

**Ritual as a therapeutic vehicle in family therapy:
an action research project to explore and develop practice**

Should the use of ritual in family therapy be revitalised and if so, how?

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Submitted to University of Essex, October 2023

Abstract

This study explores the use of ritual in family therapy practice through an action research process. From its strong presence in the early days of the profession, ritual seems to be much less visible currently and this project seeks to explore use of ritual in current family therapy practice and to consider whether and how ritual should be revived as a therapeutic resource now and for the future. The project worked from a broad base of definitions of ritual, considered in an historical context, with a focus on how the concept is used currently and what seem to be the 'ingredients' and function of ritual. These included ideas about embodiment, process, change, liminality. The Covid pandemic, as a significant context to the project, was considered throughout, particularly in the light of Covid social restrictions affecting 'ritual' in all its forms universally at that time.

Qualified family therapists were recruited to the project through open invitation posted on professional websites and snowballing. Participants were invited to take part in a two stage action learning set (ALS) where ideas about use of ritual in personal and family therapy contexts were explored via group discussions and exercises. Three groups were recruited, one carried out face to face and two via Zoom online platform. The method used was based on co-operative action research models (eg McNiff 2017). Transcribed data was analysed using thematic analysis (Braun and Clarke 2022). Also, ethnographic observations of one ALS exercise and entries in the notebooks given to each participant were used for illustrative purposes in the write up. Findings affirmed the potential for revitalising use of ritual in family therapy, highlighting for example, ritual as 'just below the surface', the anchoring function of ritual, the usefulness of 'ritual talk' in therapy and the scope of 'liminality' in both thinking and practice.

Acknowledgements

i

Firstly, my very grateful thanks go to the 16 family therapists who gave up their time to join me in creating the series of action learning sets and associated activities about ritual that were the backbone of this research project. Their energy, expertise, humour and generosity in sharing their experiences, ideas and 'ritual objects' were more than I could have anticipated and I hope I have done their contributions justice.

My colleagues in the seminar group that I belonged to throughout this research process were a source of support, inspiration, wit and wisdom, especially during the early years, when we shaped our research personae together.

And my heartfelt appreciation my Zoom buddy Jenn, whose bowed head in the corner of my laptop screen kept me 'keeping going' as we wrote in Derry and Frant in the 'getting down to it' years: your unswerving support dragged me out of the swampy lowlands of thesis despair on many occasions and you reminded us often that we were doing this 'for our mums'.

Thanks to my family, Steve, Jack, Alice, Alex, Sam, Rachel, Max and Katie, who just carried on doing their thing in their amazing ways, appreciated how important this project is to me and grew themselves to the tune of one during the gestation of this thesis with the birth of my grandson Isaac, who is now two, and brings endless joy to us all.

I am grateful to Dr Hilary Palmer, my first supervisor on this project, who contributed so much to the shaping of it and getting it off to a flying start. Also my second supervisor, Dr Sarah Helps, whose encyclopaedic knowledge of source material and all things research was so grounding and helpful.

I was utterly privileged to be supervised throughout this research journey by Dr Britt Krause, the most encouraging, inspiring and challenging supervisor. I know I would still be dithering in a liminal state of betwixt and between without her endless patience and astute stewardship of my thesis.

To my friend Jennie, the best travelling companion on any journey, her keen interest in the project, and her sharp proof reading eye; and for the honour of sharing her family's Pasach ritual with them.

Hugs to Daisy, Carmen and Tractor, my three Labradors, who rode shotgun with me in my office on this journey, always present, sometimes comforting and often hoping for a biscuit.

And to T, who spoke to me of liminality and transformation and mystery so long ago and thus I began.

Characteristically, the presence of the sacred (and the performance of appropriate rites) is variable. Sacredness as an attribute is not absolute; it is brought into play by the nature of particular situations...

The categories and concepts [of magico-religious ceremonies] which embody them operate in such a way that whoever passes through the various positions of a lifetime one day sees the sacred where before he has seen the profane and vice versa'

(van Gennep 2019:12)

'there is something existential in ritual, if that makes sense. But this idea of transforming or moving from one space to another and then I was thinking of that liminal space, that sense of being on the threshold of something new but also letting go of something as well. I was really struck by the word 'transformation' ... I was thinking rites of passage'.

(Angela, Action learning set 2)

To me, this [ALS] really aroused my curiosity to think further about it [ritual], and to think, actually, to investigate my own practice, and have a think about what am I doing all the time that I don't realise I'm doing, and what am I opening up, or not opening up for the families that I work with

(Hester Action learning set 1)

This thesis is structured in Van Gennep's (2019) and Turner's (2017) three stage process of ritual (see also **Contents** page)

- **Preliminal** – Background to and starting points of thesis, personal, professional and theoretical.
- **Liminal** – Process of exploring literature, creating and facilitating the action research project and findings from this.
- **Post liminal** – Reflecting on the learning from the findings and the project, and considering how these might be applied in the practice of systemic psychotherapy now and moving forward.

- Contents

Pre-liminal phase

Chapter 1 Introduction	9
Chapter 2 - Background	
2.1 Ritual definitions and approaches	12
2.2 Parameters of the research	14
2.3 Ritual and my personal and professional journey	16
2.4 Overview of the research	18
Chapter 3 – Literature review	
3.1 Introduction	20
3.2 Starting with anthropology ...	20
3.3 Ritual in family therapy	24
3.4 Ritual in family therapy ‘schools’	28
3.4.1 <i>Milan</i>	29
3.4.2 <i>Strategic family therapy</i>	33
3.5 Teaching and learning about use of ritual in family therapy	39
3.6 Cross cultural opportunities for ritual focused practice	40
3.7 Ritual in times of social upheaval and crisis	43
3.8 Future directions for family therapy	44
3.9 Summary	46
Liminal phase	48
Chapter 4 – Method and Methodology	
4.1 Introduction	48
4.2 Ontological and epistemological positioning	48

4.3	Research design and planning	52
4.4	Method	56
4.5	Description of method and examples	59
4.6	Orientation	60
4.6.1	<i>Keynote lecture</i>	60
4.6.2	<i>Interview with family therapist 1</i>	61
4.6.3	<i>Interview with family therapist 2</i>	61
4.6.4	<i>Thesis title</i>	62
4.7	Methodology	63
4.7.1	<i>Case study</i>	63
4.7.2	<i>Narrative</i>	64
4.8	Action research	65
4.8.1	<i>Why action research for this project</i>	69
4.9	Method /2	70
4.10	Analysis	71
4.11	Reflexive thematic analysis	72
4.12	Stages of analysis	73
4.12.1	<i>Phase 1 – Data familiarisation and writing familiarisation notes</i>	73
4.12.2	<i>Phase 2 – Systematic data coding</i>	73
4.12.3	<i>Phase 3 - Generating themes</i>	75
4.12.4	<i>Phase 4 – Developing and reviewing themes</i>	76
4.12.5	<i>Phase 5 – Refining defining and naming themes</i>	78
4.13	Positioning	80
4.14	Ethical issues	84
4.15	Note about ethnographic observations	86
	Chapter 5 – Findings	87
5.1	Introduction	87
5.2	Findings theme 1 – When is a ritual a ritual?	88
5.2.1	<i>Summary of findings theme 1</i>	93

5.3 Findings theme 2 – What happens when a ritual happens?	94
5.3.1 Summary of findings theme 2	100
5.4 Findings theme 3 - Because we/I do it this way	101
5.4.1 <i>Because we do it this way - online and face to face contexts</i>	101
5.4.2 <i>Summary of Because we do it this way - online and face to face contexts</i>	103
5.4.3 <i>Because we do it this way – self of the therapist</i>	103
5.4.4. <i>Summary of Because we do it this way -self of the therapist</i>	106
5.4.5 <i>Because we do it this way – family therapy practice</i>	107
5.4.6 <i>Summary of Because we do it this way – family therapy practice</i>	115
5.4.7 <i>Summary of findings theme 3</i>	115
5.5 Findings theme 4 – In out, in out and shake it all about	116
5.5.1 <i>Summary of findings theme 4</i>	123
5.6 Overall summary of findings – Themes 1-4	123

Post liminal phase

Chapter 6 – Discussion	129
6.1 Liminality and surfaces	129
6.2 Positioning and relationship to ritual	132
6.3 Individual ritual performance	135
6.4 Cultural congruence in ritual	138
6.5 Revitalising ritual for practice – with some help from the Ritual Reflections notebooks	141

Chapter 7 – Conclusion	145
7.1 Recommendations for family therapy practice	147
7.2 Recommendations for family therapy teaching	148
7.3 Recommendations for family therapy research	149

References 152

Appendices 164

1. Word Art graph
2. Researcher's log extract
3. Examples of Ritual Reflections notebook entries
4. Plan for ALS 2-1
5. Thematic analysis coding – initial grid
6. ALSs structure
7. Viewpoints
8. Scratch notes ALS 1
9. Ethnographic observations of Ritual Object exercise
10. Phase 4 clustering of codes
11. Collage of Ritual Reflections notebook covers
12. Email requesting Ritual Object
13. Email confirming place in ALS
14. Email invitation to potential participants
15. AFT amended email to potential participants
16. Participant consent form
17. Participant information sheet
18. Examples of post-its from keynote lecture
19. Phase 2 – initial codes
20. 'Teresa's' poem
21. Example of clustering codes to themes
22. Examples of Ritual Reflections notebook entries

Part 1 – Pre-liminal Phase

Chapter 1 Introduction

This research project and thesis arose from my perception and concern that ideas and approaches around the use of ritual in family therapy practice seemed to be fading or overlooked currently. The present emphasis in all therapy on using evidence – based models, with increasingly specialised foci on particular client groups and/or presenting issues, and clearly defined treatment plans for medically diagnosed problems, might be aiming to ‘prove’ the efficacy of family therapy interventions on one level, but perhaps risks the narrow focus that medical models can create. Gail Simon’s paper ‘Panmorphic crisis: cultural rupture and systemic change’ (2021), for example, offers a detailed synopsis of these challenges alongside wide-ranging considerations of the ‘cultural rupture’ that the covid pandemic has occasioned.

