deeply the woman got in touch with her fears and depression concerning the accident. In fact, only when the music ended did she seem to be able to stop focusing on the despair and start accepting the love and caring of the group. This instance seems to illustrate both the potential power of music as an evocateur of emotions and the feasibility of using music as part of therapy rituals.

A Source of Power

Another crucial element in the effective performance of ritual is a source of power to effect the desired changes. Depending on the ritual and the belief system of those who perform it, the power source may be a practical matter or very esoteric. For example, when changes in status are performed ritually, it must be within the power of those conferring the changes to do so: a ritual crowning of a beauty queen requires a judge recognized as official, and the presentation of a diploma requires appropriate academic sanctions. Power may be attributed to any number of sources outlined in the belief system of the participants, including divine or supernatural ones.

Ritual in psychotherapy draws power from a number of potential sources beginning with the relationship between the client and the therapist. Other sources are the therapist's knowledge, emotional involvement, and belief in the ritual, the client's efforts in therapy and the self-knowledge achieved, and the emotional intensity with which the client approaches the ritual. When these are present, ritual can also draw power from unacknowledged sources within the client. Ritual may access an inner helper or an inner source of wisdom. Finally, in some instances, ritual seems to draw power from sources beyond the client.

Psychological Skills Useful in Ritual

Repeated participation in cultural rituals may result in the incidental learning of skills that facilitate effective performance of ritual, such as concentration, meditation, visualization, projection of energy, increased comprehension of symbols, and expression of evocative sounds and gestures. The development of ritual skills can

be learned and increased with practice. Concentration, projection, visualization, and the like can be actively pursued, and a number of exercises exist which can be used to develop these skills, such as those described by Assagioli (1981), Gray (1983, 1984), or Starhawk (1979).

Cultivation of skills useful in performance of ritual is likely to be useful in other aspects of therapy as well. Deeply expressive sounds and gestures have been described as beneficial in such therapeutic orientations as Gestalt, psychomotor, and primal therapy. Meditation has been used with positive therapeutic results (e.g., see Welwood, 1977) and skills involved in meditation, such as concentration and clearing the mind are intrinsic to other therapy techniques, such as Gendlin's (1978) focusing. Visualization and concentration are used in guided imagery, and work with symbols has been an integral aspect of Jungian approaches. Finally, in connection with transpersonal psychotherapy, Assagioli (1981) reported the therapeutic utility of visualization, relaxation, projection of images, concentration of attention, and sustained will. Thus, the same skills can be useful in both ritual and psychotherapy.

Group

Many of the elements necessary for rituals to be effective in individual therapy also apply to group therapy. As the existence of a therapeutic relationship formed a sine quo non basis for ritual in individual therapy, so an atmosphere of mutual support and trust is essential for effective group rituals. In addition, there must be a balance between the needs of individual members and need for the group to focus around a particular symbolic form if the potential impact of a unified group experience is to be achieved.

Group rituals in therapy may be differentiated into two main types. In one, some or all members agree to help a designated group member ritually work on his or her problem; in the other, all group members participate simultaneously in the ritual to benefit everyone. The former usage appears to be more common. This is not surprising for it follows the pattern generally used in group therapy of members taking turns

doing therapeutic work. The use of group ritual in the service of single individuals is also easier to manage than a ritual used with all members simultaneously. For example, when a group agrees to help a designated member, the working member supplies the purpose of the ritual and much of the symbology and ritual action. Other members may make suggestions and even ad lib, but generally the working member is the final authority as to whether a ritual action fits or a symbol feels right. Thus, the mythos and symbolism can flow from the needs of a particular member serving to unite the group and pattern the ritual.

This is not the case when all group members participate in a ritual simultaneously. Since a common mythos is imperative to structure ritual actions and provide roles, language, ritual objects, and symbols, the group needs to find ways to congregate around this common mythos. The mythos must not deviate too far from the participants' assumptive world, lest it become so unbelievable as to spoil the effect of the ritual. In addition, the ritual needs to relate to the needs and emotional energy of the participants. The need for some external direction is almost inevitable, but this must be balanced with a sensitivity to the emotional needs and symbology of the individual members who comprise the group. Here the therapist faces a problem generally not present in social rituals in which participants join together with a common symbology. For example, whether a ritual is Christian, Ndembu, Moslem, or academic, everyone present presumably endorses a fairly similar belief system and the symbology and ritual actions unfold from the assumptive basis of a belief system that is already established. Members of a therapy group, however, may hold very different beliefs, and there may be comparatively little commonality of symbolism from which to develop group rituals, making the skill of the therapist most important.

To make the process of developing symbology for group rituals easier, the therapist and the participants need to understand that it is possible to experience varied meanings. Since symbols are almost multivocal, they will have many different meanings at once and will vary in meaning from participant to participant. In fact, A.

F. C. Wallace (1961) stated that it is very rare for ritual subjects to agree on the precise meaning or purpose of a specific act. Thus, as participants enter into the ritual, they can tailor its meanings to their own needs and personalize it.

In addition, by selecting a general but potentially powerful motif, the therapist can increase the likelihood that most, if not all, participants can connect with the emotional energy that the ritual evokes; almost everyone can relate to such universal themes as separation, abandonment, empowerment, and healing. For instance, Houston (1980) selected the myth of the grail, in which themes of hope, deception, lost possibility, endurance, and love were interwoven in a panorama of mythology so encompassing that virtually all participants related to it in some personally meaningful way. Similarly, in therapy, even if a person is not currently aware of energy connected to a particular theme, he or she may find that the ritual nonetheless triggers memories and emotions.

Rituals can be further individualized by including open parts to structure individualization into the ritual. For example, group members may agree to participate in a ritual of empowerment that would include a period of time during which members simultaneously physically move in individually empowering ways. The movements of individual members as they enact empowerment may differ considerably: one member may leap about with abandon, while another may appear sedentary and meditative. Besides allowing individual expression, participation in such an enactment provides members with an opportunity to experience many facets of empowerment other than their own. The value of such an experience would not negate the individual's own concepts but rather could potentially expand them.

Group therapy rituals may also incorporate symbolism that develops during the history of the group. Therapy groups may learn to use a certain terms to communicate, or they may develop specific symbols that could be used in group ritual. An example of this was described by two therapists (M. Brock and F. Abbott, personal communication, December 10, 1986) who reported that their group members had gotten much symbolic

and emotional mileage by developing the concept of a "pig ego state". In the course of the group's interactions, the pig became a group symbol to which all members related in some way and around which the group could unify. When such symbols develop, they are ripe for use in rituals.

