Ethical considerations for the use of ritual techniques in a therapeutic context

Abstract

The use of ritual in therapeutic contexts is becoming rapidly more popular. Ground rules and practices vary widely, and appear generally unprincipled, a situation which needs to be rectified for the wellbeing of clients, and the continued good repute of the profession. Analysis of ethical issues and recommendations for best practice are not possible without a sound theoretical analysis of the use of ritual in therapeutic contexts, which is absent from the literature. This paper presents a theoretical framework based on recent work by the anthropologist Catherine Bell. Bell's 6 characteristics of ritual are analysed psychologically, using a broad theoretical framework which can be applied to several disciplines of psychotherapy; a corresponding psychological formulation of ritual is developed, called the Technical Approach. This approach raises immediate and serious ethical implications, especially around the issue of projections of authority from client to therapist. From an exploration of the ethical issues, this paper goes on to make recommendations for best practice.

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Introduction

The use of ritual in psychotherapy is becoming more popular. I have encountered long-established practitioners from Jungian, Reichian and Psychosynthesis backgrounds who use sacred-style ritual in their practise, with no sound theoretical basis. Many contemporary practitioners consider the effects of ritualisation within the therapy room, but with little theory to refer to.

I have found little literature on the subject of therapeutic ritual relating ritual to the foundations of therapeutic psychology.

In this paper I start from Catherine Bell's 6 characteristics of ritual, and examine the psychological impact of each characteristic. I then present a "Technical" approach to ritual, a psychological formulation mirroring Bell's anthropological formulation. I then propose a 'missing' 7th characteristic of ritual.

I then explore the therapeutic potential of sacred-style group ritual. I will refer principally to Gestalt and Psychosynthesis models of healing, as these models particularly emphasise aspects of healing for which ritual is most effective.

I then explore the ethical issues which arise from this model, and its application to therapy, and finish with proposals for Best Practice.

Background

The 19th Century pioneers of cultural research, like Friedrich Max Müller (Müller, 1861), Edward B Tylor (Tylor, 1871), William Robertson Smith (Robertson Smith, 1889) and James Frazer (Frazer, 1911), defined culture in terms of Myth and Rite, restricting 'Rite' to what we would now call 'Religious Practices'; these limitations in scope may seem narrow 150 years later, now that most commentators agree that all social action from formal spiritual practice down to social etiquette can be seen as ritual (Gluckman, 1962).

Tylor thought the origins of religion lay in such phenomena as dreams of dead people; this led to a psychological approach to religion initially developed by Frazer in his 'primitive magical' modes of thought: sympathetic magic and contagious magic.

In 1907, Sigmund Freud drew parallels between obsessive compulsion and religious observance (Freud, 1907).

Successive psychotherapeutic theorists, including Jung, Reich, Perls and Assagioli, have discussed ritual. However, the serious study of ritual from a psychotherapeutic perspective has focussed on the development and pathology of ritual (Erikson, 1968). The consideration of ritual as a formal therapeutic tool has been limited to merely repetitive actions.

The scope of 'ritual' activity has remained limited in psychotherapy; much of modern psychotherapy remains focussed on story, myth, belief, and the sense of self within the cosmos; thus it is easy to continue to restrict study of 'ritual' to religious and spiritual observances.

Outside of psychotherapy, ritual has been studied in the disciplines of anthropology, sociology, linguistics and evolutionary biology. Many of the assumptions that continue to be made in the psychotherapeutic approaches to ritual have been revised: including the assumptions that myth and ritual are inseparable (Kluckholn, 1942), and that together they form the essence of 'culture' (Geertz, 1973).

To understand ritual, it was essential to ask questions like: "What role does ritual play in a society?", "How does the structure of ritual reflect the structure of society?", "Are human beings instinctively primed to create and perform ritual?", "How does ritual relate to magic and science?", and many others.

I do not address these questions here, or précis the vast wealth of material available in the field. This job has already been done excellently by Catherine Bell (Bell, 1997 (a)).

Rather than attempting to define ritual, and strictly sub-categorise, Bell's approach is to see "Ritual-like" behaviour as a spectrum. People are more or less likely to classify a particular behaviour or activity as ritualistic to the extent that it displays the characteristics of traditionalism, performance, sacral symbolism, formalism, rule-governance and invariance (to which repetition is implicit) (Bell, 1997 (b)).

Definition of terms: Projection, Identification, Introjection and Transformation

Projection and Introjection

Projection was originally defined by Freud (Freud, 1894), and Introjection by Ferenczi (Ferenczi, 1909). The concepts have been refined and reworked extensively in all schools of psychotherapy.

It is difficult to define these terms, since each school of psychotherapy defines them slightly differently. However, there is enough similarity between the schools that different practitioners are able to understand each others' terminology.

I will paraphrase Perls' definitions (Perls, 1973), as his approach is phenomenological, and avoids the hypothesis of a complex model of structures within the mind.

Projection is the process by which we attribute our own feelings, sensations, thoughts, opinions and insights to other people or even things. Often, the things we project outwards are things that we find uncomfortable within ourselves.

Introjection is the process by which we attribute other peoples' feelings, sensations, thoughts, opinions and insights to ourselves. Often, we introject things to avoid punishment, alienation or other social traumata.

Jung, and later theorists, acknowledge that the phenomena of projection, introjection, and the related phenomena of transference and counter-transference, are frequently to be observed outside the therapy room in 'normal' social interaction (Jung, 1946 (a)), when individuals are negotiating their relationships.

Identification

Identification was again first used by Freud in a letter to Wilhelm Fliess on December 17, 1896. Freud used the term in a very similar fashion to Ferenczi's use of "Introjection". Here I am using the term in a sense that lies outside of psychopathology: the process by which people recognise feelings, sensations, thoughts, opinions and insights in other people. When a person recognises something of themselves in another person or object, they are more likely to project things onto that person or object, or introject things from that person or object.

The term "Projective Identification" used in Object Relations theory, and introduced by Klein (Klein, 1946), can be reframed as the process of Projection, followed by Identification, followed by re-introjection, as defined above.

Transformation

Jung introduced the term Transformation (Jung, 1933 (a)) as one of the main aims of therapeutic psychology: persuading a client to acknowledge the things they are projecting actually belong to the client; conversely, persuading the client to acknowledge that the things they have introjected actually belong to somebody else. The key to transformative techniques continues to be elusive, and is often described in mystical or spiritual terms (Jung, 1946 (b)).