An hypothesis about the decline in acknowledgement and use of ritual in family therapy practice is that it may be a casualty of the trajectory from first to second order thinking and positioning, where ritual’s association with first order ‘schools’ (such as early Milan and strategic) rendered it seemingly obsolete. As a concept and phenomenon that embraces both structure and anti-structure (Turner 1969), ritual was perhaps not easily assimilated in the language-based focus of social constructionism. For Turner, structure consists of the hierarchy, order and authority forms of organisation in society and anti-structure is the absence of these, and is experienced by human beings as freedom and well being in a form of enhanced fellowship, also called *communitas*. According the Kapferer, *communitas* ‘reaches into the depths of a common humanity realising dimensions of it that lived structures

have suppressed or refused.' (2019:1) Perhaps ritual's time has come or is coming in the emergence of new paradigms of post-humanism. (eg Barad 2007)

It is not, however, that concepts associated with ritual have been completely abandoned. Turner and van Gennep (among others) articulated the concept of liminality so persuasively that it has arguably become a synonym for all experiences of pause and reflection and transition, and indeed it has become commonplace to include 'therapy' in all its forms as occurring in a liminal space. (Bar-Am 2016; Fraenkel 2018; Blanche 2014; Jaaniste 2024) These and the processual quality of ritual as emphasised by Turner and van Gennep are among the concepts focused in this research along with a wide view of possibilities about the qualities and 'work' of ritual. This approach attempts to attend to a range of definitions associated with the term ritual and includes adjacent concepts such as tradition, celebration, and ceremony among others, as these are often used interchangeably.

My personal experience of formal ritual is that of absence of ritual at some significant times in my life. I was married in a registry office in UK with only two witnesses and no other guests with a surprise lunch for a few family members afterwards and my children and grandchild have not been christened or formally 'named' at any ceremony. Yet funerals of friends and family have been consistently performed in a traditional way, albeit with more humanist than religious formats in recent times. In part, I sense that I am seeking to understand something of what if anything is lost in this absence of ritual; from the emotional, embodied experience that was possibly missed by me and my family members, and what function absence or presence of ritual has in wellbeing and sense of identity particularly, and if these have been replaced in some way.

This research project is entitled 'Ritual as a therapeutic vehicle in family therapy: an action research project to explore and develop practice', with the question: 'should the use of ritual in family therapy be revitalised and if so, how?' I explored this by working with three groups of qualified and practising UK based family therapists using a co-operative action research model where ritual – related ideas and activities were shared with a view to exploring ritual in our personal and professional lives. (eg Riley and Reason 2015; Ospina et al 2008; Short and Healey 2016). I used reflexive thematic analysis (eg Braun et al 2023; Trainer and Bunden 2021; Terry and Hayfield 2020) to develop ideas using the data and also carried out ethnographic observations of part of the sessions. I gave the participants 'Ritual Reflections' notebooks for them to record any responses to the work which they were invited to share with me. An unexpected but game changing context for the research was the impact of the Covid pandemic, not least because it caused the move from face to face to online action learning set sessions, with attendant reconsiderations of the structure of the sessions, the activities, nature of the data, etc.

I share the Findings and Discussion at the end of the thesis together with some reflections and recommendations about application to family therapy practice, further research and teaching.

Part 1 – Preliminal Phase

Chapter 2 Background

2.1 Ritual definitions and approaches

Starting with the idea that ritual is usually a three stage process, as explicated by Van Gennep (2019) for example and developed by Turner (1969), among others, I will explore the relationship between various historical and theoretical perspectives on ritual and the data from my project, using this three step model .

Victor Turner's work in extrapolating Van Gennep's definition of the three step structure of ritual (ie. pre-liminal rites or rites of separation; liminal rites or rites of transition; post liminal rites or rites of incorporation) to wider practical application, is arguably central to the incorporation of ritual into family therapy theory and practice and this is widely acknowledged as such, (eg Munt 1988; Mason 1996) For me, Van Gennep's and Turner's ideas about ritual that had most traction were:

- that ritual occurs in secular as well as religious or culturally specific contexts;
- ritual might facilitate developmental and life cycle transitions;
- the commonality in ritual across culture is related to form rather than type, meaning or purpose

Among other influences, Van Gennep acknowledged Fraser's 'Study in Comparative Religion' (1922) and Fraser's controversial assertion that societal knowledge evolves on a continuum, from superstition through religion to science and his inference that ways of knowing will vary over time and therefore influence and contextualise what is socially accepted and deemed to be 'right'. As such, Van Gennep and Fraser

introduced ideas that anticipated social constructionism, or at least Deleuze's (1994) idea that change is continuous and 'every being is becoming'. Also significant is Van Gennep's flexible position about whether the structure of ritual – meaning what physical actions are involved - precedes, creates or proceeds from meanings and beliefs connected to ritual, or vice versa.

In his work 'The Ritual Process'(1969) , Turner is credited by Kapferer (2019) with seizing the moment in the post first and second world wars periods to promote his concepts of liminality and communitas as part of the reinvention of ritual when 'humanity was in crisis' and a world then 'poised at the threshold of new potential and keen ... to assert new... less divisive possibilities for human beings.' (2019:.1). Kapferer (2019) assessed that Turner's emphasis, following Van Gennep, was that

'the human being is first and foremost a social being which ritual intensely realises ... rites come into play at the failure of the social or when the social threatens to break apart' (2019:2)

Ritual is thus repositioned as in and of society rather than illustrative of it.

For me, it is Turner's concepts of liminality, process, ritual and communitas that inhabit therapy, including family therapy, most helpfully.

Turner (1975) notes a long-standing perception of connection between 'tribal ritual and therapy' and quotes Kleinman (1974)

'..healing is not the outcome of diagnostic acts, but the healing function is active from the outset in the way illness is perceived and the experience of illness organised' (1975:307)

Turner adds that 'the healing rite...is rather the mobilisation of efficacy through the symbolic action for restoring integrity to the patient and order to his community' (1975:159) and acknowledges differences in Western perceptions of health and those in non-Western communities of the world.

2.2 Parameters of the research and definitions

As with any research topic, it is important to provide definitions and parameters of the subject in focus or at least starting points for these, given one of the objectives of my work was to explore as well as develop practice, including to facilitate discussion about ritual in its broadest theoretical and practical senses. I proposed working with groups of practising family therapists and I was keen not to work from too restrictive a palate of application and definitions of the word 'ritual' itself in advance of the action learning sets. I was concerned to find how family therapists currently use the term ritual, and to connect this to more general social use. I developed a particular interest in exploring what seemed to be known but undefinable (verbally at least) factors in ritual, the stuff of mystery, possibly magic, yet still part of a shared, universal understanding. I also was interested in understanding more about the experience of witnessing or facilitating ritual, in both professional and personal contexts.

I found the broad summary of the term 'ritual' in Vivanco's *A Dictionary of Cultural Anthropology* useful:

'Rituals are repetitive, culturally marked as special and often involve magical thinking. Although ... frequently associated with religion, rituals exist in all societies and tend to reflect primary social concerns... Nearly all rituals support important meaning systems and existing power structures and they do so by focusing attention symbolically on the underlying structures of society' (Vivanco 2018)

Whilst ever present, the quality and nature of ritual in society is variable, in importance, function, time and place. A common current perception is that less westernised societies and cultural groups maintain a closer connection to formal social and religious ritual and that observance of these has declined in the West

(Davis, 2000) With these changes, perhaps ritual as a term has assumed broader application, closer to repeated patterns of everyday behaviour, in which the association is less 'special' and more domesticised. (Walsh 2012)

Looking at the word ritual itself, its Latin derivation is 'ritualis' – 'of rites or ceremonies' and 'ritus' – 'rite' meaning a repeated set of actions; for the Romans, 'rite' included the idea of the correct course of action and in Sanskrit *rita* relates to the 'physical order of the universe, the order of the sacrifice, and the moral law of the world'. (Britannica 2011, Penner, 2024) These meanings set the scene for the range of ways in which ritual has been used and collectively imply the status and importance of the term. In terms of UK etymological history, recorded use of the word ritual seems to date back to the 15th century when it referred to an instruction book, prescribing church rites and rituals; its use has evolved to include action and performance associations in secular contexts that have contributed to the range of uses for the term in current parlance. In tracking both usage and definition of the term, a debate continues about the significance of a range of factors for ritual and perhaps this reflects something of the indefinable that it retains.

To look broadly for relevant literature for my research on use of ritual in family therapy seemed consistent with the almost universal assertion that ritual is a natural phenomenon and expresses a need or at least common occurrence throughout human societies. (e.g. Rao 2006; Miller 2005; Ibrahim 1985; Bellah 2003) It therefore also seems justified to assume it has a potentially useful place in the practice of therapy. Ritual has been key to the concepts and practice of family therapy since its formal inception in the mid nineteenth century, but focus on ritual per se and reference to it has become less visible in systemic theory and practice over time. Because my interest is in understanding further the current use of ritual in family

therapy and my hypothesis that it has declined in various ways in recent years, with a resultant loss of a therapeutic resource in family therapy practice, I am drawn to ideas of ritual as an active and embodied phenomenon and thus an appropriate focus for investigating its use as a therapeutic vehicle. However, it seemed helpful to look at ritual inside and outside of the therapy context – social, personal and therapeutic – and the connections, overlaps and differences in order to give broader context to the form, function and impact of ritual as an intervention for the client and the therapist.

