The Integration of Rituals into Therapy for Ambiguous Loss

by

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Abstract

Ambiguous loss describes losses where there is ambiguity between absence and presence as a person is either psychologically present but physiologically missing or vice versa (Boss, 2006). Ambiguous losses are common and can lead to serious, ongoing mental health complications. They are unique in that they are ongoing, lack closure, and do not conform to traditional grief rules or rituals associated with them (Boss, 2006). In the ambiguous loss model created by Boss (2006), rituals are suggested as a strategy for supporting those who have experienced ambiguous loss. However, the model does not provide guidance on how to create such rituals. This Capstone project examines the existing literature on the integration of ritual into therapy and places it in relationship to the goals of the ambiguous loss model. It takes into account the unique aspects of Ambiguous Loss and provides recommendations for practice. The search terms ritual or ceremony and therapy or counsel* as well as ambiguous loss and adjacent words were used in the databases Psyc Info + Psyc Articles, Psychology and Behavioural Sciences Collection and Mental Health & Social Care Collection. The book *Loss, Trauma and Resilience: Therapeutic Work with Ambiguous Loss* (Boss, 2006) is the seminal work on the ambiguous loss model and lays the foundation for the section on Ambiguous Loss. The review concludes that the therapeutic goals of the ambiguous loss model are supported in the literature, and nine recommendations for the integration of therapy into ambiguous loss treatment are made.

Keywords: Ambiguous loss, ambiguous loss model, ritual, ceremony, therapeutic ritual

Contents

Chapter One

Introduction

Part of the human experience involves losses that do not conform to the grief rules of our society (Brabant, 2002). Some of these losses are ambiguous – a person is partly missing and partly present; ongoing - there is no end to the mourning; ambiguous - since it is not clear or recognized that a loss has occurred; and unrecognized as losses - lacking associated rituals (Boss, 2006). To understand such losses and how to approach them in a therapeutic context, the concept of ambiguous loss has been developed (Boss, 2006).

This Capstone project presents the results of a literature review that explores how rituals can be used in the treatment of ambiguous loss, considering the research questions, “Does the literature on the therapeutic ritual support the use of ritual for ambiguous loss?” and “How can ritual be integrated into therapy for ambiguous loss?” Chapter one provides an introduction to ambiguous loss and therapeutic ritual, along with the research problem statement, research justification, theoretical framework, definition of key terms, research positioning statement, and an overview of the paper. Chapter two presents the results of the literature review, divided into three sections that describe the theory of therapeutic ritual, how counsellors currently use ritual in therapy, and the ambiguous loss model. Chapter three discusses the findings of the literature review and concludes that the therapeutic goals of the ambiguous loss model are supported in the literature. Following the discussion, recommendations for integrating therapy into ambiguous loss treatment are presented and correlated with the BC Association of Clinical Counsellors (BCACC) (2023) *Code of Ethical Conduct*. Subsequently, recommendations for future research are provided.

Ambiguous Loss

Ambiguous loss is a concept coined by family therapist Pauline Boss (2006) to describe mourning without closure. According to Boss, ambiguous loss is defined by the ongoing ambiguity experienced in losses where a person is psychologically present but physically absent or physically present but psychologically absent. She notes that some ambiguous losses are common to the human experience, such as migration, children moving away from home, elderly spouses transitioning to a nursing home, divorce, adoption, and preoccupation with phone or work. Other ambiguous losses are less common, including brain injury, addiction, dementia, chronic mental illness, depression, coma, incarceration, and missing persons (Boss, 2006).

Ambiguous losses are distinct from other types of loss due to the uncertainty that exists between presence and absence (Boss, 2006). Boss suggests that the combination of ambiguity and loss makes coping with grieving more difficult; thus, ambiguous loss often leads to depression, anxiety, somatic symptoms, relational conflict, loss of hope, identity confusion, ambivalence, increased addiction, and unresolved grief. There is rarely an official recognition of ambiguous losses or any socially recognized rituals, and because of the ongoing nature of ambiguous loss, it does not fit with traditional grief models that focus on closure and letting go (Boss, 2006).

Boss (2006) suggests that treatment for ambiguous loss includes the therapeutic goals of finding meaning, tempering mastery, reconstructing identity, normalizing ambivalence, revising attachment, and discovering hope. She proposes that the creation of rituals serves as a helpful therapeutic tool in addressing five of the six therapeutic goals. However, neither her seminal book *Loss, Trauma and Resilience: Therapeutic Work with Ambiguous Loss* (Boss, 2006), which describes treatment for ambiguous loss, nor subsequent articles and book chapters on the topic

(Boss and Couden, 2022; Jackson, 2018; Germany et al., 2020; Jackson, 2018; Nesteruk, 2018) contain much information on how to create rituals for ambiguous loss with clients.

In addition to ambiguous loss, several terms describe losses that do not fit our cultural ideas of what should elicit grief and losses without cultural rituals. These terms include disenfranchisement grief (Doka, 2002), non-finite loss, non-finite grief (Schultz & Harris, 2022), and non-death losses (Harris, 2019). This paper focuses on ambiguous loss as it is a well-defined term that encompasses many types of loss. Furthermore, the ambiguous loss model developed by Boss (2006) provides a clear framework for treating ambiguous loss.

Ritual in Therapy

Rituals are a part of all cultures at all times, but they have largely been rejected by Western society as a means of supporting community well-being and individual mental health (Goodwyn, 2016). They are formalized actions that, among other things, help navigate transitions, serve to mark significant life events, provide personal and collective meaning, shape group dynamics, form the basis of how communities connect, and support emotional expression and healing in times of distress or celebration (Fiese et al., 2002; Imber-Black, 2019; Moodley & West, 2005; Sas & Coman, 2016).

As a therapeutic intervention, rituals can be understood as structured, intentional symbolic acts that are sensory, imaginative, or aesthetic and incorporate symbolic objects and symbolic language (Wojtkowiak et al., 2021). Psychotherapists have been aware of, and written about, the therapeutic potential of ritual for decades (Roberts, 1983), often drawing on the work of anthropologists and sociologists (Hobson et al., 2018). The literature on therapeutic ritual spans many different therapeutic modalities, including narrative therapy (Morgan, 2000), cognitive behavioural therapy (Wojtkowiak et al., 2021), psychodynamic therapy (Goodwyn,

2016), group therapy (Bardot & McCaw, 2019; Pennington, 2010), family therapy (Imber-Black, 2019), and expressive therapies (Bella & Serlin, 2013). Various client issues such as addiction (Pham et al., 2023), palliative states, trauma (Esala & Taing, 2017), and grief (Cacciatore & Flint, 2012; Neimeyer et al., 2010; Wojtkowiak et al., 2021) are represented as well. Despite the numerous examples of ritual and ritual elements in psychotherapy, several authors believe that it is not used to its full potential (Al-Krenawi, 1999; Goodwyn, 2016; Moodley & West, 2005).

Therapeutic rituals have the same benefits as those outside of the therapeutic context; additionally, they can address life events and grief experiences that society at large does not have rituals for. Moreover, they can be designed to support the specific psychological needs of the client (Imber-Black, 2019; Martin, 2022). Integrating ritual into therapy may be a significant way to bridge the gap between Western-oriented psychotherapists and clients from cultures where religion and spirituality are understood as the foundation for mental well-being (Al-Kenawi, 1999; Moodley & West, 2005).

Research Problem Statement

Ambiguous losses are common and diverse, and they can have serious mental health consequences (Boss, 2006). Ritual is an aspect of the suggested treatment for ambiguous loss, according to Boss (2006), and the literature on therapeutic ritual shows the overlap between the therapeutic goals of the ambiguous loss model and the benefits of ritual in psychotherapy (Martin, 2022; Neimeyer, 2021).

In traditional Western bereavement therapy, there is a focus on closure, which is impossible for ambiguous loss due to its ongoing nature. Counsellors working with ambiguous loss, therefore, must adapt the treatment to the unique aspects of these losses (Boss, 2006). Despite ritual being identified as an important intervention for ambiguous loss and the

acknowledgment that traditional bereavement therapy must be modified for its treatment, there remains a gap in the literature regarding how to create therapeutic rituals for ambiguous loss.

The lack of specific direction on how to create therapeutic rituals for ambiguous loss may harm clients when counsellors attempt to implement rituals focused on closure, potentially amplifying the client's distress and leaving them feeling disheartened and misunderstood. Without clear guidance, rituals may remain an underutilized intervention in therapy for ambiguous loss, thereby reducing treatment efficacy.

To address this gap in the research, I ask "Does the literature on the therapeutic ritual support the use of ritual for ambiguous loss?" and "How can counsellors integrate ritual into therapy for ambiguous loss?" To do so, I examine the therapeutic goals of the ambiguous loss model formulated by Boss (2006) and the current literature on therapeutic rituals, relating them to why and how counsellors support clients in the creation of therapeutic rituals. Based on these findings, the Capstone project presents an understanding of why rituals are helpful for the treatment of ambiguous loss and proposes how counsellors can integrate rituals into psychotherapy to support the therapeutic goals of the ambiguous loss model.

Research Justification

Ambiguous loss can lead to serious, ongoing mental health complications such as depression, anxiety, somatic symptoms, relational conflict, loss of hope, identity confusion, ambivalence, amplification of addiction, and unresolved grief (Boss, 2006). Mood disorders like anxiety and depression, along with addiction issues, are common experiences among Canadians; 10% of Canadians experience a mood disorder at some point during their lifetime, and 17% meet the criteria for substance use disorder at some point (Statistics Canada, 2015). Ambiguous loss may contribute to these statistics. The distinctive features of ambiguous loss—such as its

ongoing nature, the ambivalence it evokes, the need to build tolerance for uncertainty, the absence of socially recognized rituals, and the lack of closure—set it apart from other forms of loss and demand specialized attention from clinicians (Boss, 2006). This Capstone project summarizes the special considerations needed when addressing ambiguous loss through therapeutic ritual, providing guidance for clinicians on how to use ritual in therapy for ambiguous loss.

Since ambiguous loss encompasses a range of ordinary and unexpected losses, it is an experience that all humans will face throughout life (Boss, 2006). For example, each year, around 60,000 couples file for divorce in Canada, and 40% of marriages in Canada end in divorce (Statistics Canada, 2022). Furthermore, 8.7% of Canadians over the age of 65 have some form of dementia, which means that 733,040 people are living with the diagnosis (Alzheimer Society, 2024). Divorce and a dementia diagnosis are just two of the many life situations that can lead to ambiguous loss (Boss, 2006). As experiences of ambiguous loss are frequent and require special consideration in therapy, it is important to support clinicians in addressing these issues. In this, I offer a practical framework for addressing the therapeutic goals of the ambiguous loss model through therapeutic ritual.

Contribution to the Field of Counselling

This Capstone project review will be informative for counsellors working with clients who have experienced ambiguous loss, as it demonstrates how therapeutic rituals can help achieve the therapeutic goals of the ambiguous loss model. Drawing on the existing knowledge of how to design therapeutic rituals and therapy guidelines for ambiguous loss, Chapter three incorporates a proposal on how rituals can be utilized in therapy for ambiguous loss, considering the aspects of ambiguous loss that differentiate it from other types of loss, such as the ongoing

nature of the loss, the ambivalence experienced, the need to increase tolerance for ambiguity, and the absence of socially endorsed rituals.

Boss (2006) suggests that it is important for clinicians to understand the unique aspects of ambiguous loss to effectively help their clients. As ambiguous loss describes both common experiences, such as divorce and addiction, as well as unusual experiences, such as disappearances after natural disasters or terrorist attacks (Boss, 2006), the information and proposals presented in this Capstone project are beneficial for a diverse client population.

Theoretical Framework

This paper adopts a constructivist framework. The assumption of constructive theories is that human knowledge and experience are not direct reflections of an objective external reality; instead, they are shaped by the constructions that individuals and societies create (Raskin & Bridges, 2024). These constructs are cognitive frameworks or interpretations that individuals use to make sense of the world. Constructivist approaches to psychotherapy highlight the roles of both individual and social processes in meaning construction and assert that individuals cannot be fully understood apart from the sociocultural contexts in which they exist. In constructivist-informed therapy, clients are encouraged to critically examine the social, cultural, and psychological constructions that shape their realities and influence their psychological well-being (Raskin & Bridges, 2024).