Manipulation of Projection, Introjection, Identification and Transformation

The processes of projection, identification and introjection can be manipulated.

There are various techniques for this, the most well known being suggestion through hypnosis, Bernheim (Bernheim, 1887). There are many things that can make an individual suggestible, and which will allow others to manipulate their projections and introjections.

It is also clear that the process of transformation can be manipulated, and there are many and various techniques and theories. It has been stated that however practised or otherwise a psychotherapist may be in however many transformative techniques, some undefined personal qualities of the therapist may have a greater impact on the success of transformation than the correct application of any technique (Jung, 1933 (b)).

The importance of these four phenomena, in the study of ritual, is that they are the fundamental psychological mechanism by which people regulate their relationships, expectations and behaviour. If these phenomena can be manipulated, then it is possible to manipulate peoples' relationships, expectations, and behaviour.

What is Ritual?

Before considering what the therapeutic uses of ritual might be, the question: "What is Ritual?" must be answered.

There is a vast wealth of material on this subject, and I don't intend to provide a synopsis here. My starting point is Catherine Bell's 6 characteristics of ritual (Bell, 1997 (b))..

Bell has pinpointed 6 characteristics of activities which people associate with ritual. The more of these characteristics pertain to an activity, the more people will see that activity as being a kind of ritual.

Almost all human activities have at least one of these characteristics, which explains why various commentators at various times have managed to include almost all human activity under the umbrella of 'ritual'.

The 6 characteristics are: Traditionalism, Formality, Invariance, Rule-Governance, Performance and Sacral Symbolism.

Traditionalism

The more overtly an activity refers to a tradition, the more likely people are to classify that activity as ritual.

Recently invented activities whose organisers loudly proclaim a (false) traditional origin, are more likely to be seen as ritualistic than truly traditional activities whose organisers make no mention of tradition (Cannadine, 1983).

Formality

Formality is a restricted code of behaviour and speech, contrasted to informality. Due to these restrictions, participants in a formal activity cannot challenge the social foundation of the occasion (such as the social standing of the host). By participating in a formal activity, an individual is implicitly agreeing to a whole system of values, and the only way of challenging that system is to absent oneself from the activity.

An activity that is highly formal will be more likely to be perceived as ritualistic than a less formal activity.

Invariance

An invariant activity is one which happens the same way each time. Invariance implies repetition.

Contemporary analysts of behaviour often focus on this single characteristic. The notion of ritual in the therapy room is often restricted to invariant behaviour.

Performance

Activities that involve performance are more often seen as ritual than other activities. A classical music concert with an audience can be seen as ritualised, as can a church service where the congregation sing together, with no audience.

Performance often requires a symbolic space, such as a stage, which represents somewhere 'other' than the actual location. This could be an actual stage in a theatre, or a more abstract space such as a temple, in which the cardinal points take on particular symbolic meanings.

Rule Governance

An activity which is governed by rules is more likely to be seen as ritualised. Rule governed sports and games such as boxing or chess can be easily seen as ritual. However, a health and safety audit in an office setting can also be seen as ritualised.

Sacral Symbolism

Symbols of the Sacred are often used as part of a performance, or they may be simply 'present' in an activity. A suffering Christ at the doorway of a Church is an essential ritualising element of a mass, while a bust of the company founder at the factory entrance is an essential ritualising element for the process of production.

The Psychological effects of the 6 characteristics

Here, I will consider how an individual psyche may be affected by activities that have the above characteristics.

Traditionalism

The main effect of overt traditionalism concerns the perception of authority. Traditional activities claim an authority of their own, based on the authority of tradition. This can be expressed as the authority of a lineage of monarchs, the authority of a lineage of priests, or more generally as the authority of the ancestors. An overtly traditional activity encourages the individual to project their own authority outwards – usually onto the organisers or hosts of the activity – for the duration of the activity. Another way of describing this effect is that it renders the individual more suggestible.

Formality

Formality has a very similar effect – through the rules of formality, an individual is encouraged to project their own authority onto the hosts of an activity. Again, this can be seen in terms of increasing the suggestibility of an individual.

Rule Governance

The existence of a set of rules (beyond formality) by which a participant agrees to be bound, sets up a relationship of authority/subject between organiser and participant; once again leading to the projection of authority onto the host, and the increased suggestibility of the participant.

Invariance

Invariance has more subtle effects than the first 3 characteristics.

Invariance may simply be a bi-product of rule governance: if the rules are strict, there is little leeway for variation.

Invariance re-enforces the psychological effects of the other ritual aspects of the activity: As it happened before, so it will happen again, not just materially but also emotionally and cognitively, building within the participant the expectation that things will progress in a particular way.

This can be seen as similar to a hypnotherapist's activation word, which is issued to a client in a particular state of trance, and used in later sessions to return the client to that state of trance.

As in hypnotherapy, the psychological effect can be seen as rendering the participant more suggestible, more open to the prevailing values, beliefs and processes, and thus more susceptible to the manipulation of projections, introjections and identifications.

Performance

The simplest effect of performance is to induce suggestibility. This is most clearly seen in repetitive performance activities, such as chanting, prayer, procession and contemplation.

Another effect of performance is catharsis: Performance – musical, dramatic, poetic, etc. – releases certain emotions within an audience, whilst suppressing others.

A more complex effect is mediated by contagion and sympathy. The effect is that the symbolic object in the performance is confused in the psyche with one or more real objects in the world, and what happens to the symbolic object will raise expectations about what will happen in material reality.

For instance, in many healing rites, a model of the patient's afflicted body is created, and then is symbolically repaired. As it is with the symbol, so it will be with the patient's body.

If the model contains some of the patient's own hair, nail clippings, bodily fluids, clothing, etc. – anything that has touched the patient, then the rite will be seen as more

efficacious. This is the contagious effect. If the model looks like the patient, then the rite will be seen as more efficacious. This is the sympathetic effect.

This effect is a form of projection, and the consequent alteration of expectations: If ritual participants can be persuaded to project "sick person" onto the ritual object, and the expectation can then be raised that the sick object will recover, then at the conclusion of the ceremony the projections can be returned to the patient, who can then introject the general expectation of recovery.

The most complex effect of performance is to manipulate directly projection, identification and introjection, altering expectations and behaviour.

Consider a Christian nativity play: The characters attract projections of nurturing mother and father, helpless child, wise old men, honest workers (shepherds), protective father (God), etc. The events of the play manipulate our expectations along the lines of "The virtuous parts played by the characters lead the child on a journey of destiny, with the aid of wise people, the support of honest people, and the protective cloak of the divine." At the end of the play, when the characters remove their masks and take the final bow, we are forced to re-introject our projections, along with the optimistic message of the performance.