Finally, group members can learn that the temporary suspension of will is at times both necessary and beneficial. If ritual occasions are used to bracket the periodic suspension of will, so much the better, because a clear return to autonomy can also be marked. Experiences in which one suspends one's will offer an opportunity to try new behaviors and depart from habitual cognitive maps. This is not likely to interfere with the individual's self-direction if the atmosphere of trust and open communication is maintained.

Several additional points seem particularly relevant to group rituals in psychotherapy. It is important for group members to know what their particular role in the ritual is and how to enact that role. When rituals focusing on the work of a single member are performed in therapy, the working member will probably be the one to direct the action in appropriate ways, although the other members may suggest actions, symbols, etc. Alternately, when performed by the entire group, roles and actions may need to be discussed prior to the ritual so that they can be understood and revised if necessary. This does not detract from the ritual, but instead can enhance it by alleviating worry about what each participant should do. Furthermore, if a group member is uncomfortable about some aspect, this can be addressed before rather than during the ritual when interruption would be more disruptive. Even when ritual is more spontaneous, it is useful to establish ground rules beforehand. Preparation becomes easier over time as members gain experience. Rituals build on their own history or usage, and a group develops a repertoire of behaviors, which are then available for future rituals.

Additionally, in rituals designed for the entire group, it is important that most, if not all, members participate. Since all members will not do and feel the same during

the ritual, allowing for diversity maximizes the likelihood that all group members will be able to find some way in which they can comfortably participate. Thus, rather than emphasizing the importance of a specific action, it may be more useful to emphasize the value of participating fully and with meaning. This is what the therapist interviewed in the preceding chapter was doing when she gave permission for persons in the group to "just be there". However, (the likelihood of idiosyncratic reactions notwithstanding) if the basic beliefs or importance of the ritual is seriously questioned or if some group members are conspicuously nonparticipatory, the other participants almost inevitably will be affected. Thus, if some members experience rituals in therapy as hollow or negating, this situation needs to be shared and explored. If the ritual is experienced as a flop, then this is grist for the therapeutic mill; the experience cannot be whitewashed in an effort to please the therapist or other group members.

Open communication and evaluation can be important in assuring that rituals continue to be meaningful. A structured time for feedback may provide an opportunity for participants to discuss whether or not the experience was useful and to suggest changes for future rituals. As the group develops patterns of interacting, this may occur in a less formal ways, but even in experienced groups, the ritual needs to be processed to insure that it continues to be meaningful to the participants.

To summarize, the use of group rituals is a constant balance between the needs, the symbology, and the emotional energies of the individual members and the potentially profound experiences possible when collective action and symbology is shared by the entire group. Paramount in moving toward this balance are open communication and an atmosphere of trust, authenticity, and support. It is also important to value individual variation, knowing that one's own experiences can be expanded rather than negated by the different experiences of others.

Separation

Having considered some factors normally provided by the cultural context in

which ritual occurs, key elements of the ritual phases of separation, liminality, and reintegration will now be discussed. Separation establishes a dramatic break from the usual routine of activities. As noted in Chapter Three, the therapy setting itself functions to separate the client from the rest of the world, particularly through lack of interruptions and assurance that communication between client and therapist are confidential. Thus, if ritual occurs within the therapy setting, as with symbolic enactment of a client's verbal metaphors, the therapy setting itself may provide all the separation required.

However, if there is a need to mark a ritual in the therapy session as special or if there is an expectation that it will depart radically from the what the therapist and client consider to be usual, more elaborate enactment of separation may be appropriate. In addition, when rituals are used outside therapy, as when the client performs a ritual to culminate a particular piece of therapeutic work, attention always needs to be paid to the separation phase. Here, more than in the office, the creation of boundaries between ordinary and nonordinary reality will be an issue. Separation is also important in culminatory rituals to emphasize a transition from the client's former self to the new self.

Ritual space may be created and entered by any number of means, as long as they feel right to the client. In addition, if the same general format is used on successive occasions, it can begin to act as a conditioned stimulus; that is, through repeated exposure, a certain series of movements or gestures, particular objects, or a series of images might trigger a particular state associated with ritual work, especially if the client wants to enter that state. An example of this was given by Akstein (1973) when he observed that, with minimal practice, clients were able to enter a trance state whenever they heard a certain selection of music.

One word of caution relevant here is that there may be an upper limit to the frequency with which this state may be evoked. Dramatic ritual techniques are effective because they are nonordinary. Thus, if a client enters into ritual space every

therapy session, the ritual may cease to become special. E. W. L. Smith (1985) observed that repeated use of a particular physical enactment will eventually have diminishing impact and a new one will have to be developed. When rituals are used in therapy, it is important to use dramatic techniques of separation sparingly, saving these to mark special occasions. For more ordinary symbolic enactment of the client's metaphors, entrance into the therapy setting itself may adequately symbolize separation so that no additional efforts are needed.

When rituals are performed outside the therapy setting, separation will include both the selection of an appropriate site and the creation of boundaries. Site selection will be dictated in part by practical concerns. For instance, if the ritual involves burning, the site needs to accommodate this safely, or if water is required, this needs to be available. In addition, issues of privacy are important; the site needs to be one where the ritual can be conducted without attracting unwanted attention from other people. Symbolic considerations also enter into site selection. Some locations may evoke certain feelings in the client, and these may help create the proper mood for the ritual. For example, conducting a ritual indoors evokes different feelings than performing it outside. Even features such as altitude of the site or astronomical orientation may be important for the client. Finally, safety should be considered. While it might be quite evocative for a client to climb a mountain in the dark of the moon to perform a ritual, the therapist might find this too risky. When the therapist lends support to the development of a ritual, she or he has an ethical responsibility to help the client avoid obvious pitfalls likely to result in a negative experience rather than a positive one.

Once the site is selected, the boundaries of the ritual space need to be established. This may be simple or elaborate. The site can be physically marked off, as with stones, branches, candles, or circumambulation. The client may also consecrate or empower the site by including an object the client associates with wisdom, power, or security.

Finally, it is important that the client clearly symbolize both the beginning and the end of the ritual. A clear commencement helps focus attention on the present; a

definite end connotes that something has been finished, leaving less room for second thoughts and ruminations on how things could have been different. Thus, creating a specific temporal space can help the client mobilize to act in a more unified, conscious, and powerful manner than usual. This is what Don Juan spoke of when he described a warrior acting with "integrity" (Castenada, 1974). To act with such determination is to act from a stance of power and conviction, and in turn this will help assure that the ritual will be effective. Since rituals performed in therapy are not likely to be sanctioned externally, acting with a strong sense of inner purpose is a particularly important source of power and validation of ritual actions.