Thinking further about current practice in family therapy (and other therapies) particularly in the public sector, the pressure to prioritise ‘goal setting’, manualised systemic approaches and to define therapeutic efficacy mainly through use of quantitative outcome measures, could be understood as shifting family therapy practice from client focused creativity and innovation to authentic delivery of a structured model: Functional Family Therapy (Sexton 2000; Alexander 2019) or Emotion-focused Family Therapy (Dolhanty and Lafrance 2019; Furrow and Palmer 2019) are two examples of the latter.

As well as the sceptics who regret the risk of ‘dumbing down’ family therapy through these standardised approaches (e.g. Jacobson 1985; Quinn et al 1997; Escudero et al 2008; Karver et al 2006) , there are voices that urge family therapists to embrace these unavoidable yet progressive requirements assuring therapists that effective, ethical therapy is still possible within them. (e.g Rivett 2008; Dattilio et al 2014)

2.3 My personal and professional journey with ritual

Beginning with my ideas about research and the position of the researcher, I was drawn to a qualitative research position as the necessarily more limited and

prescribed focus for inquiry in quantitative research did not lend itself to my research interest.

A significant experience for me that influenced my curiosity about ritual occurred in June 2018 when I was one of 60,000 people who gathered in several locations in the UK capital cities, to take part in the Artichoke Procession to celebrate 100 years of women's suffrage – strikingly, the processions were deemed to 'have no end'. The experience of 'processing' (in the sense of walking forward, in formation, with purpose, in a slow-moving group and paying attention to all senses as we moved along, noticing the progression of my thoughts), brought to my consciousness similar experiences from my past. This included a sharing of the moments of a group sense of sharing and intimacy in transition with others and what I would now align with Turner's 'communitas'. (Turner 1969)

A clinical example of use of ritual early in my family therapy career, used a strategic approach. A co therapist and I created a moving on ritual / ceremony with a family to address an impasse in the clinical work. While all family members wanted to end the sessions and move on, parents felt unable leave the sessions until a verbal account of the reason underpinning the presenting worry about the referred young person (namely suicidal thoughts) had been given, which the child was unwilling to do. We suggested a ritual in which family members were each asked to write on paper what they wanted to leave behind in the therapy and these papers were shared aloud in the final session and then the papers were burned. Care was taken to ensure solemnity of the occasion and the family reported later having been able to move on since the ritual in that the lack of 'explanation' from the child was no longer a sticking point in their relationships, which were reported as closer. Therapy sessions ended and we were not able to explore with the family whether the drama of the fire, the

moments of pause in the ceremony, the naming of concerns on paper, shared processual event, or something else were key to creating the moving on experience and my hypothesis was that it was different for each family member . It seemed fair to conclude however that the burning paper ritual had somehow *allowed* the transition.

My own more recent family therapy practice has paid more attention to the theme of ritual in the work by asking families about the traditions and celebrations that have importance for them and trying to explore with them whether focusing on those might be helpful in working with the issues they have brought to therapy. This practice has produced variable results, unsurprisingly. Often there were very different views in the family about what constituted a celebration practice and who participated in it; families who had not lived together their whole lives e.g. foster families or step families, who grappled with compromise and ownership around family traditions, and I have been less drawn to co-creating a ritual with them than remaining in the 'conversation about ritual ' position which seemed to have a constellation of possibilities and which are explored below.

2.4 Overview of this research

More detail about the process of deciding on, setting up and facilitating the research project that underpins this thesis, is given in **Chapter 4 Method and Methodology** below. In brief, I wanted to explore the current use of and views about ritual in family therapy with current practitioners and I was most interested in setting this up with groups of family therapists, in some ways to include the dynamic of 'communal experience' even 'communitas' often seen as an essential component of a ritual experience and in part to offer an experiential learning opportunity about the topic.

The three groups met twice each with me and description process of the research follows.

Part 1 – Pre-liminal Phase

Chapter 3 – Literature Review

3.1 Introduction

In sourcing and exploring literature for this study, I quickly became aware of the variety of interpretations of 'ritual' and it seemed that seeking a finite definition would be unhelpful to me. My interest in 'how' ritual as a concept or otherwise has been used over time, particularly in the context of family therapy practice, and how this might be invigorated, steered me to focus on the journey of the term through time and the 'work' of ritual, rather than accurate accounting for its meaning. My search through various 'standard' databases, including Google Scholar, EBSCOhost, Academia, University of Essex and Tavistock libraries, using combinations of the terms 'ritual', 'family therapy', 'ceremony', 'teaching', 'research', yielded hundreds of references which I sorted through, using titles, abstracts, reviews and summaries that seemed likely to facilitate a broad view of my topic. I also tried to include papers from a range of different geographical locations and cultures as I had taken as a given the idea that ritual is a feature of all human societies and that a cross cultural approach was necessary.

This literature review considers aspects of this journey, which I have positioned from around 1900, but with most focus on its place in the development of family therapy since the mid 1900's when most historians of family therapy would position its inception (Dallos and Draper, 2015; Carr 2012, Rivett and Buchmuller 2018)

3.2 Starting with anthropology ...

I begin with a consideration of the work of Frazer (1922), van Gennep (2019) and Turner,(1985;1987) as some of the ‘usual suspects’ at the inauguration of any dialogue about ritual; and I acknowledge from the outset the situatedness of their writing in Western anthropological communities and cultures and what we now see as their problematic relationship with the so-called ‘semi-civilised’ communities they studied. Their work shaped ideas about ritual generally and I wanted to highlight their place in the journey of family therapy.

Many writers on ritual and related studies, reference anthropologist van Gennep’s (1909) classification of ritual as encompassing three stages, namely separation-transition-incorporation, as their starting point. (van Gennep 2019:11). van Gennep is accredited with the first account of ritual as a sequential process, (rather than a fixed phenomenon), meaning an event occurring over time. He is also recognised for noticing a standardised structure for ritual in all contexts, religious and secular, coining the phrase ‘rites of passage’ which has assumed generic application. (van Gennep 2019) He developed a framework for assessing the form and function of any ritual (2019:.9) which was helpful in recognising the complexity of ritual as a transcultural phenomenon yet holding to its essential form, whilst also stating the scope of the framework for flexible interpretation:

‘thus although a complete schema of rites of passage theoretically includes preliminal rites (rites of separation), liminal rites (rites of transition) and post liminal rites (rites of incorporation) in specific instances these three types are not always equally important or equally elaborated’ (van Gennep 2019:11)

Throughout the 20th century philosophers and anthropologists jostled to establish credibility in defining the interface of meanings, beliefs, symbols and structure for

ritual often including a 'chicken or egg' debate around which comes or came first, meaning or structure, and which continues to be in evidence. Examples include: Bell's (1992) attempt at synthesis of these by categorising ritual via their 'characteristics' – formalism, traditionalism, invariance, rule governance, sacred symbolism, performance and Gluckman's (1962) four types of 'action' in ritual – 'magic, religious, substantive/constitutive and factitive'. More interesting perhaps than any similarities in these lists is the diverse approaches to these classification structures, perhaps attesting to the integrative nature of ritual to all social phenomena or the struggle to define a concept that includes something mystical. Lan (2018) even debates the existence of ritual beyond the belief context.

Amongst the plethora of ideas and positions about ritual that were emerging in the anthropology communities of the early 20th century, Van Gennep's 'life's work' Rites de Passage (2019) stood out. He did not focus on typologies of ritual generated from the first and second hand accounts of observations of local cultural practices in the colonised countries of the world that were generally studied by his peers to generate classifications of ritual. He called their efforts 'collections of parallels taken out of context and divorced from ritual sequences rather than attempts at systematisation.' (2019:5). Instead, Van Gennep's signature contribution was to notice that ritual's sequential three stage structure of 'separation-transition-incorporation' was universal, indicating that ritual should be viewed as a process more than an event. Also, he contended that all societies contained sacred and profane ritual, that is, practices related to spirituality and religion – 'sacred', and to secular and everyday routines – 'profane'. The standoff between himself and Durkheim for the credit for these observations and their implications for van Gennep's reputation is documented by Kertzer (in van Gennep 2019 Introduction) However, both van Gennep and

Durkheim were responsible for further landmark developments in thinking about ritual that I have found particularly helpful for this project. Durkheim's insistence on action :

Society cannot make its influence felt unless it is in action, and it is in action only if the individuals who comprise it are assembled and acting in common. It is through common action that society becomes conscious of and affirms itself; society is above all an active co-operation (1995:42)

Or, as D'Orsi and Dei (2018:19) termed it 'In the beginning was the deed'. Durkheim also promoted the idea that social encounters often generated a shared energy that he named 'effervescence', which might be seen as similar to Deleuze and Guattari's (1987) notion of the irresistible nature of 'desire' or life force and the rhizomatic nature of the same. Turner's (1969) concept of 'communitas' also relates to these and all three for me attempt to represent embodied phenomena created by people 'being together' that I see as relevant to my project as well as the idea of the 'tug' of ritual that I describe below.

The concept of liminality has perhaps travelled the most pervasively since Frazer's time through to today. Unlike Durkheim, Victor Turner (1969) acknowledged van Gennep's ideas about ritual as groundbreaking and generalised the concept of liminality from the 'marg' mid stage of Ven Gennep's model to almost all occasions of transition. In 'Betwixt and between: the liminal period in rites of passage' (Turner 1987) he attended to, among other factors, the function of liminality as a process for individuals involved that leads to transformation from one state to another, the 'invisibility' of that state of neither/nor and its function as holding 'the basic building blocks of culture' 1987:18). Turner differentiates structure – the social phenomena of power, authority, roles and offices - and anti-structure or communitas. I see Turner's idea of 'communitas' – perhaps definable as communal state of being that

occurs with an uplifting experience shared equally by the participants - as having direct connections to Durkheim's 'effervescence' (1912) with that term seeming to add an almost onomatopoeic quality to the meaning, perhaps evoking rather than defining the ineffable nature of what they were trying to capture in words. In *Betwixt and Between* (1987) Turner provides an exhaustive account of examples and ideas about the concept of liminality, derived from his research and reflections on masculine and feminine initiation rites. He gives particular attention to the nature of the 'neither/nor' position this interim 'state' holds for persons experiencing the ritual and expands this to all types of sacred and secular ritual experience.