A constructivist framework has been adopted by practitioners and scholars who write on the topic of ritual in therapy (Martin, 2022; Neimeyer et al., 2022 and Schultz and Harris, 2022) as well as those who write about ambiguous loss (Boss, 2006). Furthermore, in Chapter two the literature review indicates that most research on ambiguous loss and ritual in grief therapy relies on qualitative studies that employ a constructivist lens.

Definition of Key Terms

Ambiguous Loss

Ambiguous loss can be experienced where a person is psychologically present but physiologically missing or physiologically missing but psychologically present (Boss, 2006). It is defined by the ongoing ambiguity of the person's presence and absence, and it is an experience of mourning without closure that lacks supportive rituals and social recognition of a loss (Boss, 2006). Ambiguous losses encompass a range of human experiences such as migration, grown children moving away from home, elderly spouse moving to a nursing home, divorce, adoption, brain injury, addiction, dementia, chronic mental illness, depression, coma, incarceration, and missing person (Boss, 2006).

Ambiguous Loss Model

In 2006, Boss published *Loss, Trauma and Resilience: Therapeutic Work with Ambiguous Loss*. In the book, she presents the ambiguous loss model, including theory, concepts and clinical practice for how to address ambiguous loss. The ambiguous loss model includes the therapeutic goals of finding meaning, tempering mastery, reconstructing identity, normalizing ambivalence, revisiting attachment and discovering hope (Boss, 2006).

Ritual

Rituals are formalized actions that help navigate transitions and provide personal and collective meaning (Fiese et al., 2002; Sas & Coman, 2016). They serve to mark significant life events, shape group dynamics (Imber-Black, 2019), and form the basis of how communities connect, express emotions, and heal in times of distress or celebration (Moodley & West, 2005). Rituals are fundamental components of human existence across different cultures and societies

(Moodley & West, 2005). Throughout this paper, ritual is used to describe symbolic actions that take place either within or beyond a psychotherapeutic setting.

Therapeutic Ritual

As a therapeutic intervention, ritual can be understood as structured, intentional symbolic acts that are sensory, imaginative, or aesthetic and incorporate symbolic objects and symbolic language (Wojtkowiak et al., 2021). Therapeutic rituals are unique because new rituals can be created or existing ones altered to fit the needs of individuals or families dealing with loss, trauma, or other forms of transition (Martin, 2022). This flexibility allows counsellors to integrate rituals into their practice in ways that directly address their clients' emotional and psychological needs (Imber-Black, 2019). These rituals often help individuals navigate the complexities of grief, especially when cultural norms may not provide an agreed-upon way to mourn, as in the case of ambiguous loss (Boss, 2006). Therapeutic rituals are planned and debriefed with the therapist; however, they may be enacted outside of the therapeutic room, either with or without the therapist's presence. Throughout this paper, therapeutic ritual is used to describe rituals that are designed or take place within the context of psychotherapy.

Ceremony

In the literature, most authors use the word ritual when referring to the integration of symbolic actions into therapy. However, Richardson (2012) and Doka (2012) refer to ritual and ceremony interchangeably and do not define the two terms. In narrative therapy, the word ceremony is used to refer to therapeutic techniques such as witnessing ceremonies and definitional ceremonies (Moore, 2015). Throughout this paper, I will use the word ritual unless referring to a specific therapeutic technique.

Research Positioning Statement

In the devastation of my children being stillborn two years apart, ritual played a significant role in getting me through. The rituals were often improvised by my partner and me, sometimes happening spontaneously in the moment, as when we washed our daughter's body, and sometimes they would be planned. At times, friends or family would join us in the ritual, and they expressed how meaningful these times were to them. My father has continued, on his own initiative, to create rituals for the anniversaries of their deaths. At times, I would create a ritual on my own, often experiencing cathartic release.

When I started the Masters of Counselling Program, I carried with me the questions that led to this Capstone project. Why was the experience of creating and performing rituals and ceremonies so helpful to me? Can I help others have ritual-based healing experiences in my role as a counsellor? Because of my experience, I have a personal bias that rituals and ceremonies can be supportive of mental health. I experienced ritual as supporting meaning-making, cathartic release, and social connection, and I am therefore attentive to these aspects of why rituals are helpful. My experience is of self-created ritual rather than ritual within an institution. This, too, informs the focus of my Capstone project.

I immigrated to Canada from Sweden over a decade ago, and I landed in a subculture attuned to the colonial history and present of this place. It is important to me that my work reflects on the colonial context in which it is happening, especially since many ritual and ceremonial practises integrated into Western psychotherapy have drawn inspiration from, or were taken from, indigenous cultures that have suffered under colonization. In my work, I bring the question of if and how we can do this respectfully and in an anti-colonial way.

My experience of being an immigrant has been one filled with emotional tension, grief and guilt. I have watched my father struggle with similar feelings surrounding his experience of immigrating from Australia to Sweden, my mother-in-law with immigrating from South Africa to Canada, and I can only guess what my grandfather's experience of immigrating from Ireland to Australia was like for him. As a Masters of Counselling student, I learned about the concept of ambiguous loss and migratory grief, and it provided words for and a deeper understanding of my experience of being an immigrant.

In contrast to how easily I turned toward ritual when I faced the death of my children, I have never engaged with ritual as a way to support me in my migratory grief. Perhaps this is because I had no cultural reference points for what such rituals would look like and because ambiguous loss is not recognized as a significant loss by others. I, therefore, bring a personal interest and curiosity to the question of how to use ritual in therapy to support those struggling with ambiguous loss.

There are many examples from around the world of traditional healing methods being more common than Western medicine and Western psychotherapy (Moodley & West, 2005). For 80% of Africans, traditional healing methods are their primary health care, and in Brazil, many psychiatric hospitals integrate medical and spirit techniques (Moodley & West, 2005). The question posed in this Capstone project is notably asked in a Western context as it assumes that Western psychotherapy without ritual integration is the norm.

Overview of the Paper

Chapter two of this Capstone project presents the results of the literature review, structured into three sections. The first part provides an overview of therapeutic ritual, the second part reviews how to design a therapeutic ritual and the third part summarizes the ambiguous loss

model as presented by Boss (2006) in *Loss, Trauma and Resilience: Therapeutic Work with Ambiguous Loss*. Chapter three discusses whether the literature review supports the use of ritual for achieving the goals of the ambiguous loss model. In addition, it provides recommendations for counsellors who wish to integrate ritual into the treatment of ambiguous losses, and these recommendations are, when relevant, correlated with the BCACC (2023) *Code of Ethical Conduct*. Lastly, it presents recommendations for future research and provides a conclusion summarizing the findings.

Chapter Two

Chapter one concluded that ambiguous losses are unique in that there is ambiguity between absence and presence; the loss is ongoing and there are no rituals associated with it (Boss, 2006). Some of these losses can be catastrophic and unexpected, whereas others are common, and over a lifetime, everyone experiences ambiguous losses, which can lead to serious mental health complications. The unique aspects, frequency, and potential consequences of ambiguous losses warrant a closer look at their therapeutic treatment Boss, 2006).

The ambiguous loss model has been developed to provide guidance for counsellors working with ambiguous loss, and one of the recommendations of the model is the integration of ritual into therapy (Boss, 2006). By conducting a literature review, this Capstone project asks, “Does the literature on the therapeutic ritual support the use of ritual for ambiguous loss?” and “How can ritual be integrated into therapy for ambiguous loss?"

The results are organized into three sections. The first section discusses the theory of therapeutic ritual, including the phases of ritual work, categorization of rituals, the counsellor's role, socio-cultural considerations, and contraindications. The second section reviews the design of therapeutic rituals and what to consider regarding participants, location and setting, timing, duration, frequency, as well as which symbols, symbolic actions, and symbolic objects to incorporate. The third section summarizes the Ambiguous Loss Model as presented by Boss (2006) in Loss, Trauma and Resilience: Therapeutic Work with Ambiguous Loss, focusing on socio-cultural considerations, goals, and approaches of the ambiguous loss model. Chapter three discusses the findings of the literature review and concludes that the therapeutic goals of the ambiguous loss model are well-supported in the literature. Following this discussion, recommendations for integrating therapy into ambiguous loss treatment are presented.

Methods of the Review Process

The databases Psyc Info + Psyc Articles, Psychology and Behavioural Sciences Collection and Mental Health & Social Care Collection were used for this literature review. The search terms used have been ritual or ceremony and therapy or counsel* as well as ambiguous loss and adjacent words such as non-finite loss, disenfranchisement grief, non-death loss, non-death grief, chronic sorrow, and migratory grief in combination with ritual or ceremony as well as therapy or counsel*. The term obsessive-compulsive disorder was excluded from the search terms to narrow the search. In addition, although psychedelic-assisted therapy often integrates ritual, it is beyond the scope of this paper.

The literature review found that the number of peer-reviewed articles published in the last five years is limited, and the literature search, therefore, expanded to include peer-reviewed articles from the last ten years as well as beyond this time frame. Older books and articles on ritual in therapy frequently referred to by more recent literature have been included in this literature review to ensure that they are interpreted correctly. The literature review also found that the number of peer-reviewed articles is limited, and books and book chapters have therefore been included. Neimeyer (2012, 2016, 2022) has edited a series of books on techniques of grief therapy that provide several examples of the use of ritual in therapy. He has also co-edited a book that provides an overview of grief and bereavement in contemporary psychotherapy and provides relevant information and references that have expanded the literature review (Neimeyer et al., 2022). The literature review has also drawn on Martin's (2022) book *Personal Grief Rituals: Creating Unique Expressions of Loss and Meaningful Acts of Mourning in Clinical or Private Settings* as it provides contemporary theory and examples of therapeutic rituals as well as a relevant reference list.

Boss's (2006) book *Loss, Trauma and Resilience: Therapeutic Work with Ambiguous Loss* is the seminal work on psychotherapy treatment for ambiguous loss. It is required reading for the Professional Development Training Course on Ambiguous Loss offered by Pauline Boss (College of Education and Human Development, 2024) and is consistently referred to by more recent peer-reviewed articles (Boss & Couden, 2022; Jackson, 2018; Germany et al., 2020; Jackson, 2018; Nesteruk, 2018)**.** The section on psychotherapy treatment for ambiguous loss is based on this book, while supplemented by peer-reviewed articles published in the last five years.

Ritual in Therapy

What is Ritual?

Rituals are fundamental components of human existence, permeating various aspects of life across different cultures and societies (Moodley & West, 2005). They serve to mark significant life events, shape group dynamics (Imber-Black, 2019), and form the basis of how communities connect, express grief, celebrate, and heal, especially in times of communal distress or celebration (Moodley & West, 2005). From birth to death, people engage in rituals that help navigate transitions, provide both personal and collective meaning, and assist individuals, families, and communities with difficult transitions (Fiese et al., 2002).

Our understanding and expression of ritual are subjective and shaped by our cultural context, which has led to challenges in defining ritual within a research framework (Fiese et al., 2002). The majority of literature on ritual in psychotherapy focuses on significant life transitions such as death or coming of age (Goodwyn, 2017; Martin, 2022). In contrast, family therapists also include everyday rituals, such as how we say goodnight or greet each other upon returning home (Fiese et al., 2002; Imber-Black, 2019). Family therapists differentiate between family

routines and rituals, noting that routines consist of repetitive behaviours, like brushing one's teeth, whereas family rituals carry deep meaning and emotional significance, shaping the family's collective identity and responding to cultural contexts (Fiese et al., 2002). Even routines like brushing one's teeth can become a ritual if the action symbolizes, for instance, self-care (Fiese et al., 2002).

In Western societies, there has been a move toward secularism, accompanied by a decline in the practice of rituals and skepticism toward institutionalized religion, instead emphasis has been placed on scientific knowledge (Goodwyn, 2017). Despite this, both dominant cultures and diasporic communities continue to seek traditional healing methods, including rituals, either alongside or in place of Western therapeutic approaches, perhaps to fill a void (Moodley & West, 2005). Sas and Coman (2016) have observed that the therapeutic use of rituals is undergoing a revival, with a growing interest in creating and adapting rituals that address personal challenges.

Rituals as a therapeutic tool often help individuals navigate the complexities of grief, especially when cultural norms may not provide an agreed-upon way to mourn, as in the case of ambiguous loss (Boss, 2006). Therapeutic rituals are unique in that they are deliberately designed to address specific emotional needs, often in response to unanticipated life events (Martin, 2022), and they are flexible and not burdened by the weight of tradition (Imber-Black, 2019). New rituals can be created or existing ones altered to fit the needs of an individual or family dealing with loss, trauma, or other forms of transition (Martin, 2022). Therapeutic rituals do not have to be limited to a single event but can mark transitions in the grieving process or provide continual support (Doka, 2012). This flexibility allows counsellors to integrate rituals into their practice in ways that directly address the emotional and psychological needs of their clients (Imber-Black, 2019).