Liminality

As separation from ordinary reality is accomplished, the client moves into the liminal phase. This phase of transition spans the period from the beginning of change to its consummation. As detailed earlier, the function of liminality is to destroy the perceived reality characteristic of the individual's previous experience. Because it disrupts the individual's customary cognitive maps, liminality may be experienced as frightening. However, it is also a state of fluid possibility. In therapy, the fact that liminality is encountered within the context of a supportive, knowledgeable, and trusting relationship increases the likelihood that feelings of possibility rather than fear will predominate.

Most psychotherapy can be considered to exhibit liminal attributes because it encourages clients to break away from habitual belief systems, but when ritual is used in therapy, the liminal elements already present can be intensified. The central characteristic of ritual is symbolic enactment, so both symbolism and enactment are key elements of the liminal phase. Other elements of liminality have to do with intensification of the experience and include concentration, multisensory input, repetition, and heightened emotionality. When these accompany symbolic enactment and when the client believes change will occur, a situation is created conducive to

change.

The entire structure of ritual depends on symbolism. Because ritual is symbolic it is multivocal, and because it is multivocal it is holistic as opposed to linear. Thus, ritual transcends reality based on verbal dichotomies, and the symbols that it utilizes are always potentially more than whatever verbal descriptions may be applied to them. Ritual goes beyond words to access further meaning.

To the symbolic aspect of ritual is added enactment. Enactment is important in ritual because it makes the liminal experience more real. For example, increased musculoskeletal involvement has been associated with an increase in the felt potency of experience and also with increased emotional involvement (Naranjo, 1970; E. W. L. Smith, 1985). It follows that enactment of the symbolic can increase the reality of the symbolic. This in turn separates the individual even more from her or his customary linear reality. When the individual's assumptive world is based primarily upon linear analytical thought (and according to Ornstein (1972) this is frequently the case in Western society), disruption of this mode of processing further suspends the cognitive maps upon which the individual's customary filtering of reality depends. The use of ritual in therapy, then, is likely to suspend the individual's assumptive sets even more than would be the case when ritual is not used. The more intensely the disruption is experienced, the more the individual is likely to be open to new insights.

Another key element in ritual is concentration, which increases both the likelihood of eliciting an ASC (Ludwig, 1969; E. W. L. Smith, 1985) and also the retrieval of information obtained in such states (Kiefer & Cowan, 1979). Because of this, concentration is an important aspect in the performance of effective rituals in therapy and is particularly important when the therapist is interested in ASC induction. Concentration can be enhanced by enactment in that the symbolic actions can provide a target upon which to focus.

The multisensate nature of ritual both intensifies the experience and increases its postritual impact. This is supported by Bossard and Boll (1950), who observed that

the more senses involved in rituals, the more effective those rituals are likely to be. Similarly, repetition can be an important aspect of the use of ritual in therapy. Bombardment of senses with repetitive stimuli is not really a part of the repertoire of psychotherapeutic use of ritual, although the literature on neural tuning suggests that this might be quite a potent means of changing belief systems. However, repetition is very much apparent in that therapeutic issues are processed over and over. This aspect of repetition can be seen in culminatory rituals, which are not undertaken until the client has gone over the problematic area many times and from many different perspectives.

Another important element of the liminal phase is heightened emotionality. Emotionality both intensifies the other elements of the liminal phase and is intensified by them. For example, as discussed earlier, symbology often has a strong emotional valence, and concentration on this symbology and the enactment of it can help elicit awareness of this emotion. Awareness of the emotional energies represented by the symbol may in turn mobilize the client's concentration even further. In addition, multisensory input may add to the emotional impact, and so on. In this way, as the emotions build, so does the impact of the ritual. Simply put, more than any other single factor, the emotions energize the ritual.

Concentration, enactment, repetition, and multisensate experience are also conducive to evocation of an ASC. ASC's are probably present in most therapy rituals in that the individual's usual cognitive filters are disrupted. In some cases, however, when an ASC exists, it may not be so conceptualized by either the therapist or the client. In other cases, the state accompanying the ritual may so radically differ from what the client considers her or his ordinary consciousness that its presence will be readily recognized. For example, when a group experiences a profound unity, members may transcend their usual boundaries and achieve an extra-ordinary blending of energy. When pronounced ASC's occur, the feelings of unity and validity often accompanying them can contribute to the therapeutic efficacy of the ritual.

These, then, are the key elements in the liminal phase that can interact to access insights and to affirm change. In the former case, these elements can place a client more in touch with his or her own sources of inner wisdom. In the latter case, the client can use ritual as a vehicle for acknowledging important transitions.

Reintegration

The final stage of ritual activity is reintegration, the central function of which is to return from ritual space to ordinary life. This involves exiting ritual space and incorporating changes into one's ongoing life.

Exiting Ritual Space

It is important to end the ritual and to leave the ritual space in a clearly defined manner. This was discussed in the section on separation. To exit ritual space is essentially to reverse the process involved in entering ritual space. In the beginning of the ritual, boundaries were defined prior to contact with the dissolution of ordinary reality characteristic of liminal space. Similarly, upon leaving ritual space, it is important to signify that the ritual is finished and to leave ritual space; on a psychological level, this involves making enough of a return to ordinary consciousness so that the client can function adequately in linearly based reality. Put another way, the client needs to be grounded when leaving the ritual space, and the therapist has an ethical responsibility to see that this occurs.

One way to enact separation from liminality is through purification. Van der Hart (1983) described a very dramatic use of purification in which the client's destruction of clothes worn during the ritual was followed by a bath. While this may be appropriate in some cases, it is important that when extreme actions such as burning clothes or bathing are involved, the client's agreement be complete. Alternately, such actions can be scaled down, for example substituting washing one's hands for bathing, and so forth.

Incorporation into Ongoing Life

The second function of reintegration is to incorporate aspects of ritual into ongoing life. The seeds of integration of ritual awareness are actually sown in the liminal phase. Of particular importance are concentration, repetition, and involvement of awareness in as many sensory modalities as possible. As discussed earlier, the presence of these elements increases the likelihood that insights and changes made in the liminal phase will be strengthened to the point that they carry over into postritual experience.

Actions in the reintegration period reinforce the changes and insights begun in the liminal state. One way to accomplish this is by acknowledging what has been finished, particularly if the ritual is a culminating one and signifies a transition. Another tool of reintegration is the involvement of other persons who may witness the ritual and add their support. For example, whether the therapist is actually present at the ritual or not, the therapist's endorsement of the ritual may strengthen its effect. Other people may also be involved. If the ritual occurs in a group, the members both witness the changes and also expect the changes to be ongoing. In addition, persons from the client's social milieu can also be involved, particularly when the ritual symbolizes a significant transformation. An example of this tactic was described by Van der Hart (1983) who instructed his client to have a celebratory dinner with friends following a transition ritual. An important function of involving other people is to provide an opportunity for the client to interact with others from the new status or awareness conferred by the ritual. When other people react differently towards a client following a transition ritual, this can be important in reinforcing the changes which have been made. Continued interaction may also be important in maintaining the changes.