Sacral Symbolism

The use of sacral symbolism appeals to a divine or supernatural authority, rendering participants more suggestible, alongside providing powerful cues for projection, identification and introjection within a performance.

The Technical Approach to Ritual

The foundation of the technical approach is my assertion that all activity can be considered to be ritualistic to a certain extent.

All activity, even the activities of a psychotic patient, can be analysed from a functional perspective: "What is this activity intended (consciously or otherwise) to achieve?".

All activity can be similarly analysed from a ritual perspective: "What are the ritual elements of the activity, as distinct from the functional elements?".

Note there are many other equally valid ways to analyse activity.

Ritual aspects of activity

Starting from Bell's characteristics of ritual, and my analysis of their psychological effects, a ritual activity is one in which an individual is rendered suggestible (principally by being encouraged to project their authority outwards), and while in that state of suggestibility has their processes of projection, identification, introjection and transformation manipulated.

More formally, I posit the following statement: "*Ritual is a word applied to manipulative techniques which can be used, consciously or unconsciously, beneficiently or malevolently, to wield control over peoples' projections, introjections, identifications and transformation.*"

At the mundane end of activity, a workplace scenario of a laboratory worker testing serum samples for the presence of antibodies will be subject to various such

techniques: The workplace will be in a formal setting in which the workers wear uniforms and submit to a code of workplace conduct; the work itself involves the repetitive application of rule-governed procedures; the workplace and the other staff will be covered with symbols encouraging projection, such as uniforms and badges designating roles; artwork and portraits which express the value system of the workplace, etc.

The effect of this on the worker is that, for the duration of the working day, they submit to the immediate authority of their line manager, and to the more distant authority of the corporate board, through a process of projection; then through identification and introjection they internalise the values espoused by the corporation. This has the social effect of ensuring that workers perform confidently in well-defined roles, and assists in the functional effect that the laboratory work is performed competently and accurately.

At the ritualised end of activity, a wedding has the functional aspect of turning two single individuals into a married couple. The ritual aspects are obvious, from the delineation of a performance area, through group chanting, to the performance of the marriage itself, in which the projections of the congregation are manipulated such that the couple are henceforth regarded as married, with all the expectations that their new status brings.

Ritual Techniques

The Technical Approach to ritual is based on the idea that there is a range of techniques that can be applied to manipulate processes of projection, identification, introjection and transformation.

There are many techniques for manipulation. In this section I present the more important techniques.

Suggestive Techniques

Suggestion forms the basis of much 'primitive' magic, hypnosis, experimenter effects (Milgram, 1963),(Orne and Evans, 1965), and much counselling and psychotherapy. Suggestion was first formally evaluated in a psychological paradigm by Josef Breuer (Hirschmuller 1990) whose work profoundly influenced Freud (Breuer and Freud, 1895 (a)).

Suggestion techniques 'soften' the boundaries of the object (in psychotherapy, the patient, in ritual, the participant) with respect to the subject (in psychotherapy, the therapist, in sacred ritual, the priesthood). Once boundaries have been softened, the object will 'introject' aspects of the subject; such as attitudes, commands, even false memories, from the subject, and later will falsely recognise these introjected fragments as originating from their own psyche.

Being open to suggestion is a normal part of a healthy psyche. Hierarchies and authority work through suggestion. Once two people have negotiated a superior-inferior relationship, the one who takes on the inferior role will be open to suggestion from the one who takes on the superior role.

Many suggestive techniques use the method of convincing ritual participants that they are in the presence of a greater authority.

Another approach makes use of our sense of awe, or natural wonder. When faced with a spectacular natural occurrence, we enter a state of awe, a feeling of being in the presence of an absoloute, or divine, authority; as long as we remain in that state, we are suggestible.

Suggestive techniques that may have a ritual effect include:

Awe-inspiring ritual settings

Magnificent cathedrals and temples, beautiful art, overwhelming sounds, impressive natural surroundings, all place ritual participants in an inferior role relative to a priesthood.

This technique relates to Bell's characteristic of performance in which, the 'framing' of a ritual setting is an important aspect of performance.

Formality

One of Bell's characteristics of ritual-like activity, formality is used to manipulate feelings of authority and inferiority. Formality can be conceived of as a set of unwritten, unchallengeable rules which pertain to a particular kind of occasion. Once you have opted in to a formal occasion, the only way to challenge the authority of the

occasion, is to leave. Anyone who decides to stay remains in a position of inferiority, and is vulnerable to suggestion.

Tradition

Another of Bell's characteristics. Tradition carries its own authoritative weight, expressed differently by different cultures; in questioning tradition, one is questioning the wisdom of the ancestors, the founding fathers, the honourable lineage of the monarch, etc.

Hypnotic Methods

Any activity or experience that reduces the activity of conscious, rational, critical, thought renders people open to suggestion, including:

Chanting

Repetitive dancing and music

Drumming

Swinging incense burners

Meditation

Contemplative prayer

Disorientation and anxiety

Anything which disorientates or confuses people renders them more open to suggestion. When confused or anxious, we turn to authority. Such techniques include conducting rituals in darkness or in a smoky atmosphere, reciting from texts written in

an incomprehensible language, reciting paradoxical texts, conducting rituals according to strict rules which are unknown to the participants.

Archetypal techniques

Here, I use the term "Archetype" in the Jungian sense, although it is equally applicable to psychosynthesis (Assagioli, 1965).

Whereas suggestion is concerned with introjection, archetypal techniques are concerned with projection and identification. In a healthy psyche, projection is an important method for negotiating relationships. Somebody who has a need for a mother figure in a particular situation may project 'mother' onto the individuals at hand. Whoever responds, and projects 'child' onto the mother-seeker, will be likely to end up taking on the associated role.

Projection is initiated and mediated by a host of cues. Body language, physical appearance, smell, patterns of speech, and some would even argue, psychic connection.

This section relates to Bell's characteristics of sacral symbolism and performance.

Identification with Symbols and Symbolic Participants

In formal ritual settings, projection and identification are encouraged by setting up "Archetypal symbols" representing aspects of a healthy psyche. In a protestant church, where the redeeming effect of suffering is taught, one may find suffering Christ figures. Here, one may project the suffering self onto Christ, and then through the sermon preaching the virtues of being Christ-like, one identifies with the Christ figure, introjects it, and feels the associated virtue.