Three Phases of Ritual Work – Preparation, Ritual and Integration

The therapeutic process of creating rituals is not limited to the ritual act itself but also includes preparation and the subsequent integration work that follows it (Doka, 2012; Imber-Black, 2019; Reeves, 2011; Whiting, 2003). The three phases of ritual- preparation, ritual, and integration- offer a structured approach to transformation that guides both the individual and the practitioner (Levine, 2016). According to Doka (2012), it is important to pre-plan rituals, and the three phases typically form part of a broader therapeutic process encompassing elements beyond the ritual itself. However, Levine (2016) provides examples of spontaneous rituals with children in expressive play therapy, where the preparation, ritual action, and reflection all occur in one session. Despite all three phases taking place during a single session, the sequence of preparation, ritual action, and reflection remains present (Levine, 2016).

When ritual preparation takes several months, it allows clients to engage in reflective work about their goals and intentions (Sas & Coman, 2016; Whiting, 2003). It also becomes a time of relational work if others are involved in the creation of the ritual (Imber-Black, 2019). The therapeutic role of rituals has been found to increase when participants are part of the planning (Doka, 2012). During the preparation, counsellors help clients identify symbols and symbolic actions that resonate with them (Doka, 2012; Sas & Coman, 2016; Martin 2022). They also identify who they would like present during the ritual and what their roles should be (Imber-Black, 2019), as well as the time and space for the ritual (Doka, 2012). Throughout the preparation period, clients may create symbolic objects either during therapy or at home (Levine, 2016). They may also need to acquire certain symbolic objects or find poems, images, or music that resonate with them (Sas & Coman, 2016).

The integration phase offers participants in the ritual an opportunity to reflect on and

process their experiences (Doka, 2012). Integration work can be conducted either individually or with a group; the latter option benefits from reintegrating the individual into a family or community and allows the family and community to reflect on how they are transformed by the experience (Imber-Black, 2019). During the integration phase, recordings of the ritual and ritual mementos may be used to recall and remember the significance of the ritual (Sas & Coman, 2016).

Categorization of Ritual

Sas and Coman (2016), Doka (2012), and Martin (2022) have defined three distinct frameworks to categorize and understand rituals. This section summarizes each framework and provides a comparison of them. Sas and Coman (2016) have categorized grief rituals into three categories: honouring rituals, letting go rituals, and transformation rituals. Each type of ritual serves a different therapeutic purpose: honouring rituals celebrate bonds and relationships and elicit positive emotions; rituals of letting go are marked by processing and releasing negative feelings; and rituals of self-transformation facilitate a change of roles during life transitions (Sas & Coman, 2016).

Doka (2012) defines the following four types of rituals: rituals of continuity, which often focus on anniversaries or the creation of continuing bonds; rituals of transition, which affirm the shift into a new phase and may take the form of removing a ring after a divorce; rituals of reconciliation, which emphasize asking for or extending forgiveness; and rituals of affirmation, in which gratitude is expressed and legacies are honored.

Martin (2022) categorized grief rituals into four types: rituals that facilitate acceptance of loss, rituals expressing emotions, rituals that create continuing bonds, and rituals that embrace new life (Martin, 2022). Rituals of loss acceptance help clients confront the reality of their grief.

Martin (2022) suggests that denying a death, or certain aspects of it, can serve as an adaptive response early on. However, if denial persists, it hinders the grieving process and may manifest in somatic forms. Speaking about the deceased in the past tense affirms their existence and acknowledges their absence; thus, rituals that focus on accepting a loss often include reminiscing and storytelling. It may be advantageous to gather several individuals who knew the deceased so that memories can be shared among them. Anniversaries naturally provide an opportunity for such rituals (Martin, 2022).

Rituals that express emotions can focus on expanding or containing the expression of emotion depending on the client's needs (Martin, 2022). Martin (2022) uses Strobe's dual process model to understand the needs of grieving clients. According to the dual process model, we need to oscillate between the feelings related to the stress of the loss, such as sadness, and the stress of adjusting to life after the loss, experiencing feelings of anger or joy. The absence of this oscillation leads to complicated bereavement, and rituals of emotional expression can focus on the type of stress and the related emotions that the client is not exploring and experiencing (Martin, 2022).

Rituals of continuing bonds can focus on either creating continuing bonds with clients who have avoidant attachment to help them stay present with their grief or compartmentalizing continuing bonds with clients who have anxious attachment to assist them in moving forward in their lives (Martin, 2022). Rituals may include symbols representing the deceased, activities they enjoyed, and imaginary conversations with them (Martin, 2022).

Rituals of Moving Forward facilitate focus on continuing life, whereas Rituals of Continuing Bonds maintain connections with people who are no longer present (Martin, 2022). Many cultures have formalized endpoints to mourning after a death, ranging from a few days to

several years, and the endpoint is often marked by a ritual. Simultaneously, many of these cultures have rituals that highlight the ongoing connection with the deceased at specific times. According to Martin (2022), Rituals of Moving Forward are important to balance with Rituals of Continuing Bonds to “embrace the paradox of absence-and presence” (p.207). According to Boss (2006), the therapeutic task of revising attachment is indicated by the ability to nurture an ongoing connection with the missing person while forging new relationships. These goals align with Martin's (2022) description of Rituals of Moving Forward in balance with Rituals of Continuing Bonds.

Sas and Coman’s (2016) honouring rituals overlap with Doka’s (2012) rituals of continuity and rituals of affirmation, as well as Martin’s (2022) rituals of continuing bonds. They share a focus on supporting an ongoing connection with the deceased and on the positive aspects of a relationship. Martin’s (2022) rituals of acceptance can have expressions similar to honouring rituals and rituals of continuity; however, the intention of the rituals is different. Letting go rituals (Sas & Coman, 2016) and reconciliation rituals (Doka, 2012) emphasize feelings beyond sadness, such as anger and disappointment, with the intention to process these emotions. There are similarities with Martin’s (2022) rituals that express emotions; however, Martin adds the complexity that rituals can both contain and express emotions. Letting-go ceremonies are part of North American indigenous healing rituals (Smith-Yliniemi et al., 2024). Transformation rituals (Sas & Coman, 2016), rituals of transition (Doka, 2012), and rituals of moving forward all share a future-centered orientation. The different types of rituals can be combined, as there may be a need to let go of some things while experiencing continuity with others (Whiting, 2003).

The Counsellor's Role

Counsellors should remain aware of opportunities for ritual and, if appropriate, ask whether ritual is something the client is interested in integrating into therapy (Doka, 2012). It can be suitable to approach the idea of rituals around anniversaries, holidays, and celebrations (Boss, 2006; Imber-Black, 2010; Lewis and Hoy, 2022). The suggestion of integrating ritual into therapy can, of course, also come from the client (Lewis and Hoy, 2022). It is crucial to note that no one should ever be forced to participate in a ritual (Doka, 2012).

Therapeutic rituals are most impactful when co-created with clients, drawing on the client's needs and narrative (Doka, 2012; Lewis & Hoy, 2022; Sas & Coman; Whiting, 2003). If a client is interested in creating a ritual, the counsellor's role is to support and guide them by asking questions and sharing ideas (Lewis & Hoy, 2022). The counsellor can provide or suggest symbolic objects or supply materials for the client to create these objects (Sas & Coman, 2016). Some objects, particularly those that help create the ritual space, may also be provided by the counsellor (Sas & Coman, 2016). The tasks of the counsellor require creativity and sensitivity (Sas & Coman, 2016), as well as an awareness of their own positionality and experiences with grief and ritual (Boss, 2006), and a commitment to avoid cultural appropriation (Martin, 2022).

Reeves (2011) suggests having a list of questions, such as ‘‘What colours or fragrances do you associate with the goal of your ritual?’’. The counsellor's questions should prompt the client to consider what needs to shape the ritual, the meaning of the ritual, who should participate, and what elements should be included (Doka, 2012). It may also be helpful to explore what grieving rules have been internalized by the griever by asking how they believe other people perceive their grief (Brabant, 2002).

During the ritual, the counsellor may or may not be present (Morgan, 2000). If the

counsellor is present, their role might be to take photos or videos of the ritual or to act as a witness (Sas & Coman, 2016). The counsellor can also take a more active role in the ritual by reading something or asking questions (Sas & Coman, 2016). After the ritual, the counsellor's role is to support the client in integrating, reflecting on, and processing their ritual experience (Doka, 2012; Imber-Black, 2019; Sas & Coman, 2016).

Socio-Cultural Considerations of the Therapeutic Ritual

When integrating ritual into therapy, there is a risk of cultural appropriation (Martin, 2022; Meade et al., 2022; Smith-Yliniemi et al., 2024). Meade et al. (2022) define cultural appropriation as "the theft of sacred items or practices, while simultaneously profiting from their misuse" (p.97). Cultural appropriation continues the exploitation inflicted on indigenous people through colonization (Smith-Yliniemi et al., 2024). Some examples of ritual actions that are sometimes appropriated include smudging and drumming, which are part of indigenous cultures around Turtle Island as well as Afrika (Smith-Yliniemi et al., 2024), meditation and breathing practices that are traditional Asian practices (Millner et al., 2021), and rites of passage (Meade et al., 2022).

There are several steps that counsellors can take to avoid inflicting the harm of cultural appropriation (Meade et al., 2022; Millner et al., 2021; Smith-Yliniemi et al., 2024). Meade et al. (2022) emphasize the importance of the counsellor knowing in detail the origins of the cultural practice and having received explicit permission to share it. Smith-Yliniemi et al. (2024), on the other hand, are a bit more lenient and suggest that it is ideal if the counsellor has received training or experience from knowledge holders of the original culture, but that reading about the traditional culture is an option. They both state that counsellors should share the knowledge of the original culture with their clients in a way that honors that culture, does not stereotype it, and

places the original culture in a sociopolitical context in relation to their own and the client's culture of origin. The original culture should benefit from the sharing of their practices, for example, by sharing any financial gain made by the counsellor (Meade et al., 2022) or by gifting the person who shares cultural knowledge (Smith-Yliniemi et al., 2024).

Rituals can be adapted to cultures other than the one from which they originated; however, there is a need for transparency regarding how they have been adapted, and credit should be given to the culture of origin (Meade et al., 2022). When adapting practices, Richardson (2012) and Smith-Yliniemi et al. (2024) encourage counsellors to learn practices from their own culture of origin and to explore cultural practices of the client's cultural origin if they are interested. Smith-Yliniemi et al. (2024) also pint out that several cultures have overlapping practices; for example, drumming has been used in rituals in several different cultures. If the client's ancestry is from a culture that may have used the ritual action or object that the counsellor is suggesting, the counsellor needs to be sensitive to whether the client has that knowledge (Smith-Yliniemi et al., 2024). Counsellors should also be careful not to make assumptions when working with different clients of similar cultural backgrounds, as the preferences for ritual actions are individual (Schachter & Finneran, 2013).

Many traditional cultures practice rituals in their daily lives and during life transitions to a greater extent than Western cultures, and traditional healers address many mental health complications (Al-Krenawi, 1999). As a result, clients from certain cultures experience less stigma associated with ritual than with traditional talk therapy and may prefer therapy that integrates rituals over standard talk therapy (Al-Krenawi, 1999). If there are language barriers between the counsellor and the client, ritual action can help bypass these barriers. Rituals can also serve as a positive means for the counsellor to connect with the client's culture and

spirituality (Doka, 2012). However, depending on the client's past experiences and cultural background, rituals may be perceived negatively and thus be contraindicated (Doka, 2012; Schachter & Finneran, 2013).

All societies have specific norms regarding what we are supposed to grieve, how long to grieve, where we are allowed to grieve, and how we are supposed to grieve (Doka, 2002). These grieving rules affect how clients approach their grief and can be internalized as well as exerting external pressure (Doka, 2002). One such grieving rule in Western society is that we consider closure to be synonymous with healthy grieving (Boss, 2006). According to Boss (2006), this ideal stems from the Western values of certainty, winning, and fixing (Boss, 2006).

Contraindications for Ritual

Carefully constructed with clients, therapeutic ritual can be used with virtually any client who would choose to plan and participate in such symbolic action. (Doka, 2012). However, there are several factors to keep in mind to decide if therapeutic rituals will be beneficial.