The impact of ritual can extend into other areas of the participant's life through symbolic objects; that is, when objects associated with ritual insights are encountered later, they can trigger a re-experiencing of the understanding achieved during the

ritual. This is similar to the anchoring process described by Bandler and Grinder (1979) in which a feeling or image is paired with an external or internal cue that subsequently has the power to evoke the anchored experience. Kiefer and Cowan (1979) described this same phenomenon as "cueing". During a ritual, participants may be supplied with a number of cues so that they can later retrieve information. This is often the case with sacra, which may be presented in a form that contains a great deal of emotional and cognitive knowledge in a condensed symbol. The importance of concentration, multisensory experience, and heightened emotionality have already been discussed in relation to creating powerful symbols, and certainly these would all be factors in establishing strong anchors to ritual experience as well.

Summary

This chapter has identified key elements associated with the use of ritual in psychotherapy. These were described in relation to the three stages of ritual process: separation, liminality, and reintegration. A separate stage, preparation, was added in which to include those aspects of ritual that are normally provided by the cultural context in which the ritual occurs but are not necessarily present in the therapy situation.

CHAPTER EIGHT

Enactment of Personal Symbols:

A Technique for Applying the Ritual Process to Psychotherapy

Introduction to Enactment of Personal Symbols

Enactment of personal symbols is a technique to expand one's cognitive maps through ongoing ritually induced ASC's. It can be used with other therapy techniques and constitutes a practical application of the the ritual process to de-automatize cognitive filters (as described in Chapters Four and Five) by using the key elements of the ritual process (as described in Chapter Seven). This is accomplished by using ritual to physically manifest meaningful personal symbols which are then available both for ritual manipulation and for meditation. The personal symbol can be an "opener" to new thoughts, perceptions, feelings and can thus increase awareness; it can also act as an "anchor", so that one can remain connected to the awareness that it conveys.

Example One

Enactment of personal symbols may be used in therapy in several ways. Minimally, it involves condensation of a therapeutic insight into a symbol for the client. This symbol may then be physically manipulated as part of the therapy process. An example of this use of enactment of personal symbols occurred in therapy sessions with a 12-year-old boy, who had been abused by his father. The boy's mother and teacher were concerned with his production of morbid drawings. One particularly compelling picture was of a Minotaur which he drew in a labyrinth. He also drew himself in the labyrinth and very shortly identified the Minotaur as his father.

Therapy sessions focused on helping the client outwit the Minotaur and escape the labyrinth. Several accounts of the myth of Theseus were used to give the client ideas of how this predicament had been handled in antiquity. The client's own imagination supplied other elements. Through a succession of therapy sessions, the client modified his drawing so that the Minotaur became more and more confined and

the client eventually found the way out. In this instance, the sustained symbol helped to focus attention and also suggested changes to the client, as well as reflected successful change. This example can legitimately be considered ritual, since it involves physical manipulation of a symbolic element for a specified purpose, and constitutes the simplest level of enactment of personal symbols.

Example Two

Enactment of personal symbols can employ more dramatic use of ritual both to evoke and transform the personal symbol. An example of this use of enactment of personal symbols occurred in conjunction with more conventional psychotherapy with a client who was so intimidated by his boss that his performance was affected. This client had an avid interest in altered states and felt comfortable operating in them. The therapist first helped the client access his own inner resources as a source of information concerning the relationship. This involved the construction of an object signifying the client's belief that he had, within himself, resources to understand how to better handle the situation. The client was able to do this, and the constructed symbol became a power object for the client, which could be used in subsequent rituals.

Following this, the client held his power object, assumed an open posture, and entered into a period of receptive meditation with the expectation that his inner wisdom would reveal something important concerning his relationship to his boss. In this meditation, the client shortly had a distinct image of himself lighting a candle, which symbolized his fear of his boss, then blowing it out with all his might. After this idea emerged, the client was instructed to physically perform the action. He then took the candle home and placed it outside his house.

The client reported that he felt better, but he also needed to have some way to deal immediately with feelings of intimidation if they should return. Once more, he used ritual and the power object to enter a state of meditative waiting. This time he envisioned a glass jar filled with dirt. His interpretation of this symbol was that it represented the "dirt" in the relationship and that externalizing dirt into the glass jar

might help to keep this out of the interactions with his boss. He further felt that whenever he experienced intimidation, he should visualize it as being projected into the jar of dirt to "ground" it. He was instructed to actually secure a jar, place dirt in it, and keep it so that he could project the angry or fearful feelings he had into it. The client did this and found that he was no longer as fearful of criticism and was able to do better work. This particular ritual had an unexpected by-product. The client kept his glass jar in a window. To his surprise, he reported that he never seemed to have to project any negative feelings into it, but he still wanted to keep it there "just in case". Several weeks later, he was delighted to notice a violet growing inside the jar. The jar became a symbol of transformation, of personal power, and of validation.

The Therapeutic Context

In discussing the use of enactment of personal symbols in therapy, the existence of a relationship of communication, trust, and empathy between client and therapist is considered the essential context within which ritual occurs. In such a relationship, it would be likely that the client anticipates that help is possible and trusts the therapist's judgment. It would not follow that the client would automatically be positive about using ritual *per se*, although trust in the therapist might lead the client to have faith in the ritual.

Congruence with Therapist/Client

To be effective, ritual enactment of personal symbols needs to feel right to both the therapist and the client. The therapist sets the tone. She or he must believe in the value of enactment and the importance of the symbolic. In addition, the therapist needs to be able to accept strong emotional expression, needs a flair for the symbolic, and must be at home with mythic, archetypal, and possibly transpersonal content. One of the therapists in the interview commented, "This is the kind of work that has always had heart for me." It is this type of congruence that empowers ritual enactment in therapy for both therapist and client.

Symbolic enactment also needs to be congruent with whom the client is. To some extent, the client may gain faith in this approach because of faith in the therapist; however, symbolic enactment will ultimately require intense emotional involvement on the client's part. A strong emotional connection can provide great power to ritual, but without this, enactment of personal symbols will be difficult to perform meaningfully. Thus, for this use of ritual in therapy, the client needs to be willing to experience his or her emotions in pursuit of self-awareness. In addition, the use of ritual, needs to feel right to the client. This involves such things as being willing to enact metaphors and to see the symbolic as important and informative. When the therapeutic relationship exists and when both the therapist and the client believe strongly in the usefulness of ritual procedures, an atmosphere is established in which the use of ritual techniques will be likely to succeed.