A more direct, mechanism takes place in social transition rituals, such as marriage. Here, the bride and groom may be presented as 'spiritually perfect husband and wife', encouraging the audience to project these properties onto the newly-weds. The newly-weds always receive these projections within their community, until they divorce. It is not the bride and groom who are transformed by a marriage rite, but the rest of the community.

In informal ritual settings, or settings where no ritual is intended at all, archetypal projection and identification still take place. A scientist whose way of life revolves around the symbols and procedures of the scientific method may project divine authority onto the symbols and paradigms of science, and hence espouse scientific materialism, or rationalist atheism as a philosophy for life.

Mythical Identification

The effects of this technique are similar to the symbolic identification above, but the technique is more explicit and controlled.

There are many formal rituals, and many informal settings, in which stories or myths are told, and often acted out. Where a myth is acted out by a theatrical elite, this technique reduces to symbolic identification, and the effects are similar to theatre. Where a myth is acted out *by the participants* then each participant projects upon their companions the archetypes that they represent. For instance, an enactment of the nativity will cause the person representing the 'baby' to project 'mother' and 'father' onto the people representing Mary and Joseph. If carelessly orchestrated, such mythic enactments by ritual participants may have many unintended effects.

This technique can be particularly powerful, as participants are not only encouraged to take on the qualities of their associated archetype, they are also suggested into taking on the story itself. After such a ritual, they may find themselves 'acting-out' aspects of the myth in their daily lives.

Common Symbolism

It has been well documented that common myths and sacral symbols create a feeling of group belonging (Durkheim, 1915). Any rite, or situation that institutes a 'common' way of understanding the world, will result in greater community cohesion. The psychological process here is that a participant will more easily identify themselves with other people who share a common value and symbolic system. Through this process, participants will introject values and beliefs associated with the commonality.

Magical Techniques

Frazer based his work on the hypothesis that humans have two cognitive mechanisms which are obvious in the uneducated 'primitive' person, and disguised (but still present) in the educated 'civilised' person. These principles, which form the basis of magic, are the principles of sympathy and contagion.

These mechanisms can be utilised to alter expectations, and can also significantly alter expectations when situations accidentally conspire.

This section also relates to Bell's characteristic of performance – performance being a symbolic or allegorical series of actions.

Symbolic Acts

There are definitions of ritual which exclude all activity that does not contain some kind of symbolic act (Langer, 1957).

A symbolic act is one that makes use of sympathy or contagion to give meaning to an act beyond its execution.

The act of exorcism by sprinkling Holy Water is packed with sympathy and contagion. The Holy Water is blessed by a priest, according to biblical blessings bestowed by Christ, invoking the sympathetic principle. The priest has had the hands of the bishop laid upon him (or her) in ordination, creating sympathetic meaning from biblical events. The bishop was ordained by a bishop, and so on, back to Christ himself blessing his disciples. Hence, the priest is empowered by contagion.

Repetition and Sympathy

When formal ritual events are repeated, there is a strong magical association between events through the sympathetic principle. Each event resembles the previous ones, and takes on the authority, power and meaning of the whole history.

The effect of repetition and sympathy may be negative as well as positive. Anyone who has had a 'good' experience of a ritual will engage with the next performance with raised expectations, and an even greater likelihood of a 'positive' outcome. However, the converse is also true: an unpleasant ritual experience will taint future occurrences.

As well as invariance, this ritual technique relates to Bell's characteristic of rule-governance, in that rules are a distillation of successful ritual outcomes over a period of repeated rituals.

Transformative Methods

Here, I use the term 'Transformation' in the Jungian sense. This is the development of the psyche including, but going beyond, the healing processes of assimilating unconscious material in order to resolve a neurosis or psychosis.

Jung wrote extensively on the psycho-spiritual process he refers to as 'individuation', which he describes as a process of personal development that a healthy psyche goes through all its life (Jung, 1931, 1935).

These transformative methods are well known to psychotherapists and counsellors. Jung posited that these methods are also corner-stones of the ability to lead a fulfilled and meaningful life in a community setting.

Reflection and Catharsis

Plato recognised the cathartic effect of the ancient Greek tragedies (Plato, 360 BCE). Many formal ritual-like settings and activities provide an opportunity for reflection and (if needed) some catharsis (e.g. remembrance day 1 minute of silence).

An aspect of the psyche which is frustrated or wounded will be suppressed as long as the unexpressed anger or upset remains unexpressed. Once catharsis has taken place, that aspect of the psyche is again free to express itself.

In terms of Bell's characteristics of ritual, these methods are closely related to performance and its cathartic potential.

Safety and Value

It is well known within psychotherapy that patients will not begin to heal if they do not feel safe and valued (at least with their therapist), and that individuals will not thrive in their lives if their needs for safety and esteem are not met (Maslow, 1943). In general, ritual activities will be more efficacious in situations where participants feel safe and valued. In a formal ritual, this is usually down to the organising priest(s), and in a workplace setting this is down to the workplace manager.

For example, a wedding will work well in an enclosed building where possibly unwelcome guests will be excluded by ushers, and where the proceedings are conducted by a sympathetic and optimistic priest. It will not work well in an open public place, where passing drunks may jeer, unwelcome guests can come and go as they please, and where the officiating priest is bitter and cynical.

Opportunity to be witnessed

At the root of counselling, psychotherapy, spirituality and general life there is a fundamental mystery, which is the mystery of being witnessed. From the child crying out "look at me" to the old person dying alone and unwanted and dreading the afterlife, human beings don't seem able to thrive unless there is someone (someone who values, and preferably loves us) watching.

Many ritual and ritual-like settings include an opportunity to be witnessed without judgement. These include: The Catholic Confessional, Holy Communion, ordeals such as initiation rites, transitional rituals such as marriages, alongside less formal settings such as the open plan office.

A Seventh Characteristic of Ritual

Several of the above techniques do not relate in any way to Bell's characteristics of ritual activity, however they are all clearly related to ritual.

Those aspects which are not reflected in the characteristics are the "Disorientation and Anxiety" methods, and some of the "Transformation" methods.

The transformative methods of psychotherapy are often described as mysterious. Jung wrote at length on the relationship between the symbolism of alchemy and his own therapeutic method, and he also drew allegories with myths from other continents.

I thus posit "esotericism" (the involvement of mystery) as an extra characteristic of ritual. Not only can an initiated priesthood utilise their arcane knowledge to force ritual participants into a suggestible state of mind; but to produce a truly transformative ritual, a priest, or therapist, must ultimately appeal to the mysterious.

