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CHAPTER 12

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CREATING MEANINGFUL RITUALS FOR  
NEW LIFE CYCLE TRANSITIONS

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Every culture makes rituals. Anchoring us with the past and where each of us comes from, while simultaneously moving us into the future, rituals capture and express the duality of continuity and change, constancy and transformation, required for families and cultures.

The capacity of rituals to both make and mark transitions make them especially salient for life cycle changes. Life cycle events and transitions such as birth, marriage, and death are most frequently marked with familiar rituals. Many religious and ethnic groups also have rituals to mark young adult development (e.g., bar mitzvah, confirmation), or such development may be marked by secular rituals such as graduation. These rituals, while often seen as discrete events, such as *the* wedding, and *the* christening or baby-naming, are in actuality processes that occur over time, involving advance preparation and reflection afterward. Choices about who participates in the planning and execution of a life cycle ritual reflect family relationship patterns. Negotiations that occur during the preparation for life cycle rituals may be opportunities to change such patterns. Thus, such rituals may be seen as the visible and condensed drama of the life cycle transitions that they mark.

Relying on symbols, metaphors, and actions, which may have multiple meanings, life cycle rituals function to reduce anxiety about change. According to Schwartzman (1982), rituals make change manageable, as members experience change as part of their system rather than as a threat to it. Similarly, Wolin and Bennett (1984) suggest that rituals contribute to a family's identity, its sense of

itself over time, facilitating the elaboration of roles, boundaries, and rules. Imber-Black and Roberts (1992) have delineated how rituals define family and group membership; heal losses; maintain and/or change individual, family, and cultural identity; express core beliefs; and facilitate the celebration of life. Rituals enable us to hold and express contradictions. Thus, a wedding marks the loss of particular roles in the families of origin while at the same time marking the beginnings of the new couple and in-law relationships. Since the ritual event is time- and space-bounded, a safe and manageable context for the expression of strong emotions is created. Rituals marking life cycle transitions function at many levels, enabling individual change (e.g., from adolescent to young adult, from single adult to married adult), relationship change (e.g., from parent-child to two adults, from dating couple to married couple), family system change (e.g., expansion through the addition of members or contraction through members leaving), and family-community change (e.g., graduation marks not only a child's leaving school, but also a change in the family's relationship to larger systems; a retirement party marks not only a person's ending work, but also a change in the family's relationship to the outside world). Rituals may connect a family with previous generations, providing a sense of history and rootedness, while simultaneously implying future relationships. The performance of and participation in such rituals link a family to the wider community through the repetition of familiar rites.

The critical importance of rituals in our lives is evident in the responses of oppressed people

when rituals are forbidden to them. African Americans held in slavery were not permitted to marry. They created their own secret wedding ceremony, "jumping the broom," to mark a committed relationship. Jewish women in Nazi concentration camps turned conversations with each other into remembering rituals and wrote out recipes for rich and delicious food in the midst of forced starvation. In so doing, they proclaimed connections to their villages, their faith, and their families (DeSilva, 1996).

Rituals can alter the stories that we tell about ourselves and that other people tell about us. They can powerfully connect us to a community of support. The family therapist Kathy Weingarten and her daughter Miranda Eve Weingarten Worthen created a moving ritual to decrease the loneliness Miranda felt as an adolescent with a rare, serious, and little-known genetic disorder, Beckwith-Wiedemann Syndrome (BWS). Having struggled since birth with severe pain, joint dislocations, and other complications of her illness, Miranda also faced tremendous isolation, since no one she knew had ever heard of her illness, nor could people outside of her family even begin to imagine what living with this illness meant.

At Kathy's urging, Miranda and Kathy designed an invitation to a special ceremony, one that would allow Miranda to tell her story to a trusted group of friends. Miranda created two rituals. In the first, she lit a candle and gave an unlit candle to each person gathered. "I began to tell the story of my living with BWS. I asked people to light their candle from mine when they understood the magnitude of my experience. As people lit their candles from mine...I felt that each lit candle took some of the burden off me" (Weingarten & Weingarten Worthen, 1997, p. 52).

In the second ritual, Miranda listed thirty different feelings connected to her illness on cards. She placed her negative feelings in one box and her positive feelings in another. Both boxes were beautiful, to honor the validity of all of her feelings. The people who gathered then helped Miranda to brainstorm more positive feelings. Following these

rituals, the people who gathered to witness Miranda's story remained in her life as a special team, available in crises and knowledgeable about Miranda's unique story (Weingarten & Weingarten Worthen, 1997).

### CREATING RITUALS AS A DEVELOPMENTAL TASK FOR COUPLES

Among the many developmental tasks facing any new couple is the creating of rituals. Coming from different families of origin, members of a couple often encounter differences in preferred and familiar rituals of everyday life, such as meals or greeting each other at the end of a busy day, family traditions such as birthdays or anniversaries, and holiday celebrations. Struggles over how to perform rituals are a lens through which couples can learn about each other's family of origin. Such struggles are particularly challenging for couples who come from different religions, ethnic groups, or social classes. While a couple may be able to create an interfaith wedding, they may find that rituals to mark the birth of children, how to celebrate religious holidays, or imagining what an interfaith funeral would look like become the crucible for working out loyalties to extended family and current differentiated beliefs and identities. Members of a couple who come from different social class backgrounds will have very different experiences with rituals.