Ritual can lead to emotional activation and confrontation with loss that may feel unbearable, which can exacerbate distress or activate psychological ailments (Martin, 2022). Ensuring the client has the necessary support to cope with potential lingering emotional activation and regression is therefore crucial (Sas & Coman, 2018). To prevent such activation, rituals should be used only after a long period of preparation (Sas & Coman, 2018). If the client suffers from anxiety, major depressive disorder, or bipolar affective disorder, grief rituals should be employed only after addressing other psychological issues or as a complement to other therapy (Martin, 2022).

When working with clients who are experiencing traumatic grief or PTSD, precautions must be taken to avoid overwhelming the client with traumatic memories, as this can lead to

unhelpful dissociation (Martin, 2022). This client group benefits from rituals that carefully revisit the past while focusing or rituals that focus on the future (Martin, 2022). Conversely, rituals that emphasize forward movement are contraindicated for those with an avoidant attachment style and for individuals who are otherwise progressing too quickly (Martin, 2022). Instead, this client group is supported by rituals that concentrate on reminiscing, honouring, creating continuing bonds, and emotional expression (Martin, 2022).

Clients with schizophrenic symptoms and psychotic disorders, such as auditory hallucinations, may find that ritual actions promoting ongoing relationships with the deceased can create confusion about who is present and who isn't (Martin, 2022). Individuals with compromised intellect or differing capacities may find the symbolic action confusing (Martin, 2022).

Therapeutic rituals may be ineffective if overused or repeated to the extent that they become habitual or mundane (Martin, 2022; Wyrostok, 1995). They can also fail if some family members find the rituals insincere or if the family holds very different views or needs (Wyrostok, 1995). In such instances, it may be preferable for family members to create their own rituals (Doka, 2012). Hobson et al., (2018) even speculate that failing to create synchronized rituals is detrimental to group cohesion.

Martin (2022) suggests that rituals are no longer needed when the client can separate themselves from the past and move forward in their life. Reeves (2011) will only integrate ritual into therapy if the client is strongly motivated and has the capacity to dedicate the time and effort needed to create a ritual. They will usually try other, quicker interventions to see if they can create change before exploring ritual. In contrast to Reeves (2011), Al-Krenawi (1999) suggests that integrating ritual into therapy can shorten the number of sessions needed.

Designing Therapeutic Rituals

When designing a ritual, one must consider the temporal aspects, participants, space, symbols, and ritual actions used (Sas & Coman, 2016). Creating this structure allows participants to experience and contain emotion while maintaining a sense of control (Sas & Coman, 2016).

Who

Therapeutic rituals can be designed with an individual, a family or a community (Doka, 2012; Schachter & Finneran, 2013). The client or clients can choose to enact the ritual on their own or with their community, either witnessed by their counsellor or not (Doka 2012). Those who are invited to a ritual may actively participate, or their role may be that of the witness. The witness role may include providing oral or written reflections during or after the ceremony (Richardson, 2012), welcoming the client back into the community or simply acknowledging and understanding the client's loss (Reeves, 2011). Even when a ritual is enacted by just one person, they often include people who play supportive roles before or after and are aware when the ritual is happening (Reeves, 2011). Hobson et al. (2018) suggest that those with whom we have ritual experiences become more meaningful to us, but also warn that ritual can create a distance to those who are not part of the ritual.

Levine (2016) and Boss (2006) both suggest that engagement in ritual can be beneficial for a family to do together and specifically for children and adolescences to participate in. Furthermore, Levine (2016) proposes that ritual can be beneficial in group therapy, and Boss (2006) provides examples of group therapy with several families who have similar experiences. However, there may be times when the needs of the family members are so different from one another that it is more beneficial for individuals to create their own rituals (Doka, 2012).

Spiritual leaders from the client's culture can be engaged as advisors or collaborators in

the therapeutic ritual (Al Krenawi, 1999). There are also instances when a ritual exceeds the competence of the counsellor, making it appropriate for the counsellor to defer to experts such as knowledge holders (Smith-Yliniemi et al., 2024) and clerics (Heřmánková et al., 2025).

When

According to Schachter & Finneran (2013), therapeutic rituals can occur as a one-time event, be repeated in the same form multiple times, or consist of a series of different rituals. However, Whiting (2003) states that "Rituals are typically done over a period of time and modified with therapeutic setbacks and gains. They are not seen as quick and simple solutions to therapeutic problems" (p.99), especially if the client has suffered for a long time. Martin (2022) provides examples of rituals that are repeated in a similar form across several therapy sessions or weekly in the client's home, but also describes one-time rituals and annual rituals. Similarly, Sas and Coman (2016) describe rituals that occur as one-time events as well as those that are performed over a period of time. The repetition of rituals may follow a rhythm, such as yearly anniversaries (Boss, 2006; Martin, 2022; Whiting, 2003). The ritual may also mark the end of therapy or indicate that therapy is transitioning to a different phase (Whiting, 2003), such as definitional ceremonies (Moore & Moxley-Haegert, 2015).

The length of the ritual can vary, but limiting the time dedicated may help clients feel safer in experiencing and expressing emotions (Martin, 2022; Whiting, 2003) and in exploring new ways of thinking or acting (Whiting, 2003). The demarcation in time also supports separating the ritual from everyday life (Sas & Coman, 2016; Whiting, 2003).

Anniversaries or yearly celebrations such as Christmas or Thanksgiving may become times for recurring rituals that are contained within a 24-hour period or in an aspect of the celebration (Martin, 2022). Counsellors should support clients leading up to important

celebrations such as birthdays and holidays to ensure that familiar rituals continue while also re-envisioning them to accommodate necessary shifts (Boss, 2006; Imber-Black, 2010; Lewis and Hoy, 2022). Such shifts may be due to divorce, developmental changes, or other ambiguous losses, and they can lead to clients adopting new roles, taking on new responsibilities, and both maintaining and developing their relationships within and beyond rituals (Boss, 2006; Imber-Black, 2010). Gatherings that clients want to be joyous, such as weddings, graduations, or other celebrations, can benefit from ritualizing the acknowledgment of a missing person or grief (Martin, 2022). This can be done, for example, by dedicating a period of time, such as a minute of silence, or having a place with, for example, photos of the missing person (Martin, 2022). When preparing for celebrations, anniversaries, and holidays, genograms are a useful tool to examine different family or community members' experiences and to inform the design of rituals (Imber-Black, 2010).

Where

Sas and Coman (2016) found in their interviews with counsellors who integrate ritual that rituals take place in therapy rooms, homes, and natural settings. The space can be dedicated to rituals, such as a place of worship or a specific location in a home, or it can be an arbitrary place (Schachter & Finneran, 2013). Martin (2022) provides examples where visiting a specific place that holds certain memories or symbols is the core action of a ritual, such as going to a baseball game, visiting a specific restaurant, hiking a mountain, or going to the site of an accident or where a diagnosis was received. The ritual of visiting a site can be part of exposure therapy when a location has been previously avoided (Martin, 2022). The space where a ritual is performed takes on different meanings in the minds of those who participate (Whiting, 2003), and rituals can enhance our connection to the environment where the ritual takes place (Hobson et al.,

2018). What constitutes an appropriate location for a ritual is explored with the counsellor but ultimately decided by the client (Whiting, 2003).

If there is a series of rituals, the space can change or remain the same. For example, some rituals may take place during sessions and others outside of sessions (Whiting, 2003). If a strong emotional reaction is anticipated, it may be preferable to conduct the ritual during a session so that the counsellor can offer support (Whiting, 2003) and contain the emotional release in a setting different from the home (Martin, 2022). Conversely, out-of-session rituals may be more practical if the ritual will be repeated frequently (Whiting, 2003).

Ritual objects are often used to delineate the ritual space and time from the everyday (Sas & Coman, 2016). Objects such as a cloth placed in the center of the room, lighting like candles, or a circle of rocks can all serve this function (Sas & Coman, 2016). Hobson et al. (2018) suggest that awe-inspiring settings, such as places of worship with elaborate architecture or beautiful natural surroundings, can enhance the ritual and the feeling of connection among participants. Richardson (2012) advises that inviting people into the space is an important step in rituals, and this can be achieved through methods such as smudging. She also emphasizes that attention should be given to the comfort of the space, including the arrangement of chairs and the selection of music.

Symbols – Objects and Actions

The use of symbols is an integral part of rituals (Doka, 2012; Imber-Black, 2019; Sas & Coman, 2016). Symbols are utilized in rituals to delineate the space, aid in accessing memories, engage the senses, and evoke emotions (Sas & Coman, 2016). Symbols also help us enter a liminal space distinct from the everyday, a space that connects both conscious and subconscious emotions (Doka, 2012). Additionally, symbols can convey multiple meanings, helping groups

and families appreciate differences and complexities (Imber-Black, 2019). The symbols, ritual objects, and ritual actions employed in therapeutic rituals should be selected by the clients themselves, as they are best positioned to identify the symbols that hold the most significance for them (Doka 2012; Martin, 2022; Reeves, 2011; Sas & Coman 2016). The counsellor's role is to facilitate the design process (Sas & Coman, 2016) and ask the client questions that explore the meaning of the symbols and to identify symbols that promote emotional expression (Martin, 2022).

Objects used during rituals can take many forms, being either physical or imaginary (Sas & Coman, 2016). Some items are symbolic possessions of the client, while others are provided by the counsellor, and yet others are created before or during the ritual. Counsellors often provide items to transform the therapy room into a ritual space and may also supply materials to create objects, as well as figurines or natural materials that can be imbued with meaning or emotions (Sas & Coman, 2016). When creating symbolic objects, the counsellor can integrate methods and techniques from art therapy and drama therapy (Levine, 2016; Sas & Coman, 2016).

Sas and Coman (2016) define six different types of ritual objects: containing objects, symbolic possessions, future-oriented objects, transformational objects, ritual recordings, and mementos. Containing objects are used to create the ritual container in both time and space; examples of objects that may be used include candles, a cloth, or cleansing herbs. Future-oriented objects are imbued with positive emotions and often use the metaphor of planting seeds or seedlings as a symbol for a positive future. Transformational objects symbolize negative aspects that one would like to see transformed or dreams for one's future that one would like to pursue; they are often created or disposed of during the ritual. Recordings of the ritual can

include photographs, sound, or video recordings that support remembering and sense-making after the ritual (Sas & Coman, 2016). Documenting can also help solidify change and enhance commitment to a new way of being (Whiting, 2003). Mementos serve the same function as ritual recordings and can be objects that were used, transformed, or created during the ritual (Sas & Coman, 2016).

Symbolic objects are often combined with ritual actions or ritual techniques, such as creating, manipulating, disposing of, or planting (Sas & Coman, 2016). Ritual disposal actions may include burning, freezing, burying, flushing, sending up in a balloon, or giving the counsellor something for them to hold on to; however, the ritual of disposing or letting go does not have to happen all at once. It can be gradual, such as tearing up a photo and throwing away a few pieces at a time, or having balloons on a string that you gradually give longer lengths to until you are ready to let them fly away (Whiting, 2003). The wearing of clothing or jewelry, or getting a tattoo, are other actions used to create a symbolic bond with someone or to signify the other's presence (Martin, 2022).

Other examples of ritual actions are walking, spending time alone in nature, movement, making sounds and symbolic play (Sas & Coman, 2016). The creation of or performance of stories, songs, poems, prayers, dramas, and meditation as well as the serving of food or the act of dressing in particular clothes, are yet other ways to embody symbols through ritual action (Levine, 2016; Schachter & Finneran, 2013) and in addition visiting places or doing activities once done with the person that is missing can be a powerful symbolic action (Martin, 2022). This type of mind-body engagement predicts positive change beyond rituals with just verbalization (Sas & Coman, 2016). Storytelling can be pre-planned, such as a eulogy, but it may also be

spontaneous, such as reminiscing or sharing with a missing person what is happening in the present (Whiting, 2003).

Two other ritual techniques are gift-giving and the Empty Chair Technique. Whiting (2003) describes gift-giving as a powerful ritual technique. The gifts can be exchanged between family members or from the client to the counsellor, and vice versa (Whiting, 2003). Martin (2022) reports that his clients have found the Empty Chair Technique helpful in therapeutic rituals, noting that it is frequently used in grief therapy. With the Empty Chair Technique, clients express themselves to an empty chair, imagining another person or a part of themselves sitting there (Martin, 2022).