The shamefully common racist perception in van Gennep's time and later that communities from non-western cultures were inferior probably impeded appreciation or recognition of the complexity and subtlety of non-western ways of being and living. It contributed to the othering of ritual practices and descriptions of the communities that constructed them as inferior. Frazer's (1890) (again three stage) model of social development – superstition to religion to science – was controversial in its time. However, it did, amongst other things, bring the idea that standard ways of knowing and explanations could change with historical and contextual influence, and rituals, as human and social phenomena, are not immune to this.

3.3 Ritual in family therapy

Unsurprisingly there is still debate about the position and significance of ritual or at least about the term itself. My initial approach to this research topic was to consider symbol, metaphor and ritual in relation to current family therapy practice, in part because of my own confusion about the relative significance and definition of each

and their joint and several relationships in human society and in therapy. Ultimately, I limited myself to ritual, partly from considering Krause:

'Meaning, symbols and communication are not the vital ingredients of ritual, because they are aspects of all action and interaction. It is ritualisation that singles out ritual and this implies a certain type of action performed with a stance of commitment which stands apart from other every day types of action'(Krause, 1998:105)

Krause is clear about performance being the distinctive property of ritual. In the therapy context particularly, she warns therapists against assuming similar or shared ideas about the meaning of ritual or related symbols between themselves and clients, in recognition of the likely profundity of their significance and the particularity of an individual's relationship to a given ritual practice.

In 'Naven', Bateson's tripartite description and analysis of the eponymous ritual, he considers the functions of this rite of passage for individuals, as social stabiliser and as community performance, but he generally makes limited use of the term ritual itself. (Bateson, 1968) For Bateson, the 'play' 'frame' including 'ritual' and 'play' offers more scope for creating and recognising complex meaning which he thought essential to systemic explanation:

'the [play] sequence is really playable as long as it retains some elements of the creative and the unexpected. If the sequence is totally known, it is ritual' (Bateson 1972:182)

Houseman (2012) notes that Bateson's position is rooted in the idea that ritual performance is possible without intrinsic meaning and therefore inferior to 'play'. He summarises:

'the way in which rituals are framed relates not only to the nature of the effects their performance is purported to bring about (eg transformation vs representation) but also to the cosmological premises and cultural conceptions of personhood entertained by those who perform them in which binary schemes ... do not necessarily apply, (p.4)

The fluidity of use of the terms ritual, ceremony and habit, among others, seems most usefully held as an indication of the complexity of the relationships between these rather than eliciting correct usage, which would ultimately be culture specific.

Arguably ritual can be thought of as being on a continuum from liturgical, formal and public performance through to the more domestic and everyday – undoubtedly the word itself is applied to a wide range of contexts currently. Again Krause, (in *Therapy Across Culture* 1998 chapter 5) identifies multiple functions for formal ritual including healing; the role of ritual in creation and maintenance of social order forms part of the descriptions created by, for example, Geertz (1973) in his ‘over the shoulder’ account of cock fighting ritual in Bali; Bateson (1968) in his focus on the temporary inversion of social order in the Iatmul community in Naven. The idea in Naven, of upturning usual power and role positions of society members as part of the stabilising process effected by performance of ritual is recounted by others too, including Victor Turner’s (1969) description of the Ndembu of Zambia and Korom’s of a Bengali village ritual (2002)

Embodied performance is highlighted and evoked as a key to recognising the processual aspects of rituals (Krause 1998). Ritual as a vehicle for charismatic ‘healing’ is presented by Csordas (1988) as a cultural rather than mechanistic process and he highlights the possible role of ‘altered states of consciousness’ (Csordas 1988:138). These accounts are examples of community ritual practices with complex and defined procedural structures and distinctive roles for participants. Conversely, Myerhoff (1986) gives an example of adaptation and creation of ritual form and ceremony by a newly formed social group, to address new circumstances, as an example of the transformative potential of ritual creation within a community.

At the end of the continuum where ritual occurs in more everyday and domestic form, it has differences and similarities with the more public and formal examples offered above and features consistently in the development of family therapy. Imber-Black (2019) consistently and firmly advocates for ritual in family life – without [rituals] ‘family relationships may cease to unfold in the present’ (2019:287). She distinguishes routines and rituals, the former being habitual behaviour without ‘authentic beliefs’ alongside it, unlike ritual. Also, she distils the essential elements of ritual into ‘symbols, symbolic actions, structured or familiar parts, open or unanticipated parts, special time and special place’. Referring to routines as ‘tasks’, Harris and Burnham (1991c) summarise:

‘Rituals tend to differ from tasks in that they include symbolism, have open and closed aspects and address multiple levels of meaning and can encompass both sides of a contradiction simultaneously’(1991:2)

As well as anticipated and historical transitions and occasions for which a ritual practice has been established and repeated over time, the urge or ‘tug’ to ritual creation for communities to help process crises and events, some unanticipated, others large scale, is recognised by Falicov (in Walsh 2012). In the context of migration and asylum seeking, Imber-Black’s chapter ‘Ritual themes in families and family therapy’ (in Imber-Black et al, 2003) describes family therapy work to address these ‘deep cultural losses’ and integration to new communities where ‘healing rituals’ in therapy can help ‘make cross cultural connections possible through affirming, memories, traditions, stories’. (2003: 62)

Following the 9/11 catastrophe, when the twin towers of the World Trade Centre in New York were destroyed by terrorist attack, the need or urge to create and participate in shared community events as well as the funerals of individuals who

died, was loudly expressed and community and faith leaders were called upon to facilitate and lead these. (Boss *et al.*, 2003). Fiese et al's review of 50 years' research on family rituals, where they defined family routines as 'what needs to be done' and family rituals as conveying 'who we are' concluded that both should be supported by public policies and that routines and rituals 'ease the stress of daily living' (Fiese et al 2002: 388)

3.4 Ritual in family therapy 'schools'

I contend that 'ritual' as concept and intervention, has become less visible in family therapy in recent years, so in this next section, I start by reviewing literature connected to the earlier 'schools' of family therapy as a way of fleshing out how ritual was used then and considering what might have been 'lost' to family therapy as ritual consciousness has faded. It is important to acknowledge that ritual as a concept in family therapy history has manifested itself in multiple ways which in turn, derive from differing theories of change making. Thus ritual could be seen as being present in the pattern or structure of the therapy sessions themselves, in the creation by therapists of ritualised behaviours for implementation by the family between sessions, the application of defined ritual formats within sessions.

Arguably, the earlier schools, such as Strategic and Milan, assumed a first order, expert position for the therapist, so use of ritual as a behavioural prescription had congruence with those models. With the move to second order, social constructionist, language based approaches, collaborative positioning with the family by the therapist perhaps steered family therapists away from embodied and emotion-focused practice and prescriptive interventions. My intention in the discussion of Milan and Strategic schools below is to highlight the roles of ritual in these models and their possible legacies. Narrative therapy, as developed by White and Epston

(1992, 1990) promoted the use of a range of set piece or ritualised interventions performed within sessions, such as 'outsider witnessing' 'definitional ceremonies' (Russell 2002) which differed from the Milan and Strategic school 'prescriptions' for behaviour or actions between sessions.

3.4.1 Milan School

My priority for this literature review of ritual in family therapy is to consider where and how ritual has been visible in family therapy models over time. (e.g. Milan, strategic and narrative therapy approaches) I will use this section to also consider family therapy models and more recent history, in part to be curious about the lower visibility or covert positioning of ritual in more recent family therapy practice.

Mara Selvini-Palazzoli and to a lesser extent, Guiliana Prata, were prolific explicators of the use of ritual practices in family therapy, particularly in association with the Milan models. The story of the journey of the Milan family therapy team is well known and here I will highlight the use of ritual in that process. From the outset the Milan team were diligent in grounding themselves in family therapy knowledge at the time and insistent on providing a sound research underpinning, through application of the Milan model, including its use of ritual with families, and evaluating outcomes, before publishing findings. Peggy Papp (in Simon 1987), when she visited the Milan team, noted their disciplined and thorough approach to every session, and the use of their model of intervention via ritual. As such, this might be seen as applying a stringent set of criteria to the practice to substantiate its value as 'scientific' research. In 1974, 'The Treatment of Children through brief therapy with their parents' (Selvini Palazzoli et al 1974) introduced the core tenets of their approach, and ritual was named as the key intervention intended to focus on altering the

interaction pattern in the family as a whole. The Milan team believed the family to be the most significant unit with which to effect change. Their client populations were often families with members who were diagnosed with psychosis or experiencing anorexia, and for both, the intransigence of the 'family game' or enactment of rigid rules of engagement, presented the primary therapy challenge. (Selvini Palazzoli, 1989) (Selvini Palazzoli *et al.*, 1977) Their use of ritual principles applied to the 5 stage structure of the Milan model therapy sessions and included the direct interventions, in which a prescription for action (or inaction) was delivered to the family at the end of the therapy session. (Selvini Palazzoli *et al.*, 1978) Among these 'prescriptions' was the 'alternate days' ritual model. Much was made by them of the findings of the Palo Alto group (Watzlawick *et al.* 1968) and the use of paradox, including prescribing no change, positively connoting, or explaining the logic of the symptom, in moves to engage with the family.