Gay and lesbian couples may face unique challenges where rituals are concerned. Our culture has still not affirmed legal marriage for gay and lesbian couples, requiring such couples to think through what kind of ritual to create to mark a committed relationship. Many gay and lesbian couples find that they have acceptance and support from the extended family of one partner but not the other, leading them to adopt the rituals of only one partner while the other partner's legacy gets lost. Therapy with gay and lesbian couples should include conversations about meaningful rituals starting from the premise that each is bringing an encyclopedia of rituals from which to choose ways to make new meaning together.

Jerry Corbell and Stan Best had lived together for fifteen years. Since Jerry's family had rejected him, all of Stan and Jerry's holidays were celebrated only with Stan's family. Jerry felt so much pain over his family's cut-off that he abandoned all familiar rituals from his own childhood, leaving him with the double loss of family relationships and family rituals. The rituals with Stan's family, while warm and caring, were at the same time a sharp reminder of his losses. In our therapy, I suggested that Jerry's parents' rejection did not mean that Jerry needed to lose meaningful rituals that belonged to him. Rather, he needed to reclaim and alter those rituals to fit his life now. Jerry began by unpacking key symbolic objects that he had hidden away—his grandmother's candlesticks from Eastern Europe, Christmas ornaments that his aunt had given him every year as a child, a card file of recipes of his favorite dishes from his family of origin. Over time, Jerry and Stan integrated these special symbols into their ritual life together.

Many couples seeking therapy today come with multiple differences in religion, ethnicity, race, and social class. Often, the couple has not identified these differences as a source of difficulty, yet their struggles and conflicts over rituals will mirror these. Nonconfrontational conversation about each one's ritual life is often an excellent entry point, enabling couples to see the power of their own heritage in the present. Any therapy with bicultural couples needs to spend time on helping the couple to examine each one's history with rituals and negotiate meaningful rituals for their lives together.

#### **CONTEMPORARY LIFE CYCLE TRANSITIONS**

While all individuals and families experience some normative life cycle transitions and participate in rituals that facilitate these transitions, many individuals and families are faced with life cycle transitions that are new or novel and that, by virtue of their seemingly different or unusual nature, may not be marked by rituals or may have rituals that simply don't fit the circumstances and need to be

adapted. For instance, when Sherry and Bruce Callahan had their first baby, they planned a christening that was exactly like all such rituals, with the addition of one aspect. Their baby had been conceived through assisted insemination with donor sperm. They decided well before their baby's birth that they did not want their use of new birth technologies to be a secret that part of their family knew and others did not know. They also wanted to be able to speak about this easily with their child when the time came and not allow it to be a taboo subject. In our therapy, we talked of ways to adapt the christening ritual to include the fact of donor insemination. They decided that after the christening, Bruce would speak to all assembled, publicly thanking their anonymous donor for helping them to have the precious gift of their baby. Bruce told me later, "I was so scared to say those words, but when I did, any shame I had previously felt just lifted and flew out of the church" (Imber-Black & Roberts, 1992).

Idiosyncratic life cycle transitions may include bicultural marriage; gay or lesbian marriage; families formed by adoption, especially when there is overt or covert nonsupport from family members; families formed by new birth technologies; the birth of a handicapped child; the birth or adoption of a child by an unmarried mother or father; pregnancy loss; forced separation through hospitalization, imprisonment, or terror; reunion after such forced separations; migration; living together relationships; the end of nonmarried relationships; foster placement and the reunion after foster placement; sudden, unexpected or violent death, including suicide; the leaving home of a mentally or physically handicapped young adult, especially when this leaving has not been anticipated; and chronic, incapacitating illness. This list, which is intended to be suggestive rather than exhaustive, is shaped by broad social processes that may change over time and may differ with various cultural and socioeconomic groups. For example, pregnancy outside of a legal marriage may or may not be an idiosyncratic life cycle event with all of the aspects described below attendant on it, depending on the norms of the family, the family's

reference group and the response of the wider community. While the list above may seem an unusual combination, all items in the list have several elements in common:

1. Familiar, repetitive, and widely accepted rituals do not exist to facilitate required changes and to link individual, family, and community.
2. All require complex reworking of relationships, similar to normative life cycle transitions, but lack the available maps that attend to more expected transitions.
3. Contextual support from family of origin, the community, and the wider culture is often lacking. Individual and family events and processes are not confirmed by family of origin, larger systems, and the community.
4. A balance of being both like others (e.g., a family with a severely handicapped member shares many features with other families) and being unlike others (e.g., a family with a severely handicapped member has certain aspects of their functioning that are different from those of other families) is often difficult to achieve, resulting in a skewed sense of either denying the differences or maximizing them to the exclusion of a sense of connectedness with others.
5. A sense of stigma is often experienced because of prejudice from the wider community. This, in turn, may lead to the emergence of secrets and conspiracies of silence that constrain relationship possibilities.
6. Involvement with larger systems is often problematic. Families with handicapped members, hospitalized members, imprisoned members, or fostered members are required to deal with larger systems in ways that alter family boundaries and relationships, often over many years. Families experiencing forced migration or migration for economic necessity are often involved with intimidating larger systems. Families whose organization and membership are not affirmed by the wider culture, such as gay couples and their children, are often stigmatized by larger systems. Because family identity and sense of competency include reflections from larger systems with whom they interact, families

with any of the idiosyncratic life cycle events and transitions listed above may be at greater risk of incorporating negative images.