The four elements of earth, fire, wind, and water are frequently present during rituals (Doka, 2012; Martin 2022; Sas & Coman 2016). Doka, 2012 suggests that the four elements can be present in the ritual space in the form of candles for fire, flowers for earth, music for air and a vessel with water (Doka, 2012). Sas & Coman (2012) report that the elements often are used to dispose of objects by releasing objects into the water or the air or burning or burying them. The action of disposal is especially useful during rituals of letting go and rituals of transformation (Sas & Coman, 2016). Martin (2022) suggests that fire is especially helpful for engaging with and releasing feelings of anger, whereas water supports the connection with something larger than ourselves; air connects us with the future and earth with stillness or feeling stuck.

Ambiguous Loss

The term ambiguous loss was coined by marriage and family therapist Pauline Boss (Boss, 2006). Boss has developed the ambiguous loss model and treatment suggestions for ambiguous loss and has published several books on the topic. She defines two types of ambiguous loss: when a person is physically present but psychologically absent, or

psychologically present but physically absent. Both types of ambiguous loss can range from catastrophic and unexpected to more common situations. They share the characteristic of being ongoing situations that lack closure, do not have official recognition of the loss, and involve an absence of rituals to support the grieving. Ambiguous losses are unique compared to other losses in that there is ambiguity between absence and presence. The combination of ambiguity and loss complicates grieving, often leading to depression, anxiety, somatic symptoms, relational conflict, loss of hope, identity confusion, ambivalence, amplification of addiction, and unresolved grief (Boss, 2006).

Some examples of situations that lead to ambiguous loss, where a person is physically present but psychologically absent, include brain injury, dementia, addiction, chronic mental illness, depression, coma, homesickness, preoccupation with work, and obsession with phone or computer (Boss, 2006). Examples of ambiguous loss where a person is psychologically present but physically absent include incarceration, missing persons in natural disasters or war, mysterious disappearance, immigration, migration, adoption, divorce, youth leaving home, and an elderly spouse moving to a nursing home. When a person is physically missing but psychologically present, their psychological presence may manifest through phone calls or moments of connection. Alternatively, they may remain psychologically present due to uncertainty about whether they are dead or alive or lack of clarity regarding the relationship and connection. Given that ambiguous losses encompass many different experiences, some of which are quite common, Boss (2006) suggests that it is important for counsellors to enhance their awareness of how to work with such losses.

Boss (2006) takes a “less pathology-based stance” and suggests that the reasons for the difficult effects on mental health that often accompany ambiguous loss are contextual, stemming

from external stressors and the indefiniteness of mourning. Boss (2006) encourages clinicians to be sensitive to cultural differences and to allow individuals, families, and communities to grieve in their own way, avoiding pathologization. However, if the grieving becomes unhealthy or life-threatening, with risks of suicide, addiction amplification, or severe situations such as depression, anxiety, or strain on personal relationships, appropriate intervention needs to be taken (Boss, 2006).

In her book *Loss, Trauma and Resilience: Therapeutic Work with Ambiguous Loss,* Boss (2006) formulates an approach to the treatment of ambiguous loss with the overarching goal of increasing the resilience of individuals, families, and communities living with the stress of ambiguity. Resilience is defined as the ability to change and be flexible in response to the pressures and strains of life; it is not a static quality but a process. Resilience is emphasized because it allows one to live well despite ambiguity. When there is a lack of resilience, individuals, families, and communities appear immobilized, brittle, and paralyzed. However, resilience is not always an appropriate goal in itself; it may need to be paired with work that reduces barriers to resilience, such as discrimination and poverty. Resilience may be a refusal to continue adapting, and it may involve fighting for justice rather than stoically accepting the status quo (Boss, 2006).

In both cases of physical loss and psychological loss, there is a lack of rites that support the grieving process and help normalize the trauma of ambiguous loss (Boss, 2006). Since no rituals exist for ambiguous loss, one of the tasks of counsellors is to assist individuals, families, and communities in creating rituals that align with their beliefs and values (Boss, 2006).

Socio-Cultural Considerations of the Ambiguous Loss Model

Boss (2006) emphasizes counsellors' self-reflexivity and self-questioning, as our feelings, beliefs, and values influence the questions we ask and our interpretations of symptoms and responses. There are cultural and individual differences in how we understand loss, grief, mastery, ambivalence, and closure. Boss (2006) suggests that it is important for counsellors to use a phenomenological approach in which truth is viewed as subjective. This strategy flattens the hierarchy of the counsellor-client relationship and helps therapists focus on the client's internal perceptions. This approach can be practiced by starting therapy with questions that create space for the perceptions and beliefs of the client's culture, such as: How do you see the status of the missing person, and what does that mean to you? How have you been coping, and what is working despite the ambiguous loss? (Boss, 2006).

When working with ambiguous loss, it is important that the therapist does not push for closure, as this is an impossible task when there is ambiguity surrounding the loss (Boss, 2006). Furthermore, many cultures maintain ongoing relationships with their ancestors and loved ones who have passed away, and closure is not an appropriate goal. With ambiguous loss, fantasies or hallucinations of the missing person, feeling their presence, or hearing their voice is common, and it is not usually a sign of pathology. An important cultural consideration is to avoid pathologizing such experiences. Different expressions of grief, such as the absence of grief, are not necessarily pathological, and they can serve a functional purpose of repression as a coping mechanism (Boss, 2006).

Certain experiences of ambiguous loss are accompanied by abandonment, isolation, or lack of community support (Boss, 2006; Doka and Aber, 2002). This added burden may affect, among others, those who have been rejected by their family or faith community due to their

sexual orientation (Doka and Aber, 2002), or caregivers who feel shame for the behavior of the person they care for or who are overburdened by the demands of caregiving (Boss, 2006). Ambiguous losses associated with certain stigmas, such as mental illness, may also lead to isolation due to feelings of shame (Boss, 2006).

The Therapeutic Goals of Ambiguous Loss Treatment

To support the overarching goal of resiliency, Boss (2006) suggests six therapeutic goals: finding meaning, discovering hope, tempering mastery, reconstructing identity, revisiting attachment, and normalizing ambivalence. The two goals finding meaning and discovering hope are intimately connected as one's sense of meaning and meaningful actions generate feelings of hope and vice versa (Boss, 2006) and these goals will therefore be discussed under the same heading.

Boss (2006) states that all of the therapeutic goals, except normalizing ambivalence, are supported by rituals. The multiplicity of functions of ritual is supported by Imber-Black (2010), who writes, "Rituals outline and alter the shape of relationships, frame beliefs, paint new identities, help heal losses and celebrate what it means to be alive" (p.157). The use of ritual for ambiguous loss is explicitly supported by Krawchuk (2015) who suggest that when losses are ambiguous it is helpful to find a tactile way, such as ritual, to honour the meaning of the loss.

Meaning Making and Discovering Hope

Since ambiguous loss is ongoing and the ambiguity of the situation cannot be changed, the opportunity for change lies in helping the client alter their perception (Boss, 2006). The question then becomes how to find meaning despite the ambiguous loss and how to make existence with ambiguous loss more meaningful (Boss, 2006). Coleman and Neimeyer (2010) concur that meaning making should be a therapeutic priority when working with grief, as they

have found that the ability to find meaning within a loss has been associated with higher positive affect and well-being. Boss (2006) outlines the following strategies for meaning making: “naming the problem, dialectical thinking, religion and spirituality, forgiveness, small good works, rituals, positive attribution, sacrifice for a greater good or love, perceiving suffering as inevitable and hope“ (p.83).

The discovery of hope is closely linked to finding meaning, and the two reinforce one another (Boss, 2006). For hope to support resilience, it must be realistic and adaptable to the situation, relational changes, and life changes; for example, hoping for a good death rather than a cure. Hope that is static or rigid diminishes resilience, and since ambiguous loss is a continual loss without closure, hope must be continually re-evaluated. Even if the revised hope is less than desired, it is preferable to unrealistic hope that clings to the status quo, denies the reality of the situation, and blocks resiliency (Boss, 2006).

Tempering Mastery

Mastery involves having a sense of control over one's life (Boss, 2006), and those who experience non-death loss, such as ambiguous loss, are more likely to feel a lack of mastery, which may result in increased passivity and a decline in their self-esteem (Martin, 2002). Possessing a sense of mastery is important because it can reduce depression and somatic stress symptoms, thereby fostering resilience and helping to prevent immobilization (Boss, 2006).

At the same time, striving for mastery may be detrimental in situations beyond one's control (Boss, 2006). In Western cultures where mastery and control are highly valued, individuals often experience greater distress and helplessness when confronted with ambiguous losses. This ambiguity and suffering are interpreted as failures, leading to reduced resilience. In contrast, if one perceives suffering as inevitable, there may still be a sense of mastery despite the

suffering. To live well with ambiguous loss, it is necessary to accept the situation along with its inherent lack of control; an attachment to mastery can hinder this acceptance (Boss, 2006). Given these two aspects of mastery, therapy may need to focus on either decreasing feelings of helplessness or shifting the understanding of mastery from control to acceptance to increase resilience (Boss, 2006). For example, endurance and adaptation in the face of hopelessness may be viewed as accomplishments (Doka and Aber, 2002).

One's sense of mastery is influenced by culture, gender, class, and health status (Boss, 2006). Families, communities, and individuals who have experienced poverty, discrimination, and trauma are more likely to feel helpless, while those from privileged backgrounds who have experienced greater control over their destinies are more likely to have a sense of mastery (Boss, 2006). Individuals from religions and spiritual traditions that emphasize acceptance, such as Buddhism and Hinduism, may find it easier to accept the lack of control inherent in ambiguous loss compared to those with cultural beliefs that value mastery, such as Western cultures (Boss, 2006).

Harris (2021) suggests that the symbolic action of creating a Grief Drawer can aid both clients who are flooded with emotions and those who are avoiding them thus supporting the therapeutic goal of tempering mastery. A grief drawer is a container where objects that represent grief are placed. Clients can establish parameters regarding when and where to open the drawer, and the duration spent with it can be limited to how long it takes to listen to a curated playlist, the time it takes for a candle to burn out, or simply until the chime on a timer sounds (Harris, 2021).

Reconstructing Identity

According to Neimeyer and Sands (2022), identity can be understood as a narrative, with

our sense of self shaped by the stories we tell about ourselves and others. Life events that disrupt this narrative, such as the death of a loved one, can cause a profound shift in identity, initiating a process of reaffirmation, repair, or replacement of the life story's core themes (Neimeyer and Sands, 2022). Ambiguous loss frequently involves changes in roles, such as becoming a caregiver, losing abilities, or experiencing major life changes like divorce (Boss, 2006). Such changes can bring uncertainty about one's identity; for instance, am I a wife or a widow if my husband is missing? Am I a caregiver or a child when I am taking care of my parent? (Boss, 2006). If one rigidly holds on to the old identity, it blocks resiliency; instead, there is a need to integrate who one was with who one is so that both past and present strengths can contribute to feelings of resiliency. In other words, it is crucial to make room for multiplicity and ambiguity. Boss (2006) highlights that since identity is socially constructed, it is reconstructed in a social context.

Since some identities can be met with prejudice, there may be reasons for clients to hide certain identities out of fear or shame (Boss, 2006). When working with identities, it is important to be aware that if being homeless, handicapped, transgender, poor, a sex worker, etc. is part of one's identity, it may be unsafe to reveal it; at the same time, resiliency may be strained by hiding it (Boss, 2006).

Konopka and Neimeyer (2021) suggest a therapeutic technique for reconstructing identity. This technique involves the symbolic action of placing rocks on a surface to represent different parts of identity. The choice of rocks and their relationships to one another are then discussed.

Revising Attachment

In the context of ambiguous loss, Boss (2006) defines attachment as a deep connection between people. When there is an ambiguous loss, new attachments are often blocked because the old attachments still hold possibilities. To protect themselves from the ambiguity, survivors may isolate themselves, deny the change, constantly think about the missing person, or prematurely close the door on the missing person. To foster more adaptive responses, the work is to accept the ambiguity of the close attachment and continually revise it while still finding new connections (Boss, 2006).

Wilson (2021) and Martin (2022) each provide example of symbolic actions that support the revisioning of attachment, and the finding of meaning through storytelling. Wilson (2021) describes symbolic action for embodied storytelling where participants are asked to chart their grief journey by moving between emotions written on pieces of paper laid out on the floor. As they navigate their journey between emotions, participants cross paths with one another, thus realizing the similarities in their journeys and fostering connection. Martin (2022) provides an example of a woman who revised her attachment to those she had lost by writing down her memories of them and placing them in a box, one for each person. The ritual of writing the memories supported her in creating continuing bonds, eased her fear of forgetting those that had passed and supported her in turning toward and nourishing other relationships. In addition, Martin (2022) suggests that doing activities that one used to do with a person who is now absent with another close person can be a way of both honouring the absent person and creating new relationships.