Campbell summarised:

Many of the interventions described in the book [1974] are based on family rituals. The purpose of the ritual is to address the conflict between the family rules operating at a verbal level and those operating at an analogic level by a prescription to change behaviour rather than an interpretation to provide insight' (Campbell in Gurman and Kniskern 1991:327)

The Milan group maintained a formal research focus in their work after the team split in 1979, this being continued by Prata and Selvini-Palazzoli whereas Cecchin and Boscolo focused more on direct teaching of the Milan model. Prata and Selvini Palazzoli moved their ritual-focused approaches from individualised paradoxical prescriptions for the family to 'do differently', to a small collection of standardised ritual interventions, including the 'Odd days – even days' ritual (Selvini Palazzoli *et al.* 1978) and the controversial 'invariant prescription'. As researchers, this limited

repertoire reduced the variables that might be at play in assessing outcomes to the therapy for research purposes, and for the therapists, this simplified the therapy effort somewhat. Simon (1987) notes Selvini Palazzoli's claim to astounding efficacy of the standardised interventions approach in symptom reduction and the attendant frustrations from other therapists in that the method and outcome were hard to ascertain. In essence the Milan group sought to shift the family system 'without either overtly challenging it or blindly succumbing to it' (1987:6). Gelcer and Schwarzbein (1989) render the model more palatable by using a Piagetian perspective, ascribing the ritual's effect on the family's shift from pre-operational to operational style of cognitive functioning that then gave them 'more adaptive ways of thinking and problem-solving strategies'.(1989:439)

Selvini Palazzoli's work continued to be seen as controversial and blaming of families with the 'preposterous therapeutic gimmick' of the invariant prescription (Simon 1987:10). Little attention was paid to the quality of exploration and engagement endeavours with the family about their experiences made by Selvini Palazzoli and her efforts to fully establish a relationship of trust with families first. Her peers, for example, Papp, Hoffman and Minuchin, all acknowledged Selvini Palazzoli's contribution to family therapy theory and her 'discontinuous genius' (Hoffman in Simon 1987:11; Campbell 2003 :17) reminded us that Selvini Palazzoli's first order position in relation to her research was appropriate for the time, her model and her purpose and that her work should be judged on its own terms.

For me, Campbell's position is helpful: the 'expert' position evident in Selvini Palazzoli's accounts of her work, if seen through a social constructionist lens, does underplay her scrupulous attention to the family's own account of themselves and her crafting of the therapeutic relationship, which came from her belief that these

were the most significant factors in any 'success'. Most interesting is the ambivalence she describes to the ritual interventions themselves – they are not the intervention but the vehicle for the intervention – even non-compliance (with the prescribed ritual) gives opportunity for discussion of different news of difference with the family. Perhaps the delivery of the 'prescription' itself creates the 'rite of separation' that characterises the move from preliminal to liminal in van Gennep's version of the ritual process.

Culler's doctoral thesis (1987) 'The design of family rituals: a cybernetic approach' describes a project in which Milan family therapy principles of ritual design were applied meticulously to interventions with a range of families in family therapy. Essential to Culler was the need to 'identify aspects of the family system which can be used as building blocks of the ritual' and to attend to isomorphism throughout the process. The findings analysed both the impact of the ritual on the presenting issue and how the nuances of efficacy related to the compliance and resistance in families (she noted that paradoxical approaches seemed more indicated with the latter). She concluded that 'more openness and improvisation' was needed to widen the application of the approach and that meeting together with the whole family for the work seemed to be regarded by them as the most positive factor. Culler's finding about using family-based 'building blocks' for the ritual seems to revert to the early stages of Selvini Palazzoli's work, in seeking congruence and isomorphism with the family's experience of ritual, in her interventions. In addition, Culler builds on Selvini Palazzoli's work using standardised prescriptions but from a different source:

'there are common age-old ways of dealing with basic human dilemmas, and these can be grouped into a relatively short, simple list of major types of rituals: healing, mourning, penance, and developmental. Each of these types of rituals tend to perform common emotional functions which can be replicated in therapeutic rituals. In the researcher's opinion, this provides a starting point

for designing a ritual and makes the process seem less arbitrary and overwhelming'. (Culler 1987:276)

In her paper, Culler offers exhaustive procedural detail about her methods and rationale; in contrast to Selvini Palazzoli's more narrative approach.

Barbetta and Telfener (2020) and Campbell (2003) both offer an historical summary and an update of the Milan approach and neither uses the term ritual for either past or present Milan practice in those papers, despite Campbell citing ritual as one of the 'major themes' of the original approach elsewhere. (Campbell in Gurman and Kniskern 1981) Possibly this reflects a hesitancy about the negative connotations of the word ritual (for example its connection with occult or subversive practices) or the difficulty of accommodating its perceived 'expert' and first order positioning amidst the inexorable rise of social constructionist principles. However, Barbetta and Telfener (2020) insist on the primacy of embodiment in Milan family therapy practice from its outset, as an underpinning of the action focus of family therapy. They describe this revival as the 'corporeal turn' or recognition in therapy of 'acts and forms of embodied knowledge' (2020:5) as fundamental to current practice at the Milan Centre for Family Therapy. Their view incorporates large and small 'embodiments' from adopting Bateson's 'minute particulars' to the metaphor of therapy as 'the dance bodies create in the therapy room together' (2020:6). Perhaps this sense of embodied action is the current staging post of the ritual legacy in Milan therapy and sits more comfortably with the reflexive, social constructionist, family therapist.

3.4.2 Strategic family therapy

In family therapy development, strategic family therapy models emerged at a time (1970's) when a first order approach was fitting for the use of ritual. Historically, the

strategic family therapists preceded and informed practitioners of the Milan school. Accounts of strategic family therapy in the 1980's (e.g. (Anderson and Bagarozzi, 1983) (Cade 1987);(Cade and O'Hanlon 1993); (van der Hart 1981; 1989) use generic, 'acultural' references to ritual as a behaviour pattern and springboard for creation or prescription of a change-effecting task for the family to carry out, usually between sessions, and which would be engineered and stewarded by the therapist. This was always after intensive exploration of the family's accounts of their understanding and experience of the presenting problem / identified patient. Rituals were said to have a 'common structure but their form and content vary according to the personality, needs and experiences of the client' (van der Hart 1981:188) and could be used in therapy to 'get the life cycle moving again' (Haley in van der Hart 1981:189).

Van der Hart (1981) applied family therapy approaches to using ritual, to individual therapy and emphasised the 'rite of separation' as fundamental to clients 'freeing themselves' (1981:189) from the stuck, unhelpful behaviour pattern that was or precipitated the presenting problem and that had not been shifted by the client's pre-therapy resources. The issue of replication of rituals in therapy treatment finds van der Hart at variance with Selvini Palazzoli. One incentive for the latter's creation of standardised rituals or prescriptions was to avoid the need to start from scratch with each family when creating a ritual for them. Van der Hart observed that

'certain elements forms and structures appear that may be used for others with similar problems. What would differ would be the contents' .. 'but the framework inside which it occurs must be precisely defined' (1981:192)

His examples included the 'continuous letter' ritual intervention (where a letter was written and added to by the client at regular intervals during therapy or between until

concluded when no further material of concern is evoked). Like Myerhoff (1977), van der Hart advocated 'open' and 'closed' 'segments' to the rite of separation and recognised rituals as 'containers' in which 'the emotions are given more form and become more manageable' (1981:193). One of van der Hart's case examples showed him creating a ritual connected to the client's religious beliefs which was moved to a secular context, but, in the main, strategic ritual intervention practice avoided formal or sacred ritual connections.

Anderson and Bagarozzi, (1983) advocated the use of family myths as a starting point for organising family information and saw rituals, symbols and metaphors as 'structurally related components' that can be employed to 're-edit the family myth' for 'improved system functioning'. (1983:179). They considered ritual dramas as enactments of myth and stated that they are 'intimately related vehicles for the expression of man's reality in both a spoken and an acted form'(1983:151) with ritual as a 'homeostatic device' for family structure and identity.

The embodied component of ritual is perceived as a kind of trump card by many theorists, not just in the strategic therapy field. Again Anderson and Bagarozzi (1983), while emphasising strategic therapists' necessary attention to *content* of family myths, summarised:

'Ritual prescriptions achieve their utility via the behavioural channel, by redirecting family members' current behaviour patterns or creating new behavioural rules often without the need for verbal or literal understanding'
(1983: 158)

The qualities of embodiment in ritual are valued in different and sometimes contradictory ways. Van der Hart et al's rituals or 'prescribed symbolic acts' create effective intervention by connecting concept and culture or 'ideational and material planes' in therapy page. (Van der Hart, Witztum and de Voogt, 1989). Cade

(1987:38) calls the strategic therapy approach as 'essentially pragmatic' and that problems brought to therapy can be viewed as being caught in 'repetitive behavioural sequences' and the fixed ways that 'difficulties are viewed'. Beliefs around the latter impede the client in seeing repeated behaviour patterns as intrinsic to the persistence of the 'problem' or as an arena for change. Habitual responses become embedded and unquestioned and thereby it becomes difficult for clients to 'do differently', Strategic therapy and later brief solution- focused therapy, prioritised (physically) acting differently as a means to effecting changes in understanding as well as behaviour. Thus, Rabkin (1977) talks of families changing their approach to problems more than gaining 'wisdom and enlightenment'. Breaking of behaviour patterns without undermining the family belief system is key and success depends on detailed knowledge of those patterns in action. Working on a 'starter for ten' basis to promote motivation and small changes in behaviour, including paradoxical interventions, strategic therapists offered 'compliance based' and 'defiance based' prescriptions, (and paid attention to the family's response, compliant or otherwise, to any 'prescribed/ritualised' course of action for change).