Ritual and Authority

In the section on the psychological effects of Bell's characteristics of ritual, I showed 3 of the 6 characteristics were bound up with the concept of authority: Traditionalism, Formality and Rule-Governance; these characteristics, and the associated ritual techniques, encourage participants to project their authority outwards, rendering them suggestible.

In a social rite, this is appropriate, assisting in the redirection of projections, and the remodelling of social roles, essential in a society. This emphasis on authority also helps to maintain the structure of authority in a society.

In cases where the manipulation of projections, identifications and introjections is considered therapeutically useful (next section), rendering clients suggestible is important, helping to smooth the changes in projections.

If a client is to be encouraged to project their sense of authority outwards, the question of where that projection is going to land is crucial:

If it lands with the therapist, then the therapist becomes a guru, a position which is outside the therapeutic paradigm, and open to abuse.

If it lands with a particular spiritual tradition, are the tenets of that spiritual tradition in keeping with the beliefs of the client, and with the aims of psychotherapy?

If it lands with a material power – the monarch, society, the client's community of friends, etc. – is the submission to the will of the wider community a beneficial therapeutic act for these clients?

Given that most schools of psychotherapy have as a significant aim the empowerment of the client, it seems counter-productive to encourage a client to project their sense of authority anywhere.

Schools of psychotherapy which encompass a sense of ultimate personal authority can use this aspect of ritual to advantage, by assisting clients to make contact with that personal authority.

Psychosynthesis includes the notion of a "Higher Self"; Jungian psychology includes the notion of a "Collective Unconscious" which can take on a rôle of ultimate authority in certain circumstances; Holistic approaches (such as Gestalt) include an idea of the primacy of the "Whole Being"; Reichian approaches include an idea of

some ultimate "Source" of orgone energy; Process Oriented approaches include the notion of a Dream Body as a higher aspect of self; humanistic therapists may be drawn to use the concept of "Love" or "Compassion" as an ultimate authority. Freudian and Object Relations approaches present more of a difficulty: In a strict Freudian formulation, a major aim of therapy is to enable a client to adjust themselves better to their social environment, and in such an approach it could appear that the social environment *would indeed be* the best resting place for ultimate authority; however, most practitioners would probably agree that a client-centred approach, within which the client is explicitly made aware of the issue, and can then choose what best appeals to them, would be the most productive.

One last key concern with the rôle of authority in ritual is that any individual who has an unresolved process around authority will find these ritual techniques to be highly challenging, and will resist their use.

Therapeutic uses of Ritual

In this section I consider two distinct aspects of psychotherapy, which are closely intertwined in the therapy room:

1. The process by which a client becomes conscious of their projections and introjections, and then proceeds to withdraw their transference from their therapist.

2. The process by which a client becomes better able to meet their own needs.

The uses of techniques to manipulate projection, identification and introjection, are limited in the first aspect of psychotherapy, although transformative techniques are obviously very relevant:

Freud and Breuer discovered early that the use of suggestion in dealing with psychosomatic symptoms was limited. Though one might use suggestion to remove a symptom, the symptom would either re-occur at a later date, or the underlying neurosis would express itself in a new symptom.

In resolving a client's transference, there is a similar issue. Although a therapist might use manipulative techniques to change a client's transference, such techniques do not address underlying neurosis, so the result would be a change in the nature of the transference, rather than a resolution of the transference.

A client who projects "abusive parent figure" onto their therapist, while acting out "Rebellious, unruly child" could be persuaded to enter into a performative ritual in which an archetypal parent was introjected back into the client's psyche. The result would be that the client would then project out their rebellious unruly child figure onto the therapist, while acting out an abusive, bullying authority figure in the therapy room.

The upshot of this is that the use of ritual techniques in the process of resolving transference is very limited, though not entirely absent.

What constitutes ritual in therapy?

The ordinary process of one-to-one psychotherapy in a therapy room can be regarded as highly ritualised. In the following discussion on ethics and best practice, I have nothing to add to the existing material on this subject.

The use of further ritual techniques will make a therapeutic scenario even more ritualised:

The formal definition of a symbolic space; the use of a table as a symbolic and performance area (shrine); the adherence to further formal rules, such as the expectation that verbal exchange will be limited to ritual performance; the use of formal methods for increasing suggestibility, such as silent contemplation, chanting or formalised contemplative movement; the use of personal myth and sacral performance; the repeated use of a setting or method across many sessions; etc.

All these techniques can be used in a therapeutic setting, and where all these techniques are used together it will be difficult to tell the difference between the therapeutic activity, and a sacred rite.

However, there will be essential differences between any sacred rite, and any therapeutic rite, most obviously the difference in the treatment of authority.

Therapeutic Applications

I have identified 3 uses for ritual techniques in the first aspect of psychotherapy (that of resolving transference), which are:

1. Work with suggestion

2. Supportive witnessing

3. Work with archetypal symbols

and 1 broad use of ritual in the second aspect (the meeting of needs), which is by far the most comprehensive:

4. Work with the Will

I will explore each of these briefly:

Work with suggestion

Suggestion is a very crude therapeutic technique, but often useful. As Jung noted, minor problems around social adjustment often need little more than suggestion as a remedy (Jung, 1933 (c)).

In a ritual setting, symbolic acts may be performed with images, poetry, music, etc., to achieve effects such as 'sending away' troublesome parts of the psyche, or 'summoning' parts which are felt may be required. These effects are similar to the kind of exercises taught with NLP, such as visualising all one's troubles being packed into a box, and the box being sent far, far away.

As Freud discovered (Breuer and Freud, 1895) suggestion usually only effects a temporary remission from psychosomatic illness and neurotic symptoms, but often this is all that's required: giving the patient some clear space in which to address a pressing life problem. If all goes well, the life crisis will have passed before the symptoms return.

Since the form of ritual places a client into a suggestible state, a ritual setting and activity may be used in place of a shallow hypnotic trance, and the suggestions themselves can be provided by the client in the form a ritual performance – for instance, having an actual box, and placing within it symbols of all one's current troubles, and then sealing the box.

Supportive Witnessing

Unless a ritual is conducted by a client alone, then ritual is an opportunity for clients to be supportively witnessed. Being witnessed is an important aspect of successful therapy, though an atmosphere of 'unconditional positive regard' is critical (Rogers, 1965).

Ritual acts that are important include ritualised 'confessions', or story telling, the sharing of dreams, aspirations, difficult memories, shame, etc.