Normalizing Ambivalence

When there is an ambiguous loss, there is a lack of clarity, validation, and knowing,

which often results in feelings of ambivalence (Boss, 2006). These feelings of ambivalence can induce anxiety and lead to uncertainty about what decisions to make, what roles to play, and what actions to take, resulting in inaction, freezing, and immobilization. Some ambiguous feelings can be dark and hard to acknowledge, creating guilt. For example, one might care for a loved one with an illness while feeling angry with them for being ill, grieve a person who is missing while feeling frustrated with them for not being present, wish for a loved one to stay alive while also hoping for their passing, or feel exhausted yet angry with oneself for not doing more (Boss, 2006). Feelings of guilt may be particularly strong if a situation is viewed as irreversible, as there may be guilt for sometimes wishing that a person would be institutionalized or dead, or for thinking that their treatment is hopeless (Doka and Aber, 2002). If there is a sense that the condition a loved one is suffering from is reversible, feelings of anger may arise, as one believes they should exercise control or that recovery should happen more quickly (Doka and Aber, 2002). Feelings of guilt and the lack of acknowledgment of darker feelings towards the lost person or themselves prevent movement and change (Boss, 2006). A reduction in resilience can follow from the anxiety and guilt, as both lead to immobilization and increased social withdrawal, damaging relational dynamics.

Recognizing that ambivalent feelings are a normal response to ambiguity reduces anxiety and guilt (Boss, 2006). Naming and talking about the ambivalent feelings makes it possible to manage them and live with them. Ambivalence is a natural aspect of ambiguous loss and it does not have to be a problem unless it leads to debilitating feelings of anxiety, guilt, depression, indecision, somatic symptoms or life threatening behaviour. Rather than eliminating the ambiguity and ambivalence the goal is to manage anxiety and guilt (Boss, 2006).

Miller and Loring (2015) describe a ritual for group therapy that addresses the ambivalence one can experience when remembering both desirable and less desirable traits in a person who has died. In the group ritual, called “Putting Humpty Dumpty Together Again,” participants visualize holding desirable qualities in one hand and less desirable qualities in the other hand and bringing them together (Miller and Loring, 2015).

Ambiguous Loss Approaches and Interventions

Boss (2006) considers dialectic, systemic and narrative approaches basic to all interventions for treating the trauma of ambiguous loss. These approaches work well without the benefit of clear information and do not exclude the integration of other approaches (Boss, 2006).

Dialectical Approach and Interventions

Each therapeutic goal in the ambiguous loss model requires the capacity to hold complexity and opposing ideas, as well as the acceptance of the lack of clarity inherent in ambiguous loss (Boss, 2006). The dialectic approach allows for making meaning without having clarity, accepting one's lack of control while still experiencing a sense of mastery that enables one to take action, integrating one's past with one's present to reconstruct one's identity, acknowledging and accepting the ambiguous feelings that often accompany ambiguous loss, maintaining attachment to the lost person while also fostering connections with others, and nurturing hope while accepting the situation. A dialectical approach to psychotherapy is necessary to cultivate resilience in the face of ambiguous loss (Boss, 2006).

Systemic Approaches and Interventions

When there is ambiguous loss, human connection has been injured or severed (Boss, 2006). Therefore, the treatment should focus on human connection, and to build resilience, clients need ongoing human connection beyond what the counsellors can offer. Therefore, Boss

(2006) suggests family and community interventions that may include a spouse, friend, immediate family, extended kin, coworkers, neighbours, spiritual advisors or elders, as well as clergy, first responders, social workers, physicians, community leaders, and local educators, as appropriate.

Within systemic approaches to psychotherapy, Boss (2006) highlights the importance of helping clients identify the psychological family. The psychological family is the family that exists in one's heart and mind; it may include or exclude people who are not physically or psychologically present, as well as those who are or are not related by blood. The psychological family serves as a source of resilience for many experiencing ambiguous loss, as the ongoing connection can provide guidance in meaning-making and reconstruction of identity . Ambiguous loss can make it unclear who is part of the family and who is not; identifying the psychological family and keeping it present can help clients normalize and live with ambiguity and lack of closure (Boss, 2006).

The six therapeutic goals are more easily achieved using a systemic approach that includes family, community, and the psychological family in psychotherapy (Boss, 2006). In conjunction with others, we are better able to find meaning and hope. Community connections are important for increasing feelings of mastery; it is from others in similar situations that we can learn new information, hear stories of constructive options that may help us formulate our hopes and dreams, and find social support. Identity is reconstructed in relation to other people, and the process is hindered by isolation. Peer groups help normalize ambivalence, guilt, and shame, and it is through connection with others that survivors can revise their attachment to the lost person and renew their connection with others. Additionally, community interventions lead to agency and resiliency, as survivors who connect to the community can learn new information, seek help

from others, and establish supportive relationships beyond the therapeutic relationship (Boss, 2006).

Boss (2006) suggests several systemic interventions, such as organizing peer support groups, including children and youth in treatment, or asking clients to bring someone with them to therapy to strengthen the connection to real life outside the therapy room. It is beneficial for counsellors to spend time in natural community settings, like clients' homes, in order to find indicators of resilience in everyday interactions and knowledge. Counsellors can educate communities about the importance of supporting the families of the physically or psychologically missing and offer suggestions on how to do so (Boss, 2006).

Narrative Approaches and Interventions

Boss (2006) suggests that narrative approaches are helpful in addressing the six therapeutic goals of ambiguous loss therapy. From a narrative perspective, rituals and celebrations mark significant steps in the journey away from a problem story to a new and preferred version of life (Morgan, 2000).

Boss (2006) emphasizes narrative techniques such as externalizing the problem and sharing stories. Externalizing the problem is a technique central to the narrative approach (Morgan, 2000). Boss (20026) suggests that in cases of ambiguous loss, the ambiguity itself can be named as the problem. When the problem is attributed to the external factor of ambiguity, the client's response is de-pathologized. When issues are attributed to ambiguous loss, emotions that block resiliency, such as guilt, shame, and self-blame, lose some of their power, allowing for positive attributes like survivor's pride to be fostered. Similarly, when clients experience ambivalence, it is helpful to externalize these ambiguous feelings by naming them as ambivalence and normalizing them as a common aspect of ambiguous loss. The process of

externalization helps clients understand their experiences and make decisions about how to move forward (Boss, 2006).

Boss (2006) writes that “Knowing that you are not alone helps sustain and rebuild strength” (p.63), and story sharing contributes to the six therapeutic goals. Sharing one's success stories with others builds confidence and resilience while also providing opportunities to find meaning and discover hope. When counsellors inquire about strength and resilience to deepen the storytelling process, it can contribute to positive identity shifts. Similarly, by listening for past resilience and competencies- drawing from the stories of survivors, elders in the community, and examples from the arts- individuals, families, and communities can enhance their sense of mastery. When survivors share their stories, ambivalence is often expressed, providing an opportunity to address it either in the group or during individual sessions. The groups are also beneficial for revising attachment, as peers help each other recognize when they are preemptively letting go of someone or holding on too tightly**.** Storytelling is also an important aspect of bringing attention and life to the psychological family (Boss, 2006).

Richardson (2012) provides an example of a therapeutic ritual after a divorce that employs the narrative techniques of definitional ceremony. Definitional ceremonies consist of three stages: the client sharing a life story, witnesses retelling and reflecting on the life story, and the client retelling and reflecting on the witnesses' words (Moore & Moxley-Haegert, 2015). In Richardson’s example, she shared the story of how her marriage came to an end with witnesses she had invited to the ritual. She encouraged the witnesses to share their reflections both during the ritual and afterwards in writing, and subsequently, she wrote a letter to each witness.

Additional Therapeutic Approaches

Boss (2006) suggests that, in addition to working with dialectic, systemic, and narrative approaches, it is helpful to integrate psychoeducation, cognitive, psychodynamic, and trauma therapies. Clinical issues that may require attention include practical day-to-day matters such as stress management, finding help, and achieving restful sleep. Additionally, practices that support mastery of one's internal self, such as mindfulness, may be beneficial for tempering mastery, and the construction of genograms may assist in reconstructing the psychological family and identifying stories of resilience (Boss, 2006).

Chapter Three

Chapter one concluded that ambiguous losses are common and can have serious mental health complications, and rituals are a suggested strategy for supporting those who have experienced ambiguous loss (Boss, 2006). However, there is a lack of clarity on how to create therapeutic rituals for ambiguous losses. Beyond the ambiguous loss framework, there are examples of how ritual can be integrated into psychotherapy, but the existing literature on ritual therapy does not take into consideration the unique aspects of ambiguous losses (Martin, 2022; Neimeyer, 2012; Sas & Coman, 2016; Wojtkowiak et al., 2021).

The literature review presented in Chapter two indicated that rituals exist in all cultures, each being unique to its cultural context (Moodley & West, 2005). In a Western cultural context, rituals have become less common, and therapeutic rituals can fill a gap while addressing the individual needs that may not align with traditional rituals (Martin, 2022). Rituals can be categorized based on their therapeutic purpose (Doka, 2012; Martin, 2022; Sas &Coman, 2016); however, regardless of that purpose, there are three phases of ritual work: preparation, ritual, and integration (Doka, 2012; Imber-Black, 2019; Reeves, 2011; Whiting, 2003). In the preparation phase, the counsellor supports the client in making decisions regarding who will participate, when and where the ritual will take place, and which symbols, symbolic objects, and symbolic actions will be utilized them (Doka, 2012; Sas & Coman, 2016; Martin 2022). In the ritual phase, the counsellor may or may not be present, and in the integration phase, the counsellor guides the client in making meaning of their ritual experience (Doka, 2012; Imber-Black, 2019; Sas & Coman, 2016). Chapter two also showed that the Ambiguous Loss Model has the overarching goal of increasing resilience and includes six therapeutic goals: finding meaning, discovering hope, tempering mastery, reconstructing identity, revisiting attachment, and normalizing

ambivalence (Boss, 2006). The model primarily employs dialectic, systemic, and narrative approaches, but can also integrate other approaches when suitable.

The first section of Chapter three discusses the finding that the literature on integrating ritual into therapy supports the use of ritual for the goals of the ambiguous loss model. The second section proposes recommendations for practitioners wishing to incorporate ritual into therapy for ambiguous loss and aligns these recommendations with the BCACC (2023) *Code of Ethical Conduct*. Following these two sections are suggestions for future research and the conclusion.

Discussion

Ambiguous loss describes losses where there is ambiguity between absence and presence because a person is either psychologically present but physiologically missing or physiologically missing but psychologically present (Boss, 2006). Ambiguous losses are common and can lead to serious, ongoing mental health complications and they are unique in that they are ongoing, lack closure, and do not fit grief rules, have traditional rituals associated with them. To aid clients suffering from ambiguous loss, Boss (2006) created the ambiguous loss model, which suggests that the overarching goal of therapy for ambiguous loss is resilience, which in turn is supported by the therapeutic goals of finding meaning, discovering hope, tempering mastery, reconstructing identity, revisiting attachment, and normalizing ambivalence. Boss (2006) suggests ritual as a therapeutic strategy to achieve the goals; however, neither the literature on ambiguous loss nor the literature on therapeutic ritual specifies how to create ritual for ambiguous loss. This Capstone project, has therefore, asked, “Does the literature on the therapeutic ritual support the use of ritual for ambiguous loss?” and "How can ritual be integrated into therapy for ambiguous loss?".

Ritual and the Ambiguous Loss Model

The ambiguous loss model's overarching goal of fostering resilience is not specifically mentioned in the literature on therapeutic ritual. However, the specific therapeutic goals of this model, finding meaning, discovering hope, tempering mastery, reconstructing identity and revisiting attachments are supported in the literature. Furthermore, the literature provides examples of symbolic actions and rituals that support the goals of the ambiguous loss model. This shows that the literature on the integration of ritual into therapy supports the use of ritual for the goals of the ambiguous loss model.