Evoking the Personal Symbol

Evocation of the personal symbol establishes the mythos or symbology from which subsequent ritual actions will develop. A personal symbol is just what it implies: something with special meaning for a particular person. Since it is a symbol, it is "an object, act, event, quality, or relation which serves as a vehicle for a conception" (Geertz, 1966, p. 5). Secondly, as Van der Hart (1983) observed, the effectiveness of symbols is proportionate to their emotional value. It follows that symbols which come from within a person, especially in an emotional context, will be likely to have strong emotional energy for that person.

The individual may seek a symbol to encapsulate a particular meaning or the symbol may emerge on its own. In either case, because it is multivocal, the symbol can expand beyond its original meaning. Seeking to uncover more of the meaning of the symbol can be useful because the symbol may hold within it an awareness capable of resolving, at least in part, a significant area of personal conflict. The potency of personal symbols in resolving conflict has been demonstrated by Gendlin (1978) in his

description of focusing. In the technique of focusing, individuals allow a word or image to emerge into conscious awareness. Persons using this technique are instructed to wait until the word or image seems to exactly match the problem upon which they are focusing. The evocation of personal symbols involves much the same process, except that the symbols evoked are more permanent and are combined with enactment.

Examples of Personal Symbols

Examples of personal symbols were given above in the drawing of the labyrinth, the creation of a power object, the candle which was blown out and placed outside the home, and the jar of dirt in which the violet grew. Another example of an enduring personal symbol was given by one of the therapists interviewed in Chapter Six, who instructed her client to find and buy a doll symbolic of the client as a child.

Sources of Personal Symbols

Several good sources, where one may creatively search for symbols can be suggested, one of which is the metaphors that emerge in therapy. For example, one of the therapists interviewed recounted an experience in which the client felt like shattering a part of a relationship, and so the client actually purchased a set of glasses and brought them to the therapy session for shattering. There are many other examples: a client may feel "weighted down", "knotted up", "off balance", or "in the dark". Such metaphors contain symbols that may be accessed and further understood through enactment, focusing, drawing, meditating, or physically assuming the posture of the metaphor. Additionally, insights can be crystallized into a symbol. Finally, symbols may emerge in therapy spontaneously.

Dreams are also an excellent source of personal symbols. Certainly dreams provide content separate from the linear processing more characteristic of waking states. Especially if a particular symbol or theme appears in a dream very dramatically, or if it recurs, the person might consider manifesting the symbol in some way so as to let its meaning unfold more clearly into awareness.

Another source of symbols are those things that represent a relationship with

another person. These symbols, called "linking objects" (Volkan, V. D., Cilluto, A. F., & Sarvay, T. L., 1975), include photographs, letters, gifts, music ("our song"), jewelry (especially such objects as wedding rings which signify a relationship), and even pieces of furniture (such as a person's favorite chair or a bed in which a couple slept prior to their divorce). Linking objects can also connect one to a particular attitude or behavior of the past. Such objects can continue to elicit strong emotional responses long after the relationship has terminated and can thereby play an integral part in maintaining a person's attachment to a past relationship. Because of their power to evoke emotions, however, these objects can also be powerful tools in working through the past relationship so that a more comfortable, positive, or understanding attitude can be achieved.

A final source of ritual symbols is power objects that are created or discovered by an individual. These are a special type of personal symbol in that they have been linked in the past with success, empowerment, wisdom, joy, or some other positive experience. Examples might include special clothes, crystals, a wand, or other ritual paraphernalia. Power objects could also incorporate what the person feels to be negative, but it is suggested that this use be avoided in therapy. The function of power objects is to accumulate, hold, and intensify a designated kind of energy over time and, since therapy pushes clients to release negative energy, negative power objects have no place in therapy.

Enacting the Personal Symbol

Enactment is an integral part of the approach being described here and includes three main components: manifestation, absorption, and manipulation.

Manifestation of the symbol involves making the symbol physically present, that is, finding it, buying it, or constructing it. Absorption of the symbol is the ongoing process of understanding more and more aspects of the meaning held in the symbol.

Manipulation involves changing the symbol to reflect changes in the relationship that

the symbol represents or changing the symbol in an attempt to produce such changes. Since all three involve symbolic enactment, all may be considered to be ritual.

Manifestation of the Symbol

To manifest a personal symbol is to bring it into physical existence. One would not manifest each and every symbol one uncovers but would choose symbols that hold a great deal of emotional energy such as the doll, the labyrinth, or the glass jar described above. Actually constructing or obtaining such a symbol can be a powerful experience. For example, suppose a female client, whose brother committed suicide, dreams that she plants a tree in honor of his memory. If she decides to enact this dream and then goes out to select and plant the tree, she may have quite an intense experience. What kind of tree? Can the tree live where she intends to plant it? How is the tree similar and dissimilar to her brother? What if a branch breaks off transporting the tree home? All of these aspects and numerous others may come into play in the process of manifesting that symbol. At each of these points, the client can learn more about her brother, more about their relationship, and more about herself. All of this becomes incorporated into the symbol and empowers it.

Absorption of the Symbol

Once a symbol emerges, it can be very useful to actively begin to absorb its meaning. According to Gray (1984), absorption involves meditating upon the symbol's physical appearance, its relationship to the person, and its principle (for example, multiplying, reducing, uniting, neutralizing, or containing). This ongoing process may be facilitated through meditation or focusing, and the more a symbol is absorbed, the more emotionally meaningful it becomes. Like manifestation, absorption can expand self-awareness; moreover, absorption of one symbol may help one understand other symbols.

Examples of symbol absorption. Though it can be a very extended process, symbol absorption need not be particularly elaborate. For example, symbol absorption was used in group therapy with inpatients in a state mental hospital in the

following manner. A large basket of shells was passed around and members of the group were asked to select a shell that appealed to them in some way. They were then asked to look at the shells and see why the shell appealed to them and what that told them about themselves. The group was given about five minutes to do this during which meditative music was played. Following this, group members could share their experience or not, as they wished. This exercise was useful in evoking meaningful and certainly reality-based comments which provided good openings to follow up with additional work. One woman noted how the shell was prettier on the inside than on the outside and she felt that, like the shell, her good qualities might not be seen at first. A man chose a shell with spines, because he said he felt afraid in many situations and needed protection.

Symbol absorption may be much more elaborate. For example, if one wanted to absorb a cup by understanding the principles represented by it (e.g., filling, containing, emptying), one could note the cups one comes into contact with during the course of a day, as well as other cups one can think of. This will almost immediately produce a flood of generally separated images: the coffee cup at breakfast, styrofoam cups in a vending machine, a lake, an ocean, the communion chalice, the toilet, beer mugs, craters on the moon, cupped hands, and so forth. Such an exercise can be valuable both for demonstrating the similarity in diverse objects and for showing the hidden connections behind an apparently simple symbol.