7. The family may abandon or interrupt familiar rituals that contribute to its sense of itself, especially if these elicit painful memories. For instance, after the loss of a member through sudden death, hospitalization, or imprisonment, members may avoid family rituals. Families that are unable to accept members' gay relationships or non-married heterosexual relationships may restrict participation in rituals. Paradoxically, such ritual abandonment or interruption prevents healing and relationship development.

#### **El Salvador and the Bronx**

When the Torres family arrived in the Bronx from El Salvador, Mrs. Torres and her son Manuel, age 13, and her daughter Maria, age 11, were coping with the recent death of their husband and father in the Salvadoran civil war and recovering from their own terrifying wartime experiences. They remained very close for the first two years but abandoned many familiar rituals from their culture. Since most of their rituals were communal or religious and depended on people from their own country, they struggled with little success to find ways to develop meaningful rituals. Simply meeting the demands of daily life in the Bronx took precedence.

The children quickly learned English in school. Mrs. Torres became worried that they would forget Spanish and forget that they were Salvadoran. She spoke to them in Spanish at home, but they insisted on responding in English. In a fairly typical pattern among parents and adolescents who have migrated, they were soon struggling, as Mrs. Torres wanted to talk about "home," while her children insisted that home was in the Bronx.

When I met the Torres family in family therapy, I suggested that they bring symbols to our next session—symbols of El Salvador and the Bronx. Mrs. Torres was very surprised to see that Manuel and Maria brought symbols of El Salvador that showed how connected they still were to their original home. The teens brought toys and photographs that their mother didn't know they had kept. They talked with their mother about their memories,

letting her know that they were involved with their homeland in deeply emotional ways. Their symbols from the Bronx included a music tape and a poster from a concert. Mrs. Torres listened respectfully to them describe what this music meant to them, replacing their usual arguments about North American music. Mrs. Torres brought food for both of her symbols, including her wonderful Salvadoran cooking and a small pizza to symbolize the Bronx and the arguments they had been having when her children wanted pizza instead of her ethnic dishes. The family and I sat and ate both foods together.

Following this ritual that enabled the holding and expressing of past and present, their prior life and their current life, their losses and their surviving, the Torres family agreed to hold a weekly story-telling session at home to include Mrs. Torres' stories of El Salvador and Manuel and Maria's stories of the Bronx. Over time, the children also shared memories of El Salvador, and Mrs. Torres began to tell stories of her daily life in the Bronx. This ritual enabled the family to express their deep sense of loss and sadness connected to their forced migration while providing healing as the ritual anchored them in a new life that could include elements of both El Salvador and the Bronx (Imber-Black & Roberts, 1992).

### THE EMERGENCE OF SYMPTOMS

Family life cycle theorists (Carter & McGoldrick, 1980; Haley, 1973; Terkelson, 1980) have described the connection between normative life cycle derailment and the emergence of symptoms in individuals and families. Carter and McGoldrick (1980) alerted the clinician to assess for both horizontal and vertical stressors in family development. Terkelson (1980) added the category "paranormative" to include such transitions as marital separation, illness, and severe extrinsic and unexpected events with which a family must cope and under the stress of which a family may become symptomatic. Families who are experiencing idiosyncratic life cycle events and processes may be at particular risk for the development of symptoms in members. The convergence of lack of social support, intergenerational cut-offs and isolation, stigma,

secrecy, sense of shame in one or more members, and frequently stressful relationships with larger systems with whom the family must interact may be mirrored by a paucity of rituals to mark developmental change. Rigid and repetitive symptoms and interactions of family members in response to symptoms metaphorically express the family's stuck position. The clinician who searches for normative life cycle issues to hypothesize about the emergence of symptoms may find that idiosyncratic and often hidden life cycle processes are salient.

### The House-Cooling Party

Candice Meyers first contacted me for therapy because she was depressed. Her family physician had prescribed antidepressant medication, but she wanted to try therapy first. In our first meeting, she told me through her tears that her husband, Brent, had left her for another woman six months earlier. Married for six years, they had been talking about starting a family. Brent had been secretly planning to leave for over a year.

After their separation, Candace became isolated from family and friends. She stopped participating in any family rituals, giving the excuse that she was exhausted and had frequent headaches. It was clear to me that Candace was suffering from many unacknowledged and unritualized losses—of her marriage, her hoped-for first child, and all of her relationships with family and friends. Her many symptoms—sleeplessness, headaches, weight loss, hopelessness—were directly related to her unanticipated divorce.