Milton Erickson's (1980; Haley 1973) use of hypnosis in his therapeutic work seems latterly to be considered the antithesis of ethical therapy and possibly the most extreme manifestation of the strategic family therapy genre. Nonetheless, he was an important proponent of strategic family therapy whose significant contribution was his position of complete conviction that individuals had the resources within themselves to address their problems and the therapist's job was to help client to activate those existing resources. In his account of how rituals can be used in systemic psychotherapy, Gilligan (1993) describes his transformative experience of formal liturgical ritual after the death of his father and a case study of a four step method of

therapeutic ritual intervention with a client 'who sought relief from an uncontrollable facial grimace' (Gilligan, 1993:242). Gilligan called Erickson 'my biggest influence' and states that 'rituals are perhaps the oldest form of therapy' (1993: 238). 'The simultaneity of inner and outer changes make rituals especially powerful and relevant to psychotherapy' and possibly most indicated where 'cognitive processes are unhelpful' (1993:240). He defines ritual as an 'intense experiential – symbolic structure that recreates or transforms identity' (1993:239). Crucial to Gilligan (and to Madigan, his commentator) the efficacy of the ritual process in therapy or daily life is the ability of the participant to inhabit 'a ritual space' characterised by intensity of experience and sufficient psychological and practical preparation to allow the ritual enactment to facilitate the desired or intended transformation of identity.

(Commentary: 253-256)

Gilligan's example of using ritual to address the impact of (at first unrecognised) trauma response, is at variance with more recent approaches to understanding and working with trauma. Arguably, most current approaches are more focused on the therapist helping clients assimilate and process the trauma event partly through developing well-being focused resilience strategies, whereas Gilligan focuses on building the client's resources through externalisation and ritual activities to ultimately confront the traumatic event and drive away its influence. Both Gilligan and Madigan refer to the influence of their histories of growing up in Irish Catholic families and the impact of religious ritual at various stages of their lives, with both attesting to the efficacy of Catholic ritual in enabling their successful transition at significant life stages and events. In addition, Gilligan seems to strive for a parallel of intensity with a religious based experience in the therapeutic ritual interventions he co-creates, as a kind of litmus test of their likely success.

Like Gilligan, Richardson (Richardson, 2012) weaves accounts of creating ritual in her personal life with her ideas about application in therapy, although for the latter she offers pointers rather than a case study. Her description of how she revived cultural practices of the Metis community to which she belongs, to facilitate transitions for herself and other family members, includes salutary reminders of the role of colonialism in outlawing Metis and other traditional practices. Richardson endorses the appropriateness of Vicky Reynolds' (e.g. 2002) activist and social justice-informed cultural witnessing, or solidarity groups. (Richardson 2012:71)

Richardson's summary of the history of the use of ritual in family therapy goes beyond the West-focused narrative to include 'what I would call the Earth-centred, women's spirituality movement'. She also cites work in which 'Indigenous ritual has been applied therapeutically with the aim of healing the heart and the spirit'. (2012:70) and her own practices of using 'guided meditation to converse with spirit guides and loved ones for guidance, support and an infusion of familial love'. Preferring an insider perspective when working with ritual and ceremony, Richardson notes the source of existing rituals to be geographically and culturally situated, but reassures us that;

creative therapists can incorporate, with integrity, spiritual and ceremonial processes based on knowledges from their own cultural and spiritual communities and, in consultation, based on those of the family with whom they are working' (Richardson 2012;73)

She describes the Metis grounded versions of naming and coming of age rituals that she created for her children from a mix of traditions as having individual and community purpose not least that of an 'antidote' to or strengthening against the destruction of Indigenous family traditions. Also, finding no accessible process to mark the ending of her marriage, where her wedding vow felt as if it carried a life of its own, she 'choreographed' a ceremony of her 'undoing' (i.e. marital separation)

with a group of invited witnesses/participants to facilitate not just her 'liberation' but a resumption of 'feeling whole and balanced and able to fulfil her individual responsibilities to the whole [community]' (2012:73) As to what happens when a ritual happens, Richardson considers that the creation and enactment process 'may serve as a blessed reminder of our connectedness' (2012.76)

3.5 Teaching and learning about use of ritual in family therapy

An approach to teaching ritual – based interventions is offered by Whiting in Imber-Black et al (2003 Chapter 3). To an extent his 'design elements' and the guidelines imply standardised approaches but Whiting emphasises that these need to be tailored to the individual or the family in therapy. There are many other examples of the recipe-type approach to instructing the art of delivering ritual interventions in family therapy (e.g definitional ceremony models as in White 2005). This is unsurprising, given the emphasis on sequential action in most ideas about ritual and its origins as an instruction book on delivering / performing liturgical ritual.

Recent writing in the field of teaching and learning family therapy has focused more on practitioner/trainee experience. For example, Grauf-grounds and Edwards paper, 'A ritual to honor trauma: a training community's witness' (Grauf-Grounds and Edwards, 2007) describes how the authors facilitated live ritual creation with family therapist trainees as a means for them to process the challenging experience of working with families who had experienced extreme trauma.

An account of the therapist's experience during creation and facilitation of ritual intervention with families appears in Janine Roberts' chapter 'Rituals and Trainees', (in Imber-Black et al 2003) with focus on inducting family therapy trainees to the use of ritual in their work. She describes preparatory exercises during which trainees are

encouraged to reflect on their personal/historical experience of ritual and to consider how this might impact their use of ritual in therapy. As a means of creating rites of passage through the life journey of the class, Roberts encourages the students to perform 'live' rituals (using, food, symbols, writing, etc) Roberts also alerts students to the idea that they might notice in their own experience of rituals when encountering client family rituals, however she offers little discussion of any opportunities for self reflexivity that this might provide, limiting herself to just sounding an alert . In her teaching model, perhaps reflecting a shift towards the importance of practitioner consciousness as a therapeutic tool, and a clearer second order position for the therapist, Imber-Black (2020) develops these ideas. She suggests that trainees employ self reflexivity around their recollections of ritual in their families of origin to 'offer a bridge' to practice with related issues with families. (2020:251)

3.6 Cross cultural opportunities for ritual focused practice

Judith Davis (2012) describes an example of using reflecting processes in teaching family therapy. She emphasises the routinised, ritual process of experiential learning through a performative rather than instructive position and uses a transcription of a therapy session to show outsider witness practices and use of metaphor. Weaving ideas about ritual through the teaching sessions seemed to embed a shared sensibility that resulted in a Korean student at the end suggesting and facilitating a ritual with the group. This involved the group sharing blessings together, and enacting a ritual symbolised by giving a golden pig on a chain to the teacher's teacher as a ritual of respect for their legacy of education. This example highlights the possibility of performative practices, as in Davis's model, engaging individuals and groups at a deeper level that taps culturally significant connections – such as

this student's Korean heritage and the pig ritual – and promotes sharing of that in a different context, in this case a learning group.

While the family therapy field currently strives to become more responsive to difference and intersectionality, to confront the legacy of colonialism, to integrate post human thinking, and to generally recognise the need for more culturally congruent practice, there seems to be a shying away from references to ritual. The term is barely mentioned in recent course handbooks and general overviews of family therapy, beyond historical reference. (eg Rivett and Street 2009; Dallos and Draper 2015 (where ritual is only included as a reading list)) Whilst this may reflect another turn in the popularity of the word itself, it does not seem that a similar term is being used or that all the meanings and functions that ritual are otherwise accommodated. The priority in public organisations offering family therapy especially of defining and addressing concrete goals and tasks as outcomes for therapy, perhaps misses a trick by ignoring the less quantifiable aspects of practice like the role of ritual perhaps in 'successful' therapy. The drive towards objectively accountable, 'evidence-based' practice in public and private therapy services, as a means of proving efficacy of treatment in first order terms, does not easily incorporate phenomena that retain elements of mystery or notions of liminality and *communitas* such as applied to ritual. The current narrative about ritual is perhaps of it groping towards cross cultural processes (eg Holle 2000) although there is perhaps some ambivalence around reviving a concept and practice that brings with it clear 'anti-structure' qualities and is at odds with the language-focused principles and practices of social constructionism.

Endres (2008) provides a useful if complex account of 'efficacy' in a 'soul calling ritual' which helps the reader to appreciate the multi-cultural arena of impact of a

ritual practice enacted to release the souls of 'ten virgin war martyrs', victims of the American or Vietnam war:

The ritual is not only meant for the Ten Girls and the war martyrs of Dong Loc Junction alone, but for the war dead of an entire nation. They all had been victims of gross injustice (oan khuat), they cannot reach salvation because due to the war they died in the wilderness [away from home] and got stuck there. [In the ritual we invite them to follow Buddhism, so they can reach salvation; this is the heart of the ritual]. (2008:760)

After the ritual, Chi Thien, the female spirit medium, 'checked out' its efficacy by communicating with one of the girls, whilst their soul was hosted by a soul caller, and the girl confirmed the success of the ritual. A further 'honour-conferring rite' happened and was expanded to include other 'heroic war martyrs'. (2008:274).

Endres's example evokes the commercial and spiritual interests of Chi Thien and the political and social significance of the sequence of the two rituals.