Manipulation of the Symbol

In manipulation of symbols, one physically interacts with them. This can be helpful for increasing awareness, experiencing the contact of interaction, or consolidating changes in awareness. A key aspect of manipulation is that it occurs in process, so that action at one point may later need to be revised as the client's own insight and integration changes. For example, initially a person may be in touch with their anger in a relationship and may want to banish that other person. While ritual enactment may be helpful in getting in touch with these feelings and allowing them

expression, it may not be therapeutic to stop here; the client may go on to begin to further integrate the past experience and to learn positive consequences it may have had. These may also be acknowledged ritually. Finally, the client might be able ritually to forgive the other person. Such an evolution would be consistent with descriptions of transpersonal therapy described by Boorstein (1980), particularly the deemphasizing the impact of life crises by viewing them in the context of a larger cosmic drama. In ways such as this, ritual lends itself to movement toward merging the personal with the transpersonal. When ritual is seen as an ongoing process, consolidating changes at points within that process but constantly open to revision, it provides a way to help move clients through their personal transformations.

The Therapist's Responsibility

It is incumbent on the therapist to endorse those actions that seem growthful and not to endorse actions that seem potentially nontherapeutic. For example, if manipulation of symbols begins to lead to ego dissolution beyond that which the client's support systems and integration could tolerate, the therapist needs to intercede. Moreover, extreme action that might be difficult to reverse needs to be approached with caution, especially if a less drastic action can be substituted.

Additionally, when rituals are used to culminate a particular piece of therapeutic work, the therapist must pay particular attention to insure that the client really seems ready to lay the past relationship to rest. It is important that such culminating rituals not occur prematurely. This is particularly tricky because such issues emerge in a process, and in a sense, the process never stops. However, one can also conceptualize work on oneself as existing in pieces, like pieces of a puzzle one is putting together. In this sense, there are nuggets of understanding that have in themselves a sense of completeness, and these can be consolidated and celebrated by culminating rituals. Finally, it is the therapist's responsibility to be sure the client understands that ritual expression is symbolic and does not constitute practice for literal expression out in the

world. This ethical consideration was specified in relationship to body work in psychotherapy by E. W. L. Smith (1985), but it applies to ritual as well.

The Ritual Process in Enactment of Personal Symbols

Separation

In the preceding chapter, elements of separation present in the therapy setting were discussed. To the extent that enactment of personal symbols occurs in therapy it will draw on all of those elements that separate therapy from everyday reality. However, over and above these, enactment of personal symbols can also provide clear entrance and exit techniques to liminal space. With repeated use, personal symbols can be developed to act as "openers" to altered or receptive states. This is consistent with the observations of Kiefer and Cowan (1979), who noted that induction of ASC's may become "highly attenuated with practice" (p. 68).

Thus, symbols or procedures for inducing altered or receptive states may be developed in therapy, if they seem appropriate for a particular client. An example of this would be the Rainbow Trance Induction (Starhawk, 1979) in which colors of the rainbow are subsequently visualized as the person relaxes even more deeply into trance. With little practice, this exercise is effective in inducing at least a mild altered state in which persons are receptive to symbolic input. Additionally, in therapy such techniques may be modified to fit the needs of the client. To expand the above example, the rainbow may lead to a specific place in which the client feels protected, and the client may develop a means (e.g., a crystal, a special word, a posture) by which to instantly return to this place of security.

As noted in the previous chapter, there is a danger that overuse of such techniques may lead to diminishing results. However, it may also be true that for a particular period of time, when a client needs to concentrate heavily on one area, such mechanisms may help focus attention. The client who drew pictures of the Minotaur used this technique effectively for a period of about six weeks; following this period, the

utility of that particular symbol expired and another very different focus was adopted. While it was a viable symbol, however, the labyrinth served to heightened emotional involvement in therapy and to sustain the focus of attention on the client's fear and anger at his father.

Liminality in Enactment of Personal Symbols

Enactment of personal symbols emphasizes the use of disruption of cognitive maps through ritual induction of ASC's much more clearly than many other applications of ritual to psychotherapy. This is done through the use of enactment to increase the reality of the symbolic, the mythologic, and the transpersonal and to disrupt linear thinking. In addition, emotional involvement is encouraged by choosing symbols that hold strong emotional impact. Concentration on symbols and actions also facilitates ASC induction, and the concentration is intensified by the use of ritual space to exclude irrelevant stimuli while maximizing exposure to salient ones. Finally, repetition of input in overlapping and mutually reinforcing ways and the use of multisensory input increase the intensity and reality of the ASC. When such a state is induced, it occurs within the context of an ongoing mythos and within a positive therapeutic relationship, both of which serve to structure the experience.

Considering the definitions of both ritual and altered states, these probably exist in most applications of enactment of personal symbols in therapy. In instances in which this technique is applied intensely, the presence of altered states as well as the presence of the ritual process are both likely to be dramatically present. However, since enactment of personal symbols may be applied more subtly, neither ASC-induction nor the ritual process may be apparent in all cases.

Reintegration in Enactment of Personal Symbols

Many of the elements described in the liminal phase increase the likelihood of integration of ritual input into ongoing awareness. In addition, enactment of personal symbols is particularly useful for anchoring insights and changes achieved during therapy so that these can be extended into other areas of the client's life; when

therapeutic insights are encapsulated into physical symbols, encountering these symbols later can trigger a re-experience of the understanding achieved during the therapy ritual. This is similar to the anchoring process described by Bandler and Grinder (1979) in which a feeling, image, etc. is paired with an external or internal cue that subsequently has the power to evoke the anchored experience.

Integration of insight is also facilitated by encouraging the client's understanding that personal symbols can grow and develop. Rather than considering symbols as static, the understanding of their unfolding and revelatory nature helps persons come to terms with the inevitability of change, and teaches them to value not only what is known but also what is yet to be understood. Such an attitude is antithetical to a frantic clinging to the status quo, and encourages and reinforces an awareness that spirals towards greater and greater integration of all that is encountered.

Enactment of Personal Symbols and the Transpersonal

Enactment of personal symbols offers a means for dealing extensively with both the personal and the transpersonal realms in therapy. One way in which enactment of personal symbols does this is by intensifying the experienced reality of the mythic and transpersonal in relationship to the events in one's own life. That is, one has an opportunity to connect with the transcendent meaning of everyday events and problems. Quite simply, enactment of personal symbols does this by helping persons become open to a symbolic meaning behind surface events. When one is focused on the symbolic, enactment makes the experience more intense. In addition, concrete embodiments of meaningful symbols may also be used as powerful evocateurs of meaning in one's ongoing existence.

To relate one's personal existence to an archetypal perspective is to "live mythologically" (Wilbur, 1981, p. 127). To see one's life in relation to the transcendent does not mean that one disregards consensual reality but rather that one is involved in

a "shift from an individual perspective to the perspective of 'the human spirit' " (Wilbur, 1981, p. 127). Thus, to see the relevance of mythic and transpersonal themes to oneself is to expand the importance of one's life and give it a larger meaning.