Since ritual tends to enhance the authority of the therapist, the ritual setting makes it easier for the therapist to maintain the emotional safety of the ritual space, by maintaining the appropriate ground rules. Ground rules can be formalised into a ritual structure by making use of the 'rule-governed' aspects of ritual.

The impact of being supportively witnessed is enhanced because participants are in a suggestible state, thus are more likely to accept positively supportive comments from each other uncritically.

Work with archetypal symbols

This is the kind of work that Perls termed "Shuttling" (Perls, 1973 (b)), where a client can play out one part of an internal conflict, and then shuttle across to the 'empty chair' to play out another aspect.

The therapeutic value of shuttling is it raises a client's awareness of internal parts and processes, and can be used to identify quickly the emotional content of a split within the psyche.

A ritual setting is often used for this kind of work, because of the associations of sacral symbolism with ritual. Clients who have had a religious background can feel more at ease working with archetypal symbols in a ritual setting, and those with no religious background may be excited by their sense of curiosity.

Because a client is in a suggestible state during a ritual, they are less likely to be resistant to material that wells up during this kind of work, and can make rapid progress.

31

Work with the Will

Both Gestalt and Psychosynthesis provide models of healing which include a transformative process, but which go on to address the question of the meeting of needs in detail, once transference issues have been (at least partially) resolved. Figure 1 shows the nature of the "Closed Gestalt" (Perls, 1973 (c)) alongside Assagioli's "Stages of the Will" (Assagioli, 1965 (b)).

Closed Gestalt   Stages of the Will
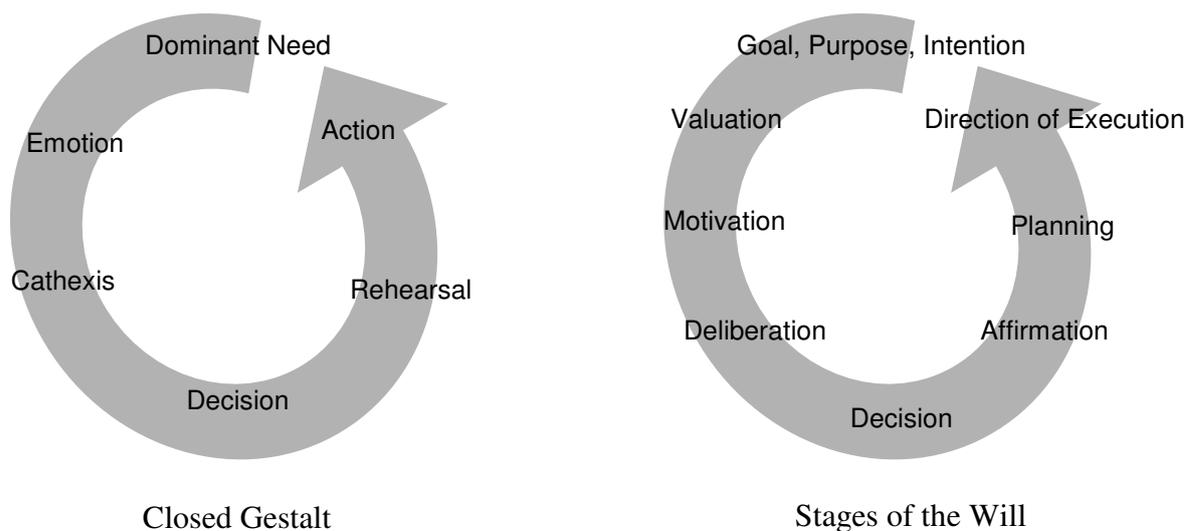
Figure 1

There are important differences between these analyses, though a comprehensive synthesis is possible. But, one can see that the process of meeting needs can be seen either from the Gestalt perspective as the process of Closing the Gestalt, or from the Psychosynthesis perspective as the process of Applying the Will. I will refer to this process as the Meeting of a Need.

32

The importance of these models is that they represent the normal processes of a healthy psyche in meeting its needs. During these processes, a healthy psyche must summon attitudes, beliefs, memories and skills, and must adjust expectations of, and relationships with, the outside environment and other people.

This is exactly the use for which the techniques to manipulate projection, identification and introjection are most effective, and is also the most common use for ritual in therapy.

There isn't space in this paper to discuss in depth the possibilities for using ritual techniques in Meeting Needs, but I will present 2 simple examples:

Example 1: Rituals at the Stage of Valuation

An individual who has become aware of a need will be unlikely to meet that need unless they value that need. There may have been a whole therapeutic process in which a client realises they must value a need (e.g. the need for love) before they can overcome a situation of suffering.

A client who realises they must value their need for love to progress, might benefit from rituals such as Honouring or Greeting their need for love.

To conduct such a ritual, the client must use symbols to represent their need (within psychosynthesis this could be a representation of the associated subpersonality), and a performance that expresses valuation, such as nurturing the symbol by making it offerings, or giving it a resting place, or honouring it by placing it on a throne, etc.

In terms of manipulating projections, identifications and introjections, this process will cause witnesses to project their own needs for love, and their own positive

33

valuation for this need, onto the performer … who then benefits from introjecting this valuation from others. The result is that witnesses will then see the performer as valuing their need for love, and the performer will then find it easier to actually find that value themselves.

This may be conducted in a group, or in one-to-one therapy, or by the client alone. The efficacy of a ritual will be diminished when conducted alone, but will still have the effect of enabling the performer to project their need onto their symbol, identify this need with the positive treatment of the symbol during the performance, and then re-introject that need, together with the positive feelings, at the end of the ritual.

Example 2: Rituals at the Stage of Decision

Many people are unable to meet their needs because they can never keep to the decision to meet that need. This may simply be a difficulty in making a commitment to something.

A useful ritual at this stage would be a performance that expressed commitment and determination. Once a client has decided they are going to commit to meeting a need, a symbol could be a personification of that need – the subpersonality in psychosynthesis, or a dream symbol if dream work is being used.

Appropriate performances might be to make the symbol of the need overcome some challenge, while making declarations of the form "I *will* persevere to the very end", etc., and then symbolically rewarding the need with something nurturing or honouring.

In terms of manipulating projections, identifications and introjections, an audience to this performance will project their positive feelings towards determination onto the

performer, who will benefit by introjecting them. The result is that the witnesses will then see the performer as someone really determined, and the resultant expectation from others will make it easier for the performer to find that determination within themselves.

Once again, such a performance can be done in a group, in the therapy room, or alone, in which case the performer still benefits by introjecting the positive rewards for determination back into themselves at the end of the ritual.