Meaning, Hope and Ritual. Imber-Black (2019) write that rituals play a significant role in giving meaning to life experiences and Neimeyer and Sands (2022), report that rituals are tools for meaning-making that are beginning to receive support from randomized controlled trials. Rituals can offer a framework for understanding and processing loss (Levine, 2016) and provide opportunities to create and shape meaning through active engagement (Kobler, 2007). Furthermore, rituals can connect individuals to their heritage or belief system, thereby linking them to a larger context and fostering a sense of belonging to something greater than themselves (Hobson et al., 2018). In this way, they serve the purpose of finding meaning as well as the goals of reconstructing identity and revising attachment. In addition, Martin (2022) suggests that rituals that gather people affected by the same or similar losses can help attendees revise their hopes to align with reality.

Tempering Mastery and Ritual. Doka (2012) and Martin (2022) emphasize that rituals allow individuals permission to grieve within a certain time and space, providing a sense of control over uncontrollable events. Knowing that there exists a container of time, space, and ritual action can reduce individuals' fear of being overwhelmed by their emotions, thus allowing

them a space to surrender mastery and experience and express their feelings (Doka, 2012; Harris, 2021; Hobson et al., 2018; Levine, 2016; Martin, 2022). The ritual structure can also offer people a space to practice containing emotions and support emotional regulation by focusing on ritual acts, thereby increasing their sense of mastery (Hobson et al., 2018; Martin, 2022). Therefore, the ritual structure can support the tempering of mastery in both directions, enhancing a sense of control while also facilitating surrender to one's lack of control.

Reconstructing Identity and Ritual. Rituals can help individuals adjust to changes in social identity or status (Richardson, 2012), facilitate self-transformation (Sas & Coman, 2016), and reinforce a new identity (Morgan, 2000). Family rituals and community rituals can strengthen an individual's sense of belonging to the group and, in turn, their identity (Hobson et al., 2018). Within group rituals, individuals can adopt roles that change how they are perceived by the group (Hobson et al., 2018).

Revising Attachment and Ritual. Doka, (2012) Lewis and Hoy (2022) and Richardson (2012) suggest that rituals can help revise or affirm a continuing bond with the missing person, validate the relationships, promote symbolic reconciliation, and preserve ongoing attachments. At the same time, rituals can increase feelings of belonging, connection, increased cooperation, social cohesion, and perceived social support (Doka, 2012; Fiese et al., 2002; Hobson et al., 2018). Thereby, ritual can support both the task of creating an ongoing attachment to the ambiguously missing person and establishing new attachments to others.

Normalizing Ambivalence and Ritual. Boss (2006) does not explicitly suggest that the therapeutic task of normalizing ambivalence is supported by rituals as she does with the other therapeutic tasks. However, the frameworks for understanding ritual presented by Martin (2022), San and Coman (2016), and Doka (2012) all include rituals that address feelings which may

cause ambiguity, such as anger, relief, and shame.

Examples of Symbolic Actions and Rituals for Ambiguous Loss. Boss (2006) states that Western grief rules include a focus on achieving closure. Despite this, the literature on psychotherapy for grief and bereavement provides several examples of symbolic actions and rituals that do not focus on closure and that address the goals of the ambiguous loss model as well as specific instances of ambiguous loss. This may indicate an evolution within the field of psychotherapy regarding how successful grieving is viewed, and this evolution may or may not reflect the view of society at large.

Recommendations for Practice

The following section provides recommendations for integrating ritual into therapy for ambiguous loss. These recommendations consider the unique aspects of ambiguous loss, the goals of the ambiguous loss model, and the principles of ethical conduct formulated by the BCACC (2023). The nine recommendations include: being aware of contraindications, remembering that ritual is just one part of a larger process, ensuring that the process is client-led, integrating family and community into the ritual when appropriate, establishing a ritual structure, bringing awareness to anniversaries and holidays, and incorporating symbols, bring awareness to grief rules, and use dialectic, systemic and narrative approaches.

How to Integrate Ritual into the Ambiguous Loss Model

Be Aware of Contraindications. To align with the BCACC's (2023) principle of ethical conduct regarding the careful management of risks, counsellors should weigh the potential harm against the benefits of integrating ritual into therapy. For the counsellor to effectively assess the risks and benefits for the client, they must possess knowledge of the client's social support (Sas & Coman, 2018), emotional activation, and mental health history and status (Martin, 2022).

Ritual as Part of a Process. Therapeutic rituals are one aspect of a therapeutic process that also includes preparation and integration (Whiting, 2003; Doka, 2012; Imber-Black, 2019; Reeves, 2011). Before pursuing a therapeutic ritual, the counsellor must inform the client about the extent of the process, allowing the client to make an informed choice. This ensures alignment with the BCACC (2023) principles of ethical conduct regarding competent caring. Boss (2006) suggests that, in addition to working with dialectic, systemic, and narrative approaches, it is helpful to integrate psychoeducation, cognitive, psychodynamic, and trauma therapies. Clinical issues that may require attention include practical day-to-day matters such as stress management, finding help, and achieving restful sleep (Boss, 2006). Additionally, practices that support mastery of one's internal self, such as mindfulness, may be beneficial for tempering mastery, and the construction of genograms may assist in reconstructing the psychological family and identifying stories of resilience (Boss, 2006).

Client-Led Process. While counsellors can suggest ritual as a therapeutic tool, it is always the client's decision whether to integrate ritual into therapy (Doka, 2012; Lewis & Hoy, 2022; Sas & Coman; Whiting, 2003). The counsellor's role is to facilitate the design process by asking questions and, if appropriate, making suggestions (Doka, 2012; Lewis & Hoy, 2022; Sas & Coman; Whiting, 2003). This aligns with the BCACC's (2023) principles of ethical conduct, which state that the client's input should be integrated into all aspects of care.

Integrate Community. The integration of community and family into ritual can support five of the six therapeutic goals of the ambiguous loss model: finding meaning (Hobson et al., 2018), discovering hope (Martin, 2022), reconstruction of identity (Morgan, 2000; Richardson, 2012; Sas & Coman, 2016), revising attachment (Doka, 2012; Hobson et al., 2018), and normalizing ambivalence (Miller and Loring, 2015). The integration of community and family in

therapy for ambiguous loss is also a cornerstone of the ambiguous loss model and the systemic approach it suggests (Boss, 2006). The counsellor should therefore guide the client to explore who they may want to invite to or have involved in the ritual. This may include family, friends, other professionals, clergy, or spiritual leaders. If no one is identified, the client may explore ways to evoke their psychological family. This recommendation aligns with the BCACC (2023) principles of ethical conduct, which state that the counsellor should "collaborate with the client to support their autonomy in choosing the nature of their connections" (p.7).

Create Structure. In the client-led process of designing a therapeutic ritual, the counsellor should support the client in deciding who should participate, where the ritual should take place, how long it should last, whether it will be repeated, and which symbols, objects, and ritual actions should be part of the ritual (Doka, 2012; Whiting, 2003). Creating a ritual structure in this manner supports the tempering of mastery in both directions, enhancing a sense of control (Doka, 2012; Hobson et al., 2018; Martin 2022) while also facilitating surrender to one's lack of control (Doka, 2012; Harris, 2021; Hobson et al., 2018; Levine, 2016; Martin, 2022).

Anniversaries and Holidays. When there is an ambiguous loss, clients are served by counsellors bringing attention to upcoming anniversaries and holidays. How we choose to celebrate anniversaries and holidays shapes identities (Imber-Black, 2010), creates structure for grieving (Martin, 2022), assists in finding meaning and discovering hope (Boss, 2006), and can create continuing bonds (Doka, 2012; Martin, 2022) as well as foster new attachments (Hobson et al., 2018). Holidays and anniversaries are, therefore, a potent time to integrate ritual into therapy. A dialectic approach is helpful when doing this as one needs to find the balance between the continuity in traditions and at the same time allow for change. This can be achieved by using ritual elements from the client's family of origin, culture or religion while also changing roles or

symbols in accordance with the losses (Imber-Black, 2010).

Integrate Symbols. The liminal space of rituals is created by the structure of time and space (Doka, 2012; Martin, 2022) as well as the symbolic objects and actions that are chosen and enacted (Sas & Coman, 2018). Symbols can express multiple meanings (Imber-Black, 2019), making them helpful in ambiguous situations such as ambiguous losses. Counsellors are recommended to guide the client in choosing actions and objects and potentially provide materials for their creation (Sas & Coman, 2018).

In this process of finding symbols, counsellors must be aware of and mitigate the harm of cultural appropriation (Martin, 2022; Meade et al., 2022; Smith-Yliniemi et al., 2024). Meade et al. (2022) have published a checklist that serves as an effective guide to avoid harmful appropriation. It is also valuable for the counsellor to understand their own cultural traditions and ritual practices, and counsellors can encourage clients to learn about theirs (Smith-Yliniemi et al., 2024). These recommendations align with BCACC (2023) principles of ethical conduct regarding respect for peoples, which emphasize the importance of the counsellor practicing "awareness of their own social, cultural, emotional, spiritual, physical, and financial condition or status, recognizing where these characteristics are empowering and/or divergent from those of a client, and protect against the potential for harm that may arise from these differences" (p.9).

Bring Awareness to Grief Rules. All societies have established norms that dictate how, what, and how long one should grieve (Doka, 2012). For instance, ambiguous losses do not conform to the grieving rules in Western society, as they are often not recognized as losses, and since it is impossible to achieve mastery by finding closure (Boss, 2006). Therefore, it may be beneficial to raise awareness of the client's cultural grief norms to ensure that grief rituals are not impeded by internalized grief rules.

Utilize Dialectic, Systemic, and Narrative Approaches. Boss (2006) suggests the use of dialectic, systemic, and narrative approaches when working with ambiguous loss. The literature review concludes that these approaches can be applied in therapeutic rituals, and the literature on the integration of ritual into therapy supports their application. Additionally, the literature endorses the use of art and drama therapy.

Recommendations for Future Research

This Capstone project shows that ritual integration into therapy is used differently in the field of family therapy compared to other fields of psychotherapy. Furthermore, the categorization of ritual varies between authors. This study is limited by the lack of a clear definition of therapeutic ritual and therapeutic categories and future research would be aided by more clarity.

Despite the fact that the literature on therapeutic ritual supports the goals of the ambiguous loss model there is also a lack of both quantitative and qualitative data supporting the integration of ritual into therapy for ambiguous loss. As therapeutic rituals must be unique to the client, there are challenges in collecting quantitative data. However, qualitative research, such as case studies, would improve this study and provide guidance to counsellors working with ambiguous loss.

Even though Boss (2006) describes a focus on closure after loss in Western society and in Western psychotherapy the literature review found several examples of symbolic actions and ritual that address other goals. Future research may demonstrate if this signifies an evolution in the field of counselling or perhaps in all of Western society. If so, the literature on ambiguous loss would need to be revised accordingly.

Conclusions

Ambiguous loss is an important topic for counsellors to pay attention to as these types of losses are common, the mental health repercussions may be severe, and the ambiguity between absence and presence, the ongoing nature of the loss and the lack of ritual set them apart from other losses, making the therapeutic needs different. The ambiguous loss model, developed to address the unique aspects of ambiguous loss, suggests resilience as the overarching goal of treatment, along with finding meaning, discovering hope, tempering mastery, reconstructing identity, revisiting attachment, and normalizing ambivalence as the therapeutic goals. Furthermore, the model recommends the use of dialectic, systemic and narrative approaches. Ritual is suggested as an intervention for ambiguous loss therapy. However, there is limited information available on how to adapt therapeutic ritual to ambiguous losses.

This Capstone project has examined the evidence for the integration of ritual into the treatment of ambiguous loss. The review concludes that the therapeutic goals of the ambiguous loss model, finding meaning, discovering hope, tempering mastery, reconstructing identity and revisiting attachments are supported in the literature. Based on the literature review, nine recommendations for practice are made: be aware of contraindications, remember that ritual is part of a larger process, ensure that the process is client-led, integrating family and community into the ritual, create a ritual structure, bring awareness to anniversaries and holidays, incorporate symbols, bring awareness to grief rules, and utilize dialectic, systemic and narrative approaches. The results imply that clients are served by the integration of ritual into therapy for ambiguous loss; however, further research is needed to confirm this conclusion.