Synchronicity

Enactment of personal symbols may also involve synchronicity. By no means does this occur in all cases, but when it does, the impact can be profound for both the client and the therapist. The instance described earlier in which a violet grew in the jar of dirt is one such example. It had the effect of a symbolic message that, because the client had taken positive action despite his own feelings of fear and inadequacy, growth had been possible.

In the interviews with therapists using ritual, several other instances of synchronicity were reported. In one case, the client had been extremely fearful because she felt that her mother wanted her to "disappear". As part of therapy related to the client's issues with her mother, the therapist took a picture of the client with a polaroid camera, but while they watched the picture developing, the image disappeared. According to the therapist, the camera, which had not previously malfunctioned, never worked again. Later, when this same client tried to burn a picture of her mother which she had drawn on paper, the paper would not catch fire. At this point, the therapist suggested a group ritual to pool the energy of the others and that seemed satisfactory in banishing the mother's power. In these instances, the synchronicity may be coincidence. However, when it occurs in an emotionally charged situation, the experienced effect is usually quite profound.

Summary

The therapy approach presented in this chapter provides one way among many possible ways to utilize the ritual process in psychotherapy. Enactment of personal symbols holds kinship with expressive therapies, such as Gestalt,

psychosynthesis, and psychomotor, and it draws on established techniques such as focusing and meditation. It differs from these, however, by its acknowledged use of the ritual process to disrupt cognitive maps through ASC induction, by the use of enactment with physical symbols to facilitate change, and by its emphasis on the importance of the transpersonal and mythic. None of the aforementioned influences have this particular conceptual constellation. Because of these considerations, enactment of personal symbols constitutes a new, and hopefully useful, approach for applying ritual techniques to psychotherapy.

CHAPTER NINE

Conclusion

This dissertation supports the conclusion that elements of the ritual process may be incorporated into psychotherapy to evoke ASC's, and that ASC's may in turn lead to positive therapeutic results by disrupting the client's habitual assumptions. However, while ASC's are important in changing belief systems, they do not by themselves, provide a sufficiently consistent means to promote positive and useful changes. In contrast, when ASC's occur within the context of ritual and within the support of the therapeutic relationship, disruption of cognitive maps is likely to be both useful and enduring. Particular aspects of ritual found to be important in this are the creation of boundaries, the elaboration of the individual's symbology, concentration, heightened emotionality, and multisensory presentation of stimuli in a dramatic, repetitive, and overlapping manner. Thus, it is possible to conclude that ritual is useful in changing cognitive maps in a way which holds potential utility for psychotherapists.

It was also clear from the clinical interviews and literature that, with few exceptions, therapists do not conceptualize ritual as involving induction of ASC's, a conceptualization that is prominent in anthropological literature. However, the validity of conceptualizing ritual in this manner was not contradicted in the clinical literature nor in the interviews with therapists using ritual. In fact, almost all of the therapists interviewed readily admitted that ASC induction might be present in their use of ritual once this conceptualization was suggested to them. Furthermore, the fact that ritual can be applied to the therapy setting within a framework that includes ASC induction (i.e., liminality) and structure (i.e., separation, reintegration) further supports the idea that ASC induction is a part of ritual process in therapy, even though this may not be recognized by many therapists who use it. Taken together, these findings suggest that given the dearth of conceptualization concerning the use of ritual which exists in psychology the description of ritual as a means to promote change

through ASC induction offers a useful theoretical framework.

It was also an objective of this dissertation to begin to isolate elements associated with the effective use of ritual in therapy. To this end, some essential characteristics of ritual, its functions, and its process were established. When these were compared to psychotherapy, it was found that ritual and therapy shared much commonality in process, but showed differences in the functions each tended to serve and the techniques through which each was applied. These differences stemmed largely from the fact that the orientation of ritual was generally social and transrational while the orientation of therapy generally promoted individual autonomy and often an allegiance to the rational and scientific. Because of this, many ritual techniques could not be directly applied to the therapy situation where they would be either too coercive or too mystical, although both published literature and interview data demonstrate the applicability of some aspects of ritual to therapy. However, just as the process by which ritual interventions operate has received little attention by psychologists so, too, was there a lack of specific understanding of how this process might be applied to therapy. In this dissertation, the literature on the use of ritual in therapy, the interviews with psychotherapists using ritual, and the anthropological and physiological literature dealing with how rituals induce and structure ASC's were scrutinized for key elements associated with effective use of ritual. Some of the most important of these elements include enactment of meaningful symbolism, faith in the therapist, statement of purpose, repetition (especially overlapping input of information), multisensory presentation, heightened emotionality, concentration, involvement of others, and specification of ritual boundaries (e.g., establishing a clear beginning and end of the ritual). These elements should be useful in providing practical ideas for applying ritual to therapy by suggesting specific things therapists can do to use ritual more effectively in therapy.

A final objective of this dissertation was to propose a theoretical intervention utilizing ritually induced changes in consciousness in individual therapy. This

technique, enactment of personal symbols, provides a theoretical demonstration that applies the key elements associated with the effective use of ritual when the ritual process is conceptualized as inducing and structuring ASC's to effect therapeutic change.

Contributions

This dissertation makes a substantial theoretical contribution by expanding and clarifying the conceptualization of ritual process from the perspective of clinical applicability of ASC induction. Despite its acknowledged use of ritual, psychology to date has not really addressed the variety of uses of ritual in therapy, the process by which ritual effects change, or elements associated with effective ritual. Because of its attention to these questions, the contributions of this dissertation are unique and important. Additionally, in both the survey of the literature and the interview data, the present dissertation provides information on the current usage of ritual in psychotherapy. In this regard, the interview data is particularly useful in furthering understanding of how therapists are presently using ritual and how they conceptualize it.

The present dissertation also has practical applicability. The elements associated with the effective use of ritual provide useful guidelines for applying ritual to therapy, as well as suggesting aspects of ritual to focus upon in research. Moreover, enactment of personal symbols demonstrates a way ritual can be used in therapy to effect change through ASC induction.

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STRUCTURED INTERVIEW

Name: _____
 Training background: _____
 Degree: _____
 Years clinical experience: _____
 Therapeutic Orientation: _____

APPENDIX A

The Structured Interview

THERAPIST'S CONCEPTUALIZATION OF RITUAL

In your own words, I would like you to describe how you conceptualize ritual.
 What are rituals? What sets them apart from other therapeutic activity?
 Where did you get the idea of using rituals?

EXAMPLES OF THERAPIST'S USE OF RITUAL IN THERAPY

What are some examples of how you have used ritual in therapy?