In 'Ritual as Metaphor' (2023) Della Costa challenges anthropologists to use analytical rather than descriptive methods to consider how a ritual works, ie moving from *what happened* to *what is happening*. (and similarly, Stroeken 2011) She refers to Geertz's (1973) ideas about symbols as representations and counters with her argument that rituals are non-representational metaphors. She gives considerable weight to De Martino's insistence on the factors of magical powers and additional realities as fundamental factors in ritual and summarises:

' Magic ritual is observed in a non-rationalist perspective as a cultural object in itself that does not represent reality, but affects it, overcoming the very fundamental opposition between reality and unreality' (2023:5)

De Martino's idea of 'presence' ('culture-shaped being in history') that is in process of constant evolution and related to Sartre's existential concept of 'being' (Della Costa 2023:7) is crucial to Della Costa's argument that 'transcendence is presence's main

task: an incessant effort to go beyond the givenness of reality' (2023:6) Della Costa highlights the relationship between disintegration of an individual's presence and risk of 'not being' and the role of ritual in managing an individual's 'crisis' and returning them to social functioning. She draws parallels with Kapferer 2019 in respect of their overlapping ideas about performance of ritual. Interpreting De Martino's idea of how ritual works, she summarises:

'to De Martino, a ritual is always an act of symbolization carried out through cultural tools which is yet never prescribed in those tools; it is a private and particular situation transcending into a social and universal one, and its effectiveness lies in its power to shape chaos, to create a form out of chaos'. (2023:9)

3.7 Ritual in times of social upheaval and crisis.

The covid crisis (from 2020) presented a world wide social challenge to individual, family and community functioning, with legislation around disease management and prevention imposing measures to prevent social contact that spanned, at various times, almost total isolation of individuals to advisories on general hygiene and self care and all stages between. The universal challenge to manage transitions in life cycle stages using familiar or formal rituals without face to face contact was variously addressed or not. Most poignant possibly, given the health context and numbers affected were the ritual compromises required to manage deaths. Imber-Black, (2020) presents an account of the flexibility and creativity demonstrated by families and family therapists in 'reinventing' formal holidays and life cycle rituals in the wake of the COVID-19 pandemic. Acknowledging rituals as '[still] an enormous resource for families and therapists' (Imber-Black *et al.*, 1998) she notes 'and when these rituals go missing, there is something resourceful and insistent in the human spirit

requiring us to recreate rituals anew.’ (Imber-Black, 2020:912) Referencing her standard formula for ritual creation (symbols, symbolic actions, structured or familiar parts, open or unanticipated parts, special time, special space(Imber-Black, 2019: 242) she notes the approximations to traditional holiday rituals that were successfully developed (including via on line platforms like Zoom). Her examples include Passover, Nowruz, Easter and Ramadan in her local city of New York, and the life cycle rituals such as weddings and graduations. Regarding another unplanned event of world wide impact, the George Floyd murder, she described the painting of the ‘Black Lives Matter’ logo in significant locations as ‘becoming its own ritual’. (2019:.918). She also shares accounts of the impact of inadequate and absent rituals for crucial events, particularly funerals. Imber Black detailed the role of therapists re such rituals as variously observer, participant, co-creator.

The events known as 9/11, where a terrorist attack destroyed the World Trade Centre in New York and many lives were lost, required a comprehensive practical response from first responders and medical professionals as well as the public, and also occasioned a comprehensive need for ritual to mark and process the events:

‘ to hold the enormity of our loss and facilitate loving responses ... meaningful and authentic rituals, not imposed by others, rituals generated by individuals families and communities, have the capacity to embrace our human need for continuity’ (Imber-Black, 2020)

3.8 Future directions for family therapy

Piercy’s chapter recommending future directions for family therapy, (Piercy in Wampler et al 2020) lists both ‘weeds’ and ‘flowers’ of the past and present in the systemic field (sic), and recognises that family therapy has, as it were, ‘earned its

stripes' as an effective and evidence based treatment. He attempts to move beyond this umbrella validation of family therapy and asks '

what about family systems therapy makes a difference and how best to teach and employ systemic mechanisms of change. Such thinking is important in a world that is becoming increasingly individualistic, fragmented and isolated.' (2020:754).

He lauds the ability of systemic therapy to 'integrate cultural attunement' within a wide range of existing systemic theories', he warns against 'colonising' therapies elsewhere and recommends 'participatory practices that help create systemic therapies that are co-developed and owned by cultural groups Internationally (2020:756) He recommends focus in research and practice on client led development. He refers to Davis's 2000 (personal communication 31.1.18) position regarding 'openness to other cultures' ideas around healing...what can we learn from indigenous practices (eg shamans, healing rituals).' He also sees a permanent role for online therapy and repeating Dattilio et al's (2014) research programme rituals 'such as picnics, parties and faculty roasts that involve safe ways to flatten the hierarchy and build a supportive community of scholars' (2014:763) He warns against trends away from inviting group of family members to therapy –'there is a power in engaging a client's social constellation in the therapy process' ... 'educators should think about how to bring interaction into the room' (2014:765). In particular Piercy is against 'one size fits all treatments' as a standardisation that 'stifles creativity'.

'Remember we are indeed engaged in noble work; we tap into the wonder and strength of the interconnectedness of life and help others in the process' (2020:767)

Piercy does not elaborate on what and how learning from shamans and healing rituals could occur, but perhaps, to those ends, some engagement with the ideas and experiences expressed in the Endres paper above (2008) and Richardson (2012) will

prove useful . Heralding from an anthropological position and experience of multi-cultural research, Whitehouse (2022) bravely asserts the potential for rituals to ‘save’ the world in its current states of crisis essentially through recognition of the capacity of ritual practices to create social cohesion and generate meaning. He advocates harnessing ‘imagistic’ and ‘doctrinal’ pathways to ‘create entirely new forms of group bonding through the establishment of novel rituals’ (2022:126) Gail Simon (2021) presents what she sees as a liminal current stage for family therapy amidst the Panmorphic Crisis, and says that an overdue review of systemic therapy knowledges and approaches requires radical repositioning. Like Piercy’s, her connection to the ritual process is not defined as such, but for me there is strong connection to ritual ‘process’ in many of her ideas, not least a possible connection in her recognition of the wholesale disruption occasioned by the pandemic and the urgency with which we need to embrace new ways of working.

3.9 Summary

To summarise this chapter, first I wanted to highlight some of the key concepts from the history of ritual as described since the 1900s and to begin to consider how the work and perception of ritual has travelled to the present; to that end, I emphasise the work of van Gennep as being somewhat unsung in terms of the relevance of his early ideas, today.

It seems to me that whilst it might be easy to justify in social constructionist terms, wholesale sidelining of the ritual practices in therapy that seem first order and sensationalist, (eg early Milan and strategic) this does perhaps leave us in limbo with regard to how to position ourselves as family therapists around the possible usefulness of the work of ritual in family therapy practice. Many of the writers I have

included here insist on the primacy of the engagement between therapist and client in the efficacy of any therapy process, but this has sometimes got lost in the soundbites about their first-order reputations. Imber-Black 2021 and Graaf-grounds 2007 among others evoke the scope of ritual interventions in therapy for use in response to major disasters, including the Covid pandemic, which has raised the profile of ritual somewhat, not least because many social processing activities were not permitted during periods of 'lock down'.

The idea of liminality is perhaps the most enduring and generative of concepts from the early years and its relationship to therapy will be explored further in the thesis.

Liminal phase

Chapter 4 – Methodology and Method

4.1 Introduction

My interest in this project was primarily in the process of therapy, as connected to ritual approaches, more than clinical outcomes per se, and I wanted to explore existing ideas and practice with practising family therapists as well as promoting extension of, and collaboration with, those ideas.

At first I was open to the idea of possibly producing a model for working with groups of family therapists to promote working with ritual in practice, dependent of course on the viability of my hypothesis that 'revitalising' was indicated. Key for me is the nature of the connection between therapeutic processes and ritualised actions and how the latter might enhance the former as systemic psychotherapy interventions.

4.2 Ontological and epistemological positioning

It is possible to separate the definitions of ontology and epistemology, (i.e. ontology referring to theories of reality or being, and epistemology referring to theories of nature of knowledge and knowledge production) and the importance of explicating these aspects in social research especially qualitative research has been well established in recent years. (e.g. Braun and Clarke 2022) Whilst Braun and Clarke separate the two, they are clear about the 'deep connection' between them and the helpfulness of considering how they overlap (Braun and Clarke 2022:175). They note that this duality is the usual location of a critical realist position. Latterly, there

has been interest in combining epistemology and ontology and in some cases, offering an aggregated and extended terminology e.g. Barad's 'agential realism' where she comments:

*'what we need is something like an **ethico-onto-epistemology** – an appreciation of the intertwining of ethics, knowing and being – since each intra-action matters, since the possibilities for what the world may become call out in the pause that precedes each breath before a moment comes into being and the world is remade, because the becoming of the world is a deeply ethical matter' (Barad 2007:185)*

Early on in my research project, the complexity of the epistemology and ontology of researching ritual became apparent to me. I reflected that, as a social phenomenon, ritual might be recognised as part of embodied experience in belonging, marking and remembering public and private events alongside having a key function at liminal stages of human processes associated with these, including rites of passage.

The performance of ritual (in therapy and in everyday life) could be seen as inhabiting the full continuum from positivist through to constructionist paradigms.

According to Guba and Lincoln (1994) this three stage continuum is via the positivist, embodied, rule governed 'form' or 'structure' of a ritual, through the place and time of the performed event, then to the co-construction of the collective experience of the participants.

I would agree that one type of knowledge created by ritual is essentially embodied knowledge where the performance of the ritual itself holds steady in the moment and integrates many aspects of the experience for the participants. Also the term ritual can be used descriptively and thereby communicate linguistic knowledge. Whether speaking of ritual or speaking from it, for me, the notion and practice of ritual sit on the cusp of epistemology and ontology – ritual performance is both a means of

creating experiential knowledge and ritual holds a theory of being in that it contains elements of the mystical. Lorencova et al (2018:201) highlight the intercultural variabilities in ontologies and 'transcendent realities' that can be part of everyday existence and that are accessible through the 'extension of consciousness' occasioned by co-experience of ritual, including for researchers. Throughout my preparation for this action learning project, I was consistently keen to offer to the participants experiential activities to promote reflexivity relating to ritual in the workshops that I planned; thus possibly evoking, or at least connecting to, the embodied aspects of ritual. I hoped that some of the data generated would derive from experience in the moment, as well as from accounts of previous experience and current ideas, for both the participants and myself. Given the processual qualities of ritual and my interest exploring how ritual 'works', I also wanted to be alert to the isomorphic phenomena that might arise in the group meetings I facilitated.