Candace felt very ashamed that she had been left by her husband. She stopped inviting anyone to her home, since hosting people alone seemed to emphasize her abandonment. This was in marked contrast to her earlier married life when her home had been the center for all of the holidays and other rituals with her extended family and friends. She called her house her "loneliness and her memories." I suggested that she might want to begin her healing by replacing some of the familiar and jointly owned items in her home with some new things that represented her individual tastes. As Candace began to put together a house that suited her, the acute depressive symptoms abated.

But for a long while, Candace was still unable to invite anyone to her home. "I feel like a strange sort

of prisoner in my own home. But I'm not locked in—other people are locked out," Candace told me.

I was intrigued with her metaphor of the lock. I wondered with Candace what effect a new lock on her door might have. Candace agreed to buy a new lock and to simply sit with it each day and ask herself, "What would it take to put this new lock on my door—a lock that I could open to my family and friends?"

During that week, Candace went through many emotions—sadness, anger, a sense of betrayal. By the end of the week, she felt ready to reclaim her life. She decided to make a special ritual, a "house-cooling party." She told me, "People usually have house-warming parties when they move to a new home, I'd like to mark my divorce with some humor and have a "house-cooling party." She designed an invitation that read: "Please come to my house-cooling party. Please do bring gifts appropriate for the lovely home of a single woman—I need to replace the 'his and her' stuff!" Just before the party, Candace had the new lock put on her front door, symbolizing that she was now in charge of her life (Imber-Black & Roberts, 1992).

### THERAPEUTIC RITUALS

Many clinicians have described the efficacy of therapeutic rituals in facilitating systemic change. (Imber-Black, 1986a, 1986b; Imber Coppersmith, 1983, 1985; O'Connor, 1984; O'Connor & Horwitz, 1984; Palazzolli, Boscolo, Cecchin & Prata, 1977; Papp, 1984; Seltzer & Seltzer, 1983; van der Hart, 1983). Differing from simple tasks whose intent is to target the behavioral level and that the therapist expects to be performed as prescribed, rituals are intended to effect the behavioral, cognitive, and affective levels, and the family or individual is expected to improvise to tailor the ritual to particular and personal circumstances. Rather than relying only on concrete instructions, rituals utilize symbols and symbolic actions that may have multiple meanings.

Therapeutic rituals draw on elements attendant to normative life cycle rituals to highlight similarities to others, while including unusual elements that are capable of affirming differences rather than hiding them. Thus, Candace's house-

cooling party began with the new lock as a powerful symbol of her autonomy after divorce. Many rituals include documents. Candace's invitation became a document to announce her divorce, and the party allowed her to ask others for support. Friends and family gathered to witness and celebrate her life cycle transition, just as they would with any other life cycle ritual.

Although there are several categories of rituals that may be useful in therapy, three categories are particularly beneficial for idiosyncratic life cycle events and processes. These include transition rituals, healing rituals, and identity redefinition rituals.

Transition rituals have been described extensively by van der Hart (1983), primarily in reference to normative life cycle transitions. Such rituals mark and facilitate transitions of specific members and of membership in the family, altering boundaries and making new relationship options available. The transitions in idiosyncratic life cycle events and processes often have no rituals. Indeed, the family may not have anticipated the transition and all of the relationship changes attendant on it.

### The Giving of Gifts

A physician referred a family to me for therapy for what was identified as depression in the mother. The family consisted of two parents, Mr. and Mrs. Berry, and two young adult children, Karen, age 22, and Andrew, age 20. Karen was diagnosed as severely mentally retarded shortly after her birth. Karen's pediatrician advised Mrs. Berry to quit her job and remain at home to care for Karen. Extended family supported this advice and visited often while Karen and Andrew were small. The parents were told that Karen would never function on her own and would always remain "like a child." Eventually, Karen went to a special school, but the parents were never counseled in ways to prepare for Karen's adolescence or adulthood. Karen developed language and self-care skills. The family functioned well during Karen and Andrew's childhood. However, as both children became teenagers, severe difficulties arose. No one in the nuclear or extended family knew how to cope with Karen as an emerging young woman.

Fearful that Karen might be exploited sexually, the family became increasingly protective of her. Andrew was required to spend most of his free time taking Karen to any outside events that were scheduled by her special school, and he grew increasingly resentful and withdrawn. His own plans to go away to college seemed impossible to him. Karen became rebellious and difficult for the family to be with, and the parents felt that they had failed her and needed to try harder. At the same time, Karen's school began to push the family to put Karen in a group home. This option had not existed at the time of Karen's birth and had never been anticipated by the family. For a period of two years, the parents and the school struggled over Karen's future. The parents were unable to articulate their fears to the school personnel, who saw them as overinvolved with Karen. Consequently, adequate explanations of what the group home could offer Karen and her family were not forthcoming. During this time, everyone in the family deteriorated emotionally and functionally, culminating in the referral for family therapy by the mother's physician.