Indications, Limitations and Contra-Indications

Indications

Indications for using ritual techniques in therapy:

- Transference issues are at least understood by the client, and hopefully well on the way to being resolved
- The client has a belief system that involves a higher authority
- The therapist uses a psychological model that involves a higher, or inner, authority
- The client needs to develop tools for directing the energies they have developed in the therapeutic process so far
- The client is comfortable with ritual techniques

Limitations

- Ritual techniques are very limited, though not useless, in the process of resolving transference and owning projections

Contra-indications

The process of becoming suggestible is one in which the boundaries of the ego are softened, or lowered; this not only leaves participants more open to outside suggestion, but also to inner repressed material.

- Anyone suffering psychosis or borderline psychosis, who is in danger of being overwhelmed by their unconscious material, should avoid ritual techniques
- Anyone with issues with external authority – who is either unusually suggestive, or unusually contra-suggestive – should avoid ritual techniques

Ethics and Best Practice

Ritual is the quickest way to turn a therapist-client relationship into a guru-disciple relationship. While every therapist enjoys, and deserves, the esteem that is granted them by a client who leaves therapy after a successful growthful or transformative experience, any therapist who is unresolved on the dimension of esteem-derision, or power-impotence, or authority-subjugation, or similar will be tempted to use a ritual to heighten their clients' esteem of them, or to reinforce their authority over their client.

Because ritual settings have such a suggestive effect on participants, any therapist who has a tendency towards abuse, will have a greater tendency towards abuse in the ritual space.

No therapist is 100% free from neurosis, and no client-therapist relationship is untainted by the therapist's neurosis. All we can hope for is that a client can gain healing from a therapist's work, while somehow protecting themselves from the therapist's shadowy side.

The client can be largely protected in the therapy room as long as the therapist adheres to basic ethical practices and adheres to psychotherapy best practice. A fundamental principle in this regard is for the therapist to avoid 'acting out' strong emotions.

The potential for a guru-disciple problem is more of a difficult problem. The ethical guideline that a therapist should avoid social contact with a client after the end of therapy is designed to address this kind of ongoing esteem/authority problem. But, an easy way round this for the therapist is to continue therapy indefinitely, and this is hard to challenge, as many clients will benefit from long-term therapy.

The Best Practice recommendations I'm going to present should maximise the therapeutic potential of ritual, while minimising the negative impacts of a therapist's neurosis.

There are several aspects of ritual I wish to address: planning; ritual setting; ritual space; ground rules; beliefs; and symbolism.

Planning a ritual

Each participant's role and activities in a ritual should be determined in client-centred fashion. The potential for the therapist to inflate their authority in a ritual setting will amplify the negative effects of any direction from the therapist.

Clients are likely to be relatively ignorant of the subject of ritual, and may have difficulty deciding on a symbolic act, confession, drama, or myth, that they wish to work with. It is the therapist's job to present the possibilities of ritual, and allow the client to determine what resonates.

My aim in planning a ritual is to hand to the participants their own ritual and temporal authority (inner priest and will), while maintaining the importance of their transformative process.

To draw out symbols, I encourage participants to look to their dreams, participants might prefer more consciously-derived symbols, such as a deceased parent's possessions, or symbols from a spiritual tradition.

A large part of the planning process is educative. Many ritual participants have little experience of rituals, and spent little time reflecting on symbols, symbolic acts, and mythology.

Explaining to participants there are many different kinds of ritual, like initiations, seasonal celebrations, arrival rituals, departure rituals, rituals of exchange and trade, communion rituals, is a good starting point; it widens peoples' horizons, and works towards a client-centred, rather than a therapist-directed, outcome.

Enumerating some kinds of symbolic acts is helpful, not leaving participants floundering in the darkness of a novel subject: awakening, invocation, honouring, nourishing, passage, motion, arriving, departing, grasping, letting go, grieving, celebrating, remembering, hoping, returning, becoming exceptional, becoming ordinary, wishing, enduring, exorcising, banishing, healing, committing, transforming. These are just some things that a participant can do in a ritual performance. Some ideas of appropriate symbolic acts also help. It's easy for somebody with an arts

background to invent symbolic acts and performances, but harder for somebody new to the subject.

Rather than place the burden on the participant of inventing, from scratch, a ritual that expresses their complex progress through healing and transformation, it is much more empowering for the participant to point out the possibilities, and see what resonates.

Ritual Setting

Many therapeutic rituals take place in an outdoor, 'natural' setting. This is preferable, as participants will be less troubled by difficult social expectations they may be grappling with, which will never entirely be absent in a man-made (socially-made) environment.

Participants should be able to get to know the space before the ritual starts. If a ritual is to happen at night, participants should get to see the space in daylight; participants should be given the opportunity to help create the space, helping mow grass, move stones, build a fire, in preparation.

Participants should get to the ritual space themselves, and they should definitely not be ferried there by the therapist. If a participant begins to feel uncomfortable with a ritual, and needs to leave, it is important they can without the permission of the therapist, and without feeling they are ruining the experience of another participant, by requesting a lift home.

Similarly, a ritual site should have a 'safe space' where a participant can escape and be alone, accessible and within sight (even in the dark) of the ritual space, and the ground rules must explicitly include the use of the safe space as being acceptable.

If participants are camping, they need their own tent; if in provided accommodation, each person should have their own room, however small; and a ground rule should be that rooms are utterly private.

Ritual Space

Creating a ritual space is like creating a temporary therapy room. The space needs boundaries (instead of walls) and a metaphorical gateway (instead of a door); the space needs to be physically safe (no access by the public) and emotionally safe (ensured by ground-rules).

The therapy room could be the ritual space, but where ritual techniques are heavily used in a therapy room, the ritual space is often defined as being a particular area within the therapy room.

Ritual space is also performance space. It is 'the world in miniature', especially when a myth or a drama is to be enacted. Since performance is symbolic, the space is also symbolic space.

The making of symbolic space is a problem. One "Modern Tradition" is to quarter the space, assigning symbolic values to each quarter. This is a common arrangement of ritual space throughout the world. For instance East represents "Air", "Thought", "Beginnings", "Initiation", etc.. But the question is (given the authoritarian problems of ritual): "Who Says"!

The answer is usually: "The therapist says", often in a dogmatic fashion. This represents the imposition of values and associations which have little to do with the therapeutic theory that the therapist is working with.