If the following are not clear from the therapist's responses, clarify:

Location

Do rituals occur in the office or elsewhere, e.g., during periodic retreats, as outside assignments, etc.

Presence of Therapist

Are you (the therapist) present or absent during rituals?

Social

Are the rituals used with individuals? groups? couples? families?
 Does the number of people involved affect the ritual and if so how?

Repetition

Are rituals repeated over and over or are they performed only once?
 For example, do you tailor ritual for each client or is the same format used over and over?

Rigidity

How important is it that ritual acts be performed in a precisely specified manner?

Symbolism/Prescription

Do you feel it is important for ritual participants to believe in the ritual for it to be effective?

Who constructs the ritual; where does it come from; particularly, is the ritual prescribed by yourself, developed by the client, or arrived at in some other manner?

When groups are involved, how is the ritual constructed?

STRUCTURED INTERVIEW

Name: _____
 Training background : _____
 Degree: _____
 Years clinical experience: _____
 Therapeutic Orientation: _____

THERAPIST'S CONCEPTUALIZATION OF RITUAL

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Presence of Therapist

Are you (the therapist) present or absent during rituals?

Social

Are the rituals used with individuals? groups? couples? families?
 Does the number of people involved effect the ritual and if so how?

Repetition

Are rituals repeated over and over or are they performed only once?
 For example, do you tailor ritual for each client or is the same format used over and over?

Precision

How important is it that ritual acts be performed in a precisely specified manner?

Symbolism/Prescription

Do you feel it is important for ritual participants to believe in the ritual for it to be effective?
 Who constructs the ritual; where does it come from; particularly, is the ritual prescribed by yourself, developed by the client, or arrived at in some other manner?
 When groups are involved, how is the ritual constructed?

Dramatic/Multisensory Presentation

To what degree, if any, do you use: music, chanting, dance or rhythmic movements, ritual objects, a special setting, special clothes?

CLIENT CHARACTERISTICS AND RESPONSEClient Characteristics

Do you use ritual with all of your clients? What are the characteristics of clients with whom rituals seem particularly effective? Are there any clients for whom ritual is contraindicated? Please elaborate.

Introduction of Rituals

How do you introduce the use of ritual to your clients?

Clients' Initial Reaction to Ritual

Describe your clients' reactions to your use of ritual? Do they enter into the use of ritual easily?

RESULTSWhat Kind of Results Have You Obtained Using Ritual:

Please comment on the results you have obtained using ritual.

Positive Example

Please describe a situation in which the use of ritual seemed to be very effective?

Negative Example

Please describe a situation in which you felt the use of ritual had negative results.

Permanence of Results

Do you feel that insights gained as a result of the use of ritual permanently influence the person beyond the ritual itself?

PROCESS OF CHANGEConceptualization of Ritual Process

How do you conceptualize ritual as effecting change?

Presence of ASC

In your experience, are rituals associated with something akin to altered states of consciousness in participants? If so, is this important in the outcome of the ritual or in changing maladaptive beliefs or behaviors in the client? Please elaborate.

Specific Importance of Ritual

What are the unique contributions ritual can make to therapy?

TABULATION OF THERAPIST RESPONSES

Number of Therapists in Interviews: 30

APPENDIX B

Tabulation of Therapists' Responses

Clinical Experience

Minimum years of exp.

Maximum years of experience reported: 20

Mean years of experience reported: 12

Degrees and Degrees

Doctorate in Psychology: 4

Master's Degree in Psychology: 2

Master's Degree in Social Work: 4

Therapeutic Orientation

(Each therapist reported as many as she or he desired)

Gestalt: 6

Psychodynamically: 5

Existential: 4

Transactional Analysis: 3

Psychoanalysis: 2

Jungian: 1

Transpersonal: 1

Cognitive: 1

WHERE THE THERAPIST GOT THE IDEA OF USING RITUAL

Interest in anthropology: 5

From own spiritual development: 3

From own therapy experiences: 2

Exposure to alienistic traditions in other cultures: 2

Compatibility with Gestalt: 2

Client's request: 1

CHARACTERISTICS OF RITUAL

Location

Rituals performed in office or surrounding area (e.g. parking lot, park): 9

Rituals performed at distinctly separate location: 4

Therapist Participation

Rituals performed in office or surrounding area with therapist: 9

Rituals performed at distinctly separate location with therapist: 5

Rituals performed at distinctly separate location without therapist: 3

Social

Used ritual in individual therapy: 10

Used ritual in group therapy: 4

Used ritual in couples therapy: 2

TABULATION OF THERAPIST RESPONSES

Number of Therapists in Interview= 10

DESCRIPTION OF THERAPISTS INTERVIEWED

Clinical Experience:

Minimum years of experience reported: 7

Maximum years of experience reported: 20

Mean years of experience reported: 12

Training and Degree:

Doctorate in Psychology: 4

Master's Degree in Psychology: 2

Master's Degree in Social Work: 4

Therapeutic Orientation:

(Each therapist reported as many as she or he desired)

Gestalt: 6

Psychodynamic: 5

Bioenergetics: 4

Transactional Analysis: 3

Psychodrama: 2

Jungian: 1

Transpersonal: 1

Cognitive: 1

WHERE THE THERAPIST GOT THE IDEA OF USING RITUAL

Interest in anthropology: 3

From own spiritual development: 3

From own therapy experiences: 2

Exposure to shamanic traditions in other cultures: 2

Compatibility with Gestalt: 2

Client's request: 1

CHARACTERISTICS OF RITUAL

Location:

Rituals performed in office or surrounding area (e.g. parking lot, park): 9

Rituals performed at distinctly separate location: 4

Therapist Participation:

Rituals performed in office or surrounding area with therapist: 9

Rituals performed at distinctly separate location with therapist: 5

Rituals performed at distinctly separate location without therapist: 3

Social:

Used ritual in individual therapy: 10

Used ritual in group therapy: 4

Used ritual in couples therapy: 2

Symbolism/ Prescription

Felt it was important for client to develop ritual: 9

Therapist suggested some of ritual: 7

CLIENT CHARACTERISTICSUse ritual with all clients:

Yes: 3

No: 7

Clients useful with:

Strong therapeutic relationship: 7

Ego strength: 5

Interest in in depth therapy: 3

Mystic personalities: 1

Clients contraindicated with:

Persons with whom therapist doesn't have a strong relationship: 7

Persons with weak egos/borderlines/psychotics: 6

Very rigid or defensive persons/ Obsessive compulsives: 5

Persons overly concerned with the occult: 1

RESULTSPositive/Negative

Positive results reported: 10

Negative results reported: 4

Permanence/Impermanence

Permanent change reported: 6

Initial positive change with tendency to discount later: 4