Through the course of a therapy in which I helped the family to anticipate the life cycle change of Karen's eventually leaving home, and that richly credited the family for their contributions to Karen, the family became able to ask for and receive adequate information from the group home about Karen's future there. As the leaving home was normalized, the parents were able to articulate expectations about visiting and holiday time together that would mark the relationship of most young adults and their families. Andrew became freer to live his own life and made plans for going away to college in four months, after Karen was to go to the group home. The family was preparing itself for many changes. However, as Karen began to visit the group home, first for dinners and then for brief overnights stays, conflicts began to break out between Karen and her parents. Mr. and Mrs. Berry became alarmed that Karen was not as ready to move out as they had thought. In a session alone with the therapist, they cried and said that they feared for Karen's future.

Since the family had made so many changes in the direction of Karen's leaving home and were on the verge of completing the actual leaving when the

arguments emerged, the therapist decided that a ritual to mark Karen's leaving home was needed. The Berrys had stated frequently that they "didn't think we had given Karen enough in order to equip her for life in the outside community." This sense of not having given her enough was intensified by the school's criticism of the family. Their phrase "given her enough" was used to construct a leaving home ritual that would confirm Karen's young adulthood, would promote the family's confidence in her and themselves, and would highlight ongoing connectedness among the members.

I asked the parents and Andrew each to select a gift for Karen for her to take to her new home. I suggested that they choose a gift that would remind Karen of them and would also ease her way in her new setting. Karen, in turn, was asked to select a gift for each member that would remain with them when she left. The family members were told not to buy these gifts, but rather to choose something of their own or to make something. They were asked to bring these gifts to the next session and not to tell anyone else in the family about their gift before the session.

When the family arrived, they appeared very excited and happy in a way that had not been seen before during therapy. They had not shared their gifts before the session but had decided during the two weeks to wrap them and put them in a large bag, which Karen carried into the meeting. Mrs. Berry began by saying that during that week, they had decided on a definite date for Karen to move out, which they had not been able to do previously. Karen had gone for several visits to the group home. She also said that there had been a lot of secretive laughter during the two weeks, as people prepared their gifts, and no fighting!

I suggested a format for the exchange of gifts that was simple and largely nonverbal, which involved each member giving their gift, with a brief explanation if needed, and the recipient simply saying "thank you," other discussion being reserved for after the gift exchange. This was done to highlight the family as a group together and to facilitate equal participation, since Karen often fell silent when verbal discussions became rapid.

Mr. Berry began the ceremony. He reached into the bag and gave Karen an unusual-shaped package, which turned out to be his favorite frying pan.

Traditionally, Mr. Berry made Sunday breakfast. Because Karen was learning some simple cooking skills in school, she always wanted to use this frying pan, but her father had been afraid that she would ruin it and so had not let her use it. Karen beamed and said, "Thank you."

Mrs. Berry's package was small, and she shyly handed it to Karen. It contained an almost full bottle of perfume and a pair of earrings. Mrs. Berry related briefly that she had often scolded Karen for using her perfume and had never allowed her to wear earrings. She looked at Karen and said, "I think you're grown up enough for these—they belonged to my mother and she gave them to me and now I'm giving them to you." With tears in her eyes, Karen said, "Thank you."

The mood changed profoundly when it was Andrew's turn. He remarked that he couldn't bring his whole gift to the session, but that Karen would understand. She opened his package to find a partially used box of birdseed. Leaving for school meant that Andrew would have to leave his parakeet. He had been allowed various pets at home, and had been responsible for them, while Karen had not. He explained that he had called Karen's group home, and they would allow her to bring the bird. He said that he would teach her to care for it before she moved out. Karen said, "Thank you," and Mrs. Berry expressed relief that the parakeet was leaving home too.

Karen then gave her gifts. To her mother, Karen gave her favorite stuffed animal, which she had had since early childhood and with which she still slept. She said to her mother, "I can't sleep with this in my new home—please keep it." To her father, she gave a photograph of her that had been taken during one of her visits at the group home. The photograph showed her sitting with several young men and women, and she said to her father, "These are my new friends." To Andrew, she gave her clock radio. This was a prized possession that had been a Christmas present. She gave it to Andrew and said, "Don't be late for school!"

Two weeks after this session, Karen moved into the group home, and a month later, Andrew left for college. The family ended therapy. At their one year follow-up, the family reported that both children had adjusted well to their new settings and were visiting home for holidays. Mrs.

Berry had also returned to school to train for paid employment.

#### DISCUSSION OF THE RITUAL

This leaving-home ritual seemed to function in a number of ways. Through the course of the family therapy, the family had been preparing for Karen's leaving home but seemed to get stuck just on the verge of her actual leaving. Like many normative life cycle rituals, the therapeutic ritual worked to confirm a process that was already in motion and was not simply a discrete event. The ritual symbolically affirmed and made simultaneous the contradictions of separation and ongoing connectedness that are involved when any child leaves home. The family members, in their giving of gifts, were able both to give permission for separation and affirm their ongoing but changing relationships.

The ritual was designed to introduce symmetry into a system that had been primarily marked by complementary relationships. Thus, all members participated in the giving and receiving of gifts and in the planning and thoughtfulness that went into gift selection, altering the previous pattern in the family whereby the parents and Andrew were seen to be the "givers," the "providers," the "protectors," and Karen was seen to be the recipient of care, advice, and protection.