On the other hand, taking a totally client-centred approach with a group of ten participants, inviting them to create a symbolic space for themselves will either

descend into chaos, or take on the beliefs of the most aggressive character in the group.

A satisfactory approach is to impose the basic quarterly division according to Jung's "4 Functions" (Jung, 1921) of Thinking, Sensation, Feeling and Intuition. At least the ritual approach can be related to a branch of psychotherapy theory. It can then be made quite clear that the arrangement of these facets of ourselves according to direction is quite arbitrary, and bring in examples from the anthropological literature that arrange similar symbols according to different directions.

The aim in doing this is to reduce the ritual authority of the therapist as far as possible, and where ritual authority is necessary, to ensure this is projected onto the founding fathers of psychotherapy!

For further symbolic associations with each direction, participant can be invited to create their own, and to create symbols which express their own associations.

The process of marking out the space at the beginning of the ritual, should be as simple as possible, such as "This is the South, the direction of Sensation and the mid-day Sun", positively avoiding anything arcane such as inviting Spirits of the Deserts to join the circle! At each direction, participants can say anything they feel moved to share, and place their symbols at the direction marker (which should be as plain as possible, such as a rough stick or stone).

Beliefs and Symbolism

The quickest way to turn a therapist into a guru is for the therapist to dictate a set of spiritual, or ritual, beliefs and symbols, which the clients must follow.

Because a ritual setting renders participants unusually suggestible, anything the therapist says or does has an exceptional impact.

Symbolism

The use of therapist-provided symbolism in a ritual space is a difficult issue. Having a shrine with nothing on it at all implies an appalling emptiness, but having images of suffering Christs or blissful Buddhas is an appalling imposition.

I take a strict view, which works well, which I recommend as best practice: The only symbol I place on a shrine is a lighted candle, which is symbolic of the Group and its intention to work positively together. If this was to be used in one-to-one therapy, this would represent the client-therapist relationship and the intention to work positively together.

When planning a ritual, I ask participants to bring a small object which represents themselves and where they are with their processes/lives. Either just before or just after the start of the formal proceedings, I invite participants to place their symbols on the shrine.

Many therapists also use commonly accepted symbols, such as Angel Cards, Tarot Cards, images from the I Ching. While there is no problem with these things in a gathering of therapists (such as a supervision meeting), or a non-therapeutic rite, the use of such 'given' symbolic systems in a therapeutic ritual is a definite imposition, placing the therapist in a position of undeserved spiritual authority.

On the other hand, if the client already uses such symbol systems in their own spiritual life, then their use is entirely appropriate and in accord with the client-centred ethic.

Beliefs

If, in the therapy room, the therapist expresses unusual beliefs, or biased interpretations, the client is likely to assess these critically before the next session, and make up their mind about the incorrectness of these statements.

But if a therapist comes out with the same utterances before or during a ritual, the participants are more likely to introject these statements uncritically.

The recommendation for best practice is to believe as little as possible. Wherever possible stick to fact, and if it's a matter of tradition, be explicit about this, and state that other traditions are different.

Belief in a spirit world, or divine beings, doesn't need to be mentioned. This is the stuff of spiritual retreats, not psychotherapy. Beliefs that the therapist has acquired through unusual or extreme spiritual experiences of their own have no place in a therapeutic rite. Self-revelation is not appropriate either in the therapy room, or the therapeutic ritual space.

The question of the supernatural has to be addressed somehow. In ritual contexts, participants often experience what Jung termed Synchronistic events. Participants may have guiding visions, or sudden insights, or unexpected transformative experiences, and the possibility of these experiences has to be addressed before a ritual.

Jung's approach is very helpful. Jung wrote a lot about synchronicity, the phenomenon whereby the cosmos appears to 'meet' somebody half way when they're going through an important transformation. This may be the appearance of an animal associated with the client's process, or a whole sequence of events and opportunities arising at the point at which a transformation takes place.

Jung merely wrote about the phenomenon, admitted the fact that, in his experience, it happened, but offered no explanation.

It is helpful to take a similar line with ritual participants. To acknowledge that such things happen, but to offer no explanation. Participants are quite capable of providing their own explanations, which range from the divine intervention of a loving compassionate Godhead, to a rationalist explanation that events that reflect our personal myth at any moment are more salient, so we notice them.

Ground Rules

The Ground Rules for a ritual are similar to the ground rules for the therapy room. With one important addition: The therapist is not the priest; they are the facilitator. The role of the therapist is threefold: i) as educator, in preparing for the ritual, ii) as master of ceremonies, making sure that people know what is happening next, and what they need to do; iii) as keeper of the ground rules.

The therapy room guidelines for a therapist apply in ritual: confidentiality, unconditional positive regard, not 'acting out' emotions, not being self-revealing.

The general group therapy guidelines for participants also apply in ritual: confidentiality, mutual respect, integrity and honesty of action.

Because participants will be in a suggestible state in a ritual, it could be recommended that there is no challenging comment in a ritual … and it wouldn't go too far to insist that there is no comment on another's activity/process whatsoever during a ritual.

Sharing and follow-up

Many people have intense experiences in a ritual setting. It is important that members of a group have an opportunity to share their feelings and experiences after the ritual.

This could be in a formal sharing session the next day, or more informally at a meal after the ritual.

Follow-up is also important. If this is a 1-off event, participants may go home and be alone with their experiences. It is important that people are warned they may need support after an event. Encourage participants to swop addresses, emails or phone numbers. If they come from far away, suggest they may visit a counsellor or therapist to discuss their experiences. If from nearby, the therapist should make themselves available for follow-up, and if not, recommend a peer who can offer follow-up.

Conclusion

The use of ritual in a therapeutic context has marched ahead of a theoretical analysis of ritual, and its psychological aspects and effects. This has led to a situation in which ritual is often used with ground rules and methodologies which have little theoretical basis, and which vary widely between practitioners.

The question of "What is Ritual" must be addressed before questions about its therapeutic uses can be answered. There is a vast literature on this subject with little agreement, but recent anthropological work by Catherine Bell has made substantial progress.

By analysing the psychological effects of Bell's anthropological reduction, I have been able to propose a psychological formulation of ritual which mirror's Bell's anthropological approach. This is the Technical Approach, which defines ritual in terms of techniques that can be used to achieve particular psychological ends.

By relating these psychological techniques to various disciplines of psychotherapy, especially Gestalt and Psychosynthesis, but also encompassing Reichian, Process Oriented, Freudian and Kleinian models, I have been able to propose a series of ethical considerations, and best practice recommendations, to address the ethical problems.

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