References

Al-Krenawi, A. (1999). An overview of rituals in western therapies and intervention: Argument for their use in cross-cultural therapy. *International Journal for the Advancement of Counselling, 21*(1), 3. https://doi.org/10.1023/A:1005311925402

Alzheimer Society (2024). Dementia Numbers in Canada, https://alzheimer.ca/en/about-dementia/what- dementia/dementia-numbers-canada

Bardot, H., & McCaw, J. (2019). The power of creative expression and ritual: Integrating art therapy into a bereavement camp. In M. J. M. Wood, B. Jacobson & H. Cridford (Eds*.), The international handbook of art therapy in palliative and bereavement care* (pp. 232-243). Routledge/Taylor & Francis Group. https://doi.org/10.4324/9781315110530-23

Basham, A. (2011). Ritual in counseling. In C. S. Cashwell, & J. S. Young (Eds*.), Integrating spirituality and religion into counseling: A guide to competent practice* (2nd edition.) (pp. 209-223). American Counseling Association.

BC Association of Clinical Counsellors [BCACC]. (2023). Code of ethical conduct.

Bella, K. A., & Serlin, I. A. (2013). Expressive and creative arts therapies. In H. L. Friedman, & G. Hartelius (Eds.), *The Wiley-Blackwell handbook of transpersonal psychology* (pp. 529-543). Wiley Blackwell. https://doi.org/10.1002/9781118591277.ch29

Boss, P. (2006*). Loss, trauma, and resilience: Therapeutic work with ambiguous loss.* W W Norton & Co.

Boss, P., & Couden, B. A. (2002). Ambiguous loss from chronic physical illness: Clinical interventions with individuals, couples, and families. *Journal of Clinical Psychology, 58*(11), 1351-1360. https://doi.org/10.1002/jclp.10083

Cacciatore, J., & Flint, M. (2012). Mediating Grief: Postmortem Ritualization After Child Death. *Journal of Loss and Trauma, 17*(2), 158–172. https://doi.org/10.1080/15325024.2011.595299

Coleman, R. A., & Neimeyer, R. A. (2010). Measuring Meaning: Searching for and Making Sense of Spousal Loss in Late-Life. *Death Studies*, *34*(9), 804–834. https://doi.org/10.1080/07481181003761625

Doka, K. J. (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice*. Research Press.

Doka, K. J. (2012). Therapeutic ritual. In R. A. Neimeyer (Ed.), *Techniques of grief therapy: Creative practices for counseling the bereaved* (pp. 341-343). Routledge/Taylor & Francis Group.

Doka K. J., & Aber R. A. (2002) Psychosocial loss and grief. In Ed. K. J. Doka. *Disenfranchised grief: New directions, challenges and strategies for practise* (pp. 217-232). Research Press.

Esala, J. J., & Taing, S. (2017). Testimony Therapy With Ritual: A Pilot Randomized Controlled Trial*. *Journal of Traumatic Stress,* 30(1), 94–98. https://doi.org/10.1002/jts.22163

Fiese, B. H., Tomcho, T. J., Douglas, M., Josephs, K., Poltrock, S., & Baker, T. (2002). A review of 50 years of research on naturally occurring family routines and rituals: Cause for celebration? *Journal of Family Psychology, 16*(4), 381–390. https://doi.org/10.1037/0893-3200.16.4.381

Germany, M., Pederson, A. C., & Bridges, S. K. (2020). Ambiguous loss in coming out and transitioning. In D. L. Harris (Ed.), *Non-death loss and grief* (pp. 112-127). Routledge. https://doi.org/10.4324/9780429446054-12

Goodwyn, E. D. (2016). *Healing symbols in psychotherapy: A ritual approach*. Routledge/Taylor & Francis Group.

Harris, D. (2019). *Non-death loss and grief: Context and clinical implications*. Routledge. https://doi.org/10.4324/9780429446054

Heřmánková, K., Řiháček, T., & Gocieková, V. (2025). Psychotherapists' experience with spirituality and religiousness in psychotherapy: A qualitative meta-analysis. *Journal of Psychotherapy Integration*, *35*(1), 35–57. https://doi.org/10.1037/int0000338

Hobson, N. M., Schroeder, J., Risen, J. L., Xygalatas, D., & Inzlicht, M. (2018). The Psychology of Rituals: An Integrative Review and Process-Based Framework. *Personality and Social Psychology Review, 22*(3), 260–284. https://doi.org/10.1177/1088868317734944

Imber-Black, E. (2019). Rituals in contemporary couple and family therapy. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles & M. A. Whisman (Eds.), *APA handbook of contemporary family psychology: Family therapy and training* (pp. 239-253). American Psychological Association. https://doi.org/10.1037/0000101-015

Jackson, J. B. (2018). The Ambiguous Loss of Singlehood: Conceptualizing and Treating Singlehood Ambiguous Loss Among Never-Married Adults. *Contemporary Family Therapy, 40*(2), 210– 222. https://doi.org/10.1007/s10591-018-9455-0

Kobler, K., Limbo, R., & Kavanaugh, K. (2007). Meaningful moments. *MCN.the American Journal of Maternal Child Nursing, 32*(5), 288-95; quiz 296-7. https://doi.org/10.1097/01.NMC.0000287998.80005.79

Krawchuk, L. (2015). Loss box. In R. A. Neimeyer. (Ed.). *Techniques of grief therapy: Assessment and intervention* (pp. 170-172). Routledge.

Konopka, A., & Neimeyer, R. A. (2021). Recomposing the Self in the Wake of Loss. In R. A. Neimeyer, *New Techniques of Grief Therapy* (pp. 219–223). Routledge. https://doi.org/10.4324/9781351069120-43

Levine, E. G. (2016). Playing with ritual. In R. A. Neimeyer (Ed.). *Techniques of grief therapy: Assessment and intervention* (pp. 325-328). Routledge.

Lewis, L & Hoy, W. G. (2022). Bereavement rituals and the creation of legacy. R. A. Neimeyer, D. L. Harris, H. R. Winokuer, G. F Thornton (Eds.). *Grief and bereavement in contemporary society: Bridging research and practice* (pp. 315-323). Routledge. https://doi.org/10.4324/9781003199762

Martin, P. (2022). *Personal grief rituals: Creating unique expressions of loss and meaningful acts of mourning in clinical or private settings*. Routledge. https://doi.org/10.4324/9781351204873

Martin, T. L. (2002). Disenfranchising the brokenhearted. In Ed. K. J. Doka. *Disenfranchised grief: New directions, challenges and strategies for practise* (pp .233-250). Research Press.

Meade, N. A., Branco, S. F., Burt, I., White, R. K., & Hanks, A. (2022). Cultural appropriation, appreciation, and adaption: A rejoinder to "Effects of a Rite of Passage Ceremony on Veterans' Well-Being." *Journal of Counseling & Development*, *100*(1), 96–103. https://doi.org/10.1002/jcad.12400

Miller, C., & Loring, P. (2015). Ambivalence in grief. In R. A. Neimeyer (Ed.). *Techniques of grief therapy: Assessment and intervention* (pp. 165-169). Routledge.

Millner, U. C., Maru, M., Ismail, A., & Chakrabarti, U. (2021). Decolonizing mental health practice: Reconstructing an Asian-centric framework through a social justice lens. *Asian American Journal of Psychology*, *12*(4), 333–345. https://doi.org/10.1037/aap0000268

Moodley, R., & West, W. (Eds.). (2005). *Integrating traditional healing practices into counseling and psychotherapy.* Sage Publications Ltd. https://doi.org/10.4135/9781452231648

Morgan, A. (2000). *What is narrative therapy?: An easy-to-read introduction.* Dulwich Centre Publications.

Neimeyer, R. A., Burke, L. A., Mackay, M. M., & Van Dyke Stringer, J. G. (2010). Grief Therapy and the Reconstruction of Meaning: From Principles to Practice. *Journal of Contemporary Psychotherapy*, 40(2), 73–83. https://doi.org/10.1007/s10879-009-9135-3

Neimeyer, R. A. (Ed.). (2012) *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved.* Routledge

Neimeyer, R. A. (Ed.). (2016). *Techniques of grief therapy: Assessment and intervention*. Routledge.

Neimeyer, R. A. (2021). What Have You Lost? In R. A. Neimeyer, *New Techniques of Grief Therapy* (pp. 125–127). Routledge. https://doi.org/10.4324/9781351069120-19

Neimeyer R. A.., Harris D., Winokuer H. R., & Thornton G. F.(Eds.). (2022). *Grief and bereavement in contemporary society: Bridging research and practice.* Routledge. https://doi.org/10.4324/9781003199762

Neimeyer, R. A. & Sands D. C. (2021). Meaning reconstruction in bereavement. In R. A. Neimeyer, *New Techniques of Grief Therapy* (pp. 9-22). Routledge. https://doi.org/10.4324/9781351069120-19

Nesteruk, O. (2018). Immigrants coping with transnational deaths and bereavement: The influence of migratory loss and anticipatory grief. *Family Process, 57*(4), 1012-1028. https://doi.org/10.1111/famp.12336

Pham, T. V., Wilbur, R. E., & Gone, J. P. (2023). Ideals of counseling practice: Therapeutic insights from an Indigenous first nations-controlled treatment program. *Journal of Counseling Psychology, 70*(5), 451–463. https://doi.org/10.1037/cou0000673

Pennington, J. (2010). Saying goodbye: A termination ritual. In S. S. Fehr (Ed.), *101 interventions in group therapy* (pp. 243-247). Routledge/Taylor & Francis Group.

Rajabari, C., & Butler, S. (2024). Invoking the numinous: Ritual, medicine, and magic in psychedelic psychotherapy. In J. A. Butler, G. Herzberg & R. L. Miller (Eds.), *Integral psychedelic therapy: The non-ordinary art of psychospiritual healing* (pp. 203). Routledge

Raskin, J. D., & Bridges, S. K. (2024). Constructivist theories in psychotherapy. In F. T. L. Leong, J. L. Callahan, J. Zimmerman, M. J. Constantino & C. F. Eubanks (Eds.), *APA handbook of psychotherapy: Theory-driven practice and disorder-driven practice* (pp. 257-272). American Psychological Association. https://doi.org/10.1037/0000353-015

Reeves, N. C. (2011). Death Acceptance Through Ritual. *Death Studies*, *35*(5), 408–419. https://doi.org/10.1080/07481187.2011.552056

Richardson, C. (2012). Witnessing Life Transitions with Ritual and Ceremony in Family Therapy: Three Examples from a Metis Therapist. *Journal of Systemic Therapies, 31*(3), 68–78. https://doi.org/10.1521/jsyt.2012.31.3.68

Roberts, W. O. (1983). *Initiation to adulthood: An ancient rite of passage in contemporary form.* Pilgrim Press.

Sas, C., & Coman, A. (2016). Designing personal grief rituals: An analysis of symbolic objects and actions. *Death Studies, 40*(9), 558–569. https://doi.org/10.1080/07481187.2016.1188868

Schachter, S. R., & Finneran, K. M. (2011). Expansion of New Rituals for the Dying and Bereaved. In Staudt, C., & Ellens, J. H. (2013). *Our changing journey to the end: Reshaping death, dying, and grief in America*. ABC-CLIO.

Schultz, C. L., & Harris, D. L. (2022). Giving voice to nonfinite loss and grief in bereavement. In R. A. Neimeyer, D. L. Harris, H. R. Winokuer & G. F. Thornton (Eds.), *Grief and bereavement in contemporary society* (pp. 235-245). Routledge. https://doi.org/10.4324/9781003199762-21

Smith-Yliniemi, J., Malott, K. M., Riegert, J., & Branco, S. F. (2024). Utilizing Collective Wisdom: Ceremony-Assisted Treatment for Native and Non-Native Clients. *The Professional Counselor*, *13*(4), 448–461. https://doi.org/10.15241/jsy.13.4.448

Statistics Canada (2015). *Health at a Glance.* Statistics Canada. https://www150.statcan.gc.ca/n1/pub/82-624-x/2013001/article/11855-eng.htm

Statistics Canada (2022). *Number of divorces and divorce indicators.* Statistics Canada. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3910005101

Whiting, R. A. (2003). Guidelines to designing therapeutic rituals. In E. Imber-Black, J. Roberts, R. A. Whiting (Eds.). Rituals in families and family therapy (pp. 88-119). Norton Professional Books.

Wojtkowiak, J., Lind, J., & Smid, G. E. (2021). Ritual in Therapy for Prolonged Grief: A Scoping Review of Ritual Elements in Evidence-Informed Grief Interventions. *Frontiers in Psychiatry, 11*, 623835. https://doi.org/10.3389/fpsyt.2020.623835

Wyrostok, N. (1995). The ritual as a psychotherapeutic intervention. *Psychotherapy: Theory, Research, Practice, Training, 32*(3), 397–404. https://doi.org/10.1037/0033-3204.32.3.397