The ritual was also designed to confirm individual boundaries as each member was individually responsible for his or her own planning and selection of gifts. Individuation was promoted through the instruction of secret planning by each member. Dyadic relationships between Karen and every member were also confirmed, in a family that had previously operated with triads involving Karen as their primary mode of relationship. Finally, each member's contribution to the ritual was highlighted as important to the entire process, thus symbolically celebrating the whole family unit. Thus, various aspects of the ritual functioned to introduce differences in pattern to the family system.

By asking the family to bring their gifts to the therapy session, I was able to serve as witness to



the process. Witnesses are frequently a part of normative life cycle rituals. Here, the therapist also may be seen to symbolically represent an outside helping system in a celebratory stance with a family which had been used to criticism and disparagement from outside systems.

### HEALING RITUALS

Every culture has rituals to mark profound losses, deal with the grief of survivors, and facilitate ongoing life after such loss. There are many creative contemporary examples of cultural healing rituals. The Vietnam War Memorial in Washington, D.C., is visited by families and friends who lost men and women in the war and make pilgrimages to the memorial, during which they search for their loved one's name, perhaps leave items that have special meaning, and often make rubbings to carry back home. Public grieving for a war that held so much secrecy and shame is facilitated by this repeated ritual.

The AIDS quilt, consisting of several thousand hand-sewn patches, each memorializing a person who has died of AIDS, is displayed with a powerful ceremony in which all of the names of the dead are read aloud as the quilt is unfolded in planned, repetitive motions of connection and uplift. A quilt is often a community endeavor. The AIDS quilt connects a community of mourners with a symbol of warmth and care.

The Clothesline Project is a women's ritual devoted to recovery from abuse. A growing collection of hand-painted T-shirts is hung on a clothesline. This community ritual includes the ringing of gongs and bells and blowing of horns to symbolize how often a woman is assaulted, raped, and murdered. The marvelous contradiction of regaining power in the face of servitude is clearly contained in these hand-painted depictions of violence hung ironically on a clothesline for all to see.

Healing may also be necessary for losses sustained through the breakup of relationships, for the reconciliation of relationships after painful revelations such as affairs, for unresolved grief when normative healing rituals have not occurred or

have not succeeded, for losses of bodily parts and functions due to illness, and for the often attendant loss of roles, life expectations, and dreams (see Imber Coppersmith, 1985, for case examples of healing rituals). Therapeutic healing rituals are particularly useful when normative healing rituals do not exist or are not sufficient for the magnitude of the loss.

### Setting Fire to the Past

Alice Jeffers, age 35, requested therapy, saying that she was depressed and unable to live her life normally. Alice was single and lived alone. She was a trained and practicing veterinarian. In the first session, she described to me an eight-year-long relationship with a man. The relationship, which had included periods of living together, had been very stormy and had finally ended two years previously at his insistence. Alice's family had not approved of the relationship. They were relieved when it ended but seemed unable to extend any support to Alice for the pain she felt. Friends told her that she was well rid of him. Over the two years, Alice grew increasingly isolated, and by the time she came to therapy, she did not go out with any friends, spent all her free time thinking about her former lover, dreamed about him nightly, had gained a lot of weight, and felt that her work was being affected. Her family and friends' inability to confirm her pain and loss seemed to contribute to her own need to do nothing else but think about him and feel sad. She said she felt that if she had been married and divorced, people would have been more supportive of her, as they had been of her sister in such circumstances.

I began with simple confirmation of Alice's loss and grief and highlighted that, indeed, there are no agreed-upon processes for the end of a nonmarried relationship. I asked Alice to perform a task that would allow her both to grieve and to begin to get on with other aspects of her life. For one hour a day, Alice was told to do nothing but review memories of the relationship, since this was something that obviously still needed to be completed. I suggested that she write these memories out on separate index cards and bring them to the next session. Outside of the hour a day, I urged Alice to do other things.

Alice returned with a stack of index cards, which she had creatively color-coded, using purple for

"mellow" memories, green for "jealous" memories, and blue for "sad" memories. With laughter, she stated, "And, of course, my angry ones are RED!" As the therapy session focused on the cards and their meanings, Alice stated that she had felt much better during the three weeks, that she began to find that an hour a day was too much time, and that she had stopped dreaming about her former love. I asked her whether there were cards she felt ready to let go of, and she said that there were. She was asked to take all the cards home and sort them out, differentiating between those she still wanted to hang on to and those she felt ready to let go of.

Alice arrived two weeks later, dressed more brightly than before and eager to talk. She had started to go out with friends a bit and had looked into an aerobics class. After reporting this, she took out two stacks of cards. She said she had decided she wanted to keep the purple "mellow" memories, as these were a part of her that she wanted to maintain. She felt the good parts of the relationship had changed her in positive ways, and she said she wanted to carry this into any new relationship she might have. This was the first mention of a sense of future. She also wanted to keep most of the red "anger" memories, as these helped her to remember how shabbily she had been treated many times and thus kept her from romanticizing the past. However she was very ready to let go of the green "jealousy" memories, which often made her feel bad about herself, and the blue "sad" memories, as she felt that she had been sad long enough. At that point, I left the room and returned with a ceramic bowl and a book of matches, which I silently offered to Alice, who smiled and said, "Oh, we should burn them!" It is important to note that she saw the burning as a joint endeavor by herself and me. I handed the cards back to Alice, who put them in a pile in the bowl and lit them. She used several matches to get a good fire going and then sat silently for several moments watching the flames. At one point, she said, "It's so final, but it's good." A few minutes later, she joked, "We should toast marshmallows—that would be the final irony," referring to the fact that her boyfriend had often criticized her body and her weight and yet brought her treats. Toward the end, she said, "This is good—my final memory is of warmth."

In sessions after to the burning ritual, Alice dealt with many family of origin issues that had previ-

ously been unavailable because of her stuck position vis-a-vis her boyfriend. She was able to renegotiate several family relationships, began going out more with friends, and joined a scuba class. When therapy ended, she was beginning flying lessons, an apt metaphor for her new beginnings.

### IDENTITY REDEFINITION RITUALS

Identity redefinition rituals function to remove labels and stigma from individuals, couples and families and often realign relationships between the family and larger systems. This is especially necessary when the larger systems have held negative points of view toward a family. A reworking of an earlier idiosyncratic life cycle transition that went awry may be accomplished. New relationship options, previously unavailable because of the constraints of labels, become available (see Imber-Coppersmith, 1983). A balance of being both similar to others and different from others becomes achievable.

#### A Mutual Adoption Celebration

I met Bob Simmons, a 37-year-old single gay man, about a year and a half after he had adopted his 9-year-old son, Alan. "We're definitely a new sort of family," Bob told me in our first therapy session. "I don't have to tell you that as a gay man, I had to look all over the country to find an agency that would let me adopt a child. It took me four years, but I finally succeeded," Bob reflected proudly.

Bob had found an agency across the country that let him make a home for Alan, a biracial child with many special educational and emotional needs. Alan had been in six foster homes after his crack-addicted mother abandoned him when he was 2 years old. He had been severely abused, both in his biological family and in at least three of his foster homes. Now, living with Bob, Alan showed many of the signs of an abused and neglected child. Alan had learned to survive by drawing into himself, allowing little contact with others. Bob came to family therapy to help his son, to build their relationship, and to learn parenting strategies.

As I met with Bob and his young son, Alan refused to talk to me. No doubt, having met many professionals whose jobs had been to move him

from one place to another, Alan was not about to take any risks with me. As Bob described his frustrations learning to parent, Alan sank lower and lower in his chair. My many attempts to reach him were met with shrugs and a cap pulled farther and farther over his eyes. "Tell me something," I said to Alan, "he adopted you, right?" "Right," Alan whispered in return. "Have you adopted him?" I asked. Alan's cap flew off, and his eyes grew as big as saucers. He rose up in his seat. "Oh, how could I do that?" his voice boomed. "I don't know," I replied. "How do *you* think you could do that?" "I would have to go to court and get some papers," Alan replied. "I think you've hit on something important here," Bob said.

For the rest of the session, we talked about how Bob adopted Alan. As a gay man, he was made to feel stigmatized everywhere he turned to realize his dream of being a father. When he finally adopted Alan, he didn't make a celebration. There was no ritual to mark and help make this critical transition. Most of Bob's friends couldn't understand his decision to be a single father. His sister yelled at him over the phone that he had no right to be a parent. When Bob and Alan began to live together as father and son, Bob was unprepared for how difficult parenting a boy who had been so abused would be. He often told Alan how lucky he was to be in a nice home. Without meaning to, Bob made Alan feel that he was in a very unbalanced situation. When I asked Alan whether he had adopted Bob, I struck an important chord of mutuality, one that excited Alan with its possibilities.

I met alone with Alan and told him that he wouldn't need to go to court to adopt Bob. He would just need to write out his own document on his computer at home. We agreed to keep this private between us as he worked on a "certificate to adopt my dad."

The therapy contained many other elements, including helping Bob to set appropriate limits for Alan, reconnecting Bob to his own mother, who wanted to be a loving grandmother for Alan, and aiding Bob in finding other single dads, both gay and straight. When our therapy concluded, Bob and Alan invited Bob's mother and some new and supportive friends over for a special ritual, a mutual adoption ceremony, in which Alan and Bob openly adopted one another.

### DESIGNING AND IMPLEMENTING RITUALS FOR IDIOSYNCRATIC LIFE CYCLE TRANSITIONS

Designing and implementing rituals such as those discussed in this chapter, is a learnable skill. Several guidelines will enhance this process.

1. Just as normative rituals are processes, rather than discrete events, so therapeutic rituals are part of a larger therapeutic process. Their efficacy relies on planning, careful assessment, especially regarding life cycle phases and idiosyncratic life cycle events, and respect and rapport between family and therapist. The rituals intended here are not games or tricks, but rather rise out of a relational context that appreciates the ritualizing tendency of human beings and the need for meaning in human relationships.

2. The family and therapist search for the appropriate symbols and symbolic acts of the individual, family, ethnic group, and cultural group, which represents the possibility of relationship development. Such symbols and metaphorical action should connect the family with the familiar, while also being capable of leading to the unfamiliar.

3. The family and therapist design the ritual with a focus on special time and special space. Thus, rituals may occur at a particular time or over time. Time may be used to draw particular distinctions or to highlight simultaneity. A sense of connection to past, present, and future is made. The ritual may occur in the therapy session, at home, or at some other agreed-upon place, such as by a body of water, in a woods, or in a cemetery. If the ritual requires a witness, then the therapy session is often the preferred time and space, or the therapist may accompany the family to an agreed-upon place.

4. The therapist attends to alternations in order to incorporate contradictions. Thus, holding on may be alternated with letting go in a single ritual, or a ritual of termination or separation may be followed by a ritual of renewal or celebration.

5. The therapist looks for ways to involve the family in codesigning the ritual to facilitate imag-

ination that may lead to problem solving and enhanced functioning. A sense of humor and playfulness are used when appropriate.

6. Therapeutic rituals for idiosyncratic life cycle events borrow heavily from normative rituals, yet utilize symbols and symbolic actions that are relevant to the particular life cycle transition.

7. The therapist remains open to the family's development of the ritual, including their choice to not perform the ritual. Therapeutic rituals, like normative rituals, should not be hollow events, practiced simply because someone said to do it. Rather, they are opportunities for the confirmation of existing relationships and for the beginnings of relationship change. Family readiness must be carefully gauged and respected. In successful therapeutic rituals, the ritual and its outcome ultimately belong to the family.

## REFERENCES

- Carter, E. A., & McGoldrick, M. (1980). The family life cycle and family therapy. In E. A. Carter & M. McGoldrick (Eds.), *The family life cycle: A framework for family therapy*. New York: Gardner Press.
- DeSilva, C. (Ed.). (1996). *In memory's kitchen: A legacy from the women of Terezin*. New York: Jason Aronson.
- Haley, J. (1973). *Uncommon therapy: The psychiatric techniques of Milton H. Erickson*. New York: Norton.
- Imber-Black, E. (1986a). Odysseys of a learner. In D. Efron (Ed.), *Journeys: Expansion of the strategic-systemic therapies*. New York: Brunner/Mazel.
- Imber-Black, E. (1986b). Towards a resource model in systemic family therapy. In M. Karpel (Ed.), *Family resources*, (pp. 148-174). New York: The Guilford Press.
- Imber-Black, E., & Roberts, J. (1992). *Rituals for our times: Celebrating, healing and changing our lives and our relationships*. New York: HarperCollins.
- Imber Coppersmith, E. (1983). From hyperactive to normal but naughty: A multisystem partnership in delabeling. *International Journal of Family Psychiatry*, 3(2), 131-144.
- Imber Coppersmith, E. (1985). We've got a secret: A non-marital marital therapy. In A. Gurman (Ed.), *Casebook of marital therapy*, (pp. 369-386). New York: The Guilford Press.
- O'Connor, J. (1984). The resurrection of a magical reality: Treatment of functional migraine in a child. *Family Process*, 23(4), 501-509.
- O'Connor, J., & Horwitz, A. N. (1984). The bogeyman cometh: A strategic approach for difficult adolescents. *Family Process*, 23(2), 237-249.
- Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1977). Family rituals: A powerful tool in family therapy. *Family Process*, 16(4), 445-454.
- Papp, P. (1984). The links between clinical and artistic creativity. *The Family Therapy Networker*, 8(5), 20-29.
- Schwartzman, J. (1982). Symptoms and rituals: Paradoxical modes and social organization. *Ethos*, 10(1), 3-23.
- Seltzer, W., & Seltzer, M. (1983). Magic, material and myth. *Family Process*, 22(1), 3-14.
- Terkleson, K. G. (1980). Toward a theory of the family life cycle. In E. A. Carter & M. McGoldrick (Eds.), *The Family life cycle: A framework for family therapy*. New York: Gardner Press.

## CONCLUSION

Idiosyncratic life cycle events and transitions pose particular difficulties for individuals and families. Lacking available maps that fit their situation and without wider contextual support and confirmation, complex feedback processes may be set in motion, resulting in symptoms and a high level of distress and isolation. Since rituals have the capacity to hold and express differences rather than homogenize them, they are particularly powerful resources for any life cycle transition that differs from the conventional. Therapy needs to include conversations about meaningful rituals. Creatively and sensitively crafted rituals, which both borrow richly from normative life cycle rituals and are simultaneously brand new, facilitate necessary transitions and the expansion of relationship possibilities.

- van der Hart, O. (1983). *Rituals in psychotherapy: Transition and continuity*. New York: Irvington Publishers.
- Van Gennep, A. (1960). *The rites of passage*. Chicago: University of Chicago Press.
- Walzlwick, P. (1978). *The language of change: Elements of therapeutic communication*. New York: Basic Books.
- Weingarten, K., & Weingarten Worthen, M. E. (1997). A narrative approach to understanding the illness experiences of a mother and daughter. *Families, Systems and Health, 15*(1), 41-54.
- Wolin, S. J., & Bennett, S. A. (1984). Family rituals. *Family Process, 23*(3), 401-420.