Increasingly, in social sciences particularly, research has moved to actively include and render transparent the position and experience of the researcher throughout the research endeavour, as in for example, relational reflexivity (Simon 2018; Simon 2012) and van Hennik's 'systemic nomad' creating 'validity from within' (van Hennik 2019). Within the discipline of systemic psychotherapy, this movement can be seen as contributing to a paradigm shift from social constructionism to new materialism (e.g. Barad 2007; Simon 2021) arguably having left the positivist, first order position of systemic psychotherapy's early days out in the cold for several decades since the textual turn of the 1980's and 1990's. The shortcomings of the 'everything is relative', 'anything goes', language focused social constructionist trajectory that had developed, gradually became unignorable as the noise of the post humanist voices (e.g Rhodes, 2018) gained resonance.

Simon (2012) describes an inclusive, dynamic model - action research for reflexive practice or 'praction research' (Simon 2012: 103) and also helpfully suggests that, in systemic research, epistemology and ontology and methodology, evolve in the process of research activity and that these can most precisely be defined in retrospect. To an extent her position seemed liberating to me and affirming of the inclusive and facilitative position that I strove for with my focus groups. Simon adds that separate factors such as thoughts and tools are to be combined into an 'inclusive and reflexive 'sphere of influence': Discursive Activities' (Simon 2012: 119) Elsewhere, Simon (2018) develops further the connectedness of ontology and epistemology and creates new definitions that attempt to evoke the dynamic / connected nature of them including research as relational: 'ontology and epistemology fluidly entwine in the mutual shaping through becoming through doing' (Simon 2018:5)

Using Braun and Clarke's summary of the range of ontological and epistemological positions (2022) to which thematic analysis may be applied, I began with what I considered to be a critical realist position in relation to my research – my positioning included a learning position for myself and inclusion of both experiential learning and discussion of lived experiences in the group sessions, for us all. Given my plan to participate in the data collection, the processual element of my topic, and the dual characteristic of ritual as both 'technical and supernatural' (Wu 2018) I felt these multiple, parallel positions moved me to integration of epistemology and ontology, further than Braun and Clarke's 'deep connection' of the two and more with Barad's pleas for research to embrace 'entanglement of matter and meaning' through 'intra-activity' and from a position of 'becoming together':

'Practices of knowing and being are not isolable; they are mutually implicated. We don't obtain knowledge by standing outside the world; we know because we are of the world. We are part of the world in its differential becoming. The separation of epistemology from ontology is a reverberation of a metaphysics that assumes an inherent difference between human and nonhuman, subject and object, mind and body, matter and discourse'.(Barad, 2007:185)

Harman (2016), however, suggests Barad is far from being a realist because she does not, "grant reality full autonomy from the human ...". He describes her as a "relationist" rather than a realist, because she invests in the relationality of concept and object. I concluded in this, that my position was closely allied to Barad's as perhaps a 'critical-realist-relationist'.

4.3 Research design – planning

(note: Action Learning Sets 1, 2, 3 days 1 and 2 are hereafter ALS 1-1 ALS 1-2; ALS 2-1, ALS 2-2; ALS 3-1; ALS 3-2)

My design aim for the research project was to convene focus groups via a series of face to face workshops where use of ritual in family therapy practice could be explored and developed. My project was formulated around the time of the first stage of the Covid crisis in the UK, (early 2020) so I included in the research proposal the proviso that the workshops may need to be delivered virtually if the face to face sessions proved unworkable. I was of the opinion at that stage that virtual workshops would result in data of 'inferior quality' and I hoped to avoid this as I believed this would compromise and devalue my research. My thinking around this was that, I would not be able to access the embodied experience of the participants which would be at least 'diluted' or even absent in a virtual/on line experience. Also, I thought it might deviate from the comparability and validity of my three action research groups, seemingly face to face and on line being such different media.

However then I discovered the work of Pink et al (2016) and over the course of my data collection, the affordances as well as constraints of on line working, became more apparent to me with Hine's (2015) comment seeming to have increasing relevance:

'online and offline are interwoven in everyday experience. Using the internet has become accepted as a way of being present in the world rather than a means of accessing some discrete virtual domain. (2015:3)

In the event, it seemed that the participants in my research engaged with equal enthusiasm in person or on a virtual platform and that familiarity with online media added to a comfortability in naming and suggesting solutions to technical challenges as they arose. The similarities, differences and overlaps across these domains was commented on and formed part of my analysis, including in my Ethnographic Observation of Ritual Object Exercise (**appendix 9**).

First, I invited self-selected family therapist participants via email through the Association for Family Therapy website, my employer (an NHS trust) and through snowballing. The invitation (**see appendices 14 and 15 Email invitations to potential participants**) included the **Participant Information Sheet (see appendix 17)** and **Participant Consent Form (see appendix 16)**. Eventually, 22 family therapists responded to express interest.

I had originally planned to include a 'definition' of ritual in practice in my email invitation and to ask potential participants to respond in writing to this definition as well as stating if they were interested in taking part in the action learning sets. I intended to apply thematic analysis to this data and thought these responses might help to identify key starting points for planning the action learning sets. Ultimately, I decided against offering a definition of ritual in the introductory email as I felt this

might prescribe the trajectory of the research too early and prejudice any broad discussion about definition, significance and meanings of ritual for the participants.

In my search for participants, I was lucky enough to engage a family therapist supervisor who was keen to become involved and they in turn engaged the rest of their team of family therapists with the project. They agreed for the two focus group sessions of ALS 1 to be attached to their regular monthly team meetings as continuing professional development events, and these sessions took place face to face in an National Health Service trust location. This first set ALS 1 (4 participants) was delayed from summer 2020 to September and October 2020 due to Covid restrictions around face to face meetings.

Each ALS consisted of two sessions, 3-4 weeks apart. The first ALS workshops were audio and video recorded. My plan was for all three sets of two sessions to be face to face, but as the Covid pandemic advanced, the possibility of in-room workshops receded and an unhelpful delay between sessions seemed inevitable if I did not move to an online platform for the remaining two action learning sets. I eventually conducted the second and third sets of ALS workshops virtually via Zoom online platform; the second ALS occurred in November and December 2020 (8 participants) and the third ALS in January and February 2021 (4 participants). All participants were white British or white European females except for one male White British participant in ALS 2. All sessions were also video recorded via zoom virtual platform and with consent for me to view recordings and transcribe the discussions.

Overall, I used a range of approaches for generating data, in both the face to face and online ALS meetings, including group discussion of ritual related topics, sharing personal stories, clinical/professional experience and experiential activities (see

appendix 6 ALS plans and how they evolved) I was keen to co-create with participants a range of ideas, practices and experiences and to offer opportunity (or even inspiration) to try out new approaches in their systemic work and reflexivity in and around practice.

As well as using transcribed and observed video discussion material from the ALS, I decorated some small Ritual Research notebooks that I gave to each of the participants for them to record any notes, drawings, etc, that they felt moved to make related to ritual and to the experience of the ALS. (see **appendix 11 – Collage of ritual reflections notebook covers**) I asked participants to share the notebooks with me after the ALS series with the plan to return them at the end of the research. Eleven participants shared their notebooks; some had used a couple of pages for notes, drawings etc, some had more extensive material. I have included some of this material as illustrations in the **Conclusion** chapter 7 of this thesis.

I was aware that my project had amassed a large amount of data; my hope in creating so many 'sources' was that the range of material might both complement, confirm and challenge my ideas and at the same time, provide quality criteria /checking for the research. Braun and Clarke (2022: 260-279) describe a range of ways to address the issues of quality and validity in thematic analysis, centralising their principle of congruence between quality approach and the context of the research and findings. My core purpose remained to 'explore and develop practice' prioritising the relationship between ritual and therapeutic practice and I tried to maintain this focus as an orientation to my data collection.

4.4 Method

(Please see appendix 6 – ALS Plans and how they evolved)

All three ALS explored the following over the course of two sessions each:

1. Participants definitions of ritual
2. Personal relationship to ritual
3. Presentation of ritual object by each participant and interview about its significance
4. Experience of use of ritual in family therapy practice
5. Plan to apply ideas from ALS to practice
6. Review of sessions and application to practice.

Data collected

1. Transcriptions (by me) of video recordings of 6 x 2+ hour action learning set sessions which resulted in 300 plus A4 pages.
2. Observation notes made by me of the **Ritual Object** exercises (see **appendix 8 example of Scratch notes for ALS 1-1 and appendix 9 for extract from Ethnographic observation of ritual object exercise**)
3. Entries from 11 Ritual Reflection notebooks shared with me (see **appendices 20 and 22 - examples of note book entries**)

Overview of data collection

Action Learning set 1 – session 1 (ALS 1-1)

As noted above, ALS 1 took place face to face, using socially distanced measures in force due to Covid situation in that location at the time. This meant that the group of participants sat in chairs 1 metre apart and although the building required face masks in the public areas, the group elected to remove masks for the ALS session

itself. Originally 6 members of the team had planned to attend with the supervisor but in the event, two team members did not attend for Covid related reasons. The session followed the first face to face team meeting that the group had experienced for several months.

My plan for the first 2 hour session was in three parts:

ALS 1-1 Part 1 - Introduction

I prepared a verbal introduction to the research and the Action Learning Set's purpose and structure; the use of the reflective notebooks; a check for consent and a reminder about the session being recorded. I included a brief account of my interest in the topic of ritual and an outline of action research methodology. I used flip chart to headline ideas and details of tasks and also to record some notes from discussions and I kept those for review later.

Large group discussion: (task written on flip chart)

ALS 1-1 Part 2 – Experiential exercise (task written on flip chart)

In preparation for the first session, participants had been asked to bring an object to the session that they associated with ritual, in any context, and to be prepared to discuss this in the session. (see **appendix 12 Email confirmation ... and request for Ritual Object**)

ALS 1-1 Part 3 - Reflections and planning

I intended to remind participants to use Ritual Reflections notebook during or between sessions

I planned a whole group discussion of the session and any plans for use of learning in practice.

Initial review of ALS 1 session 1 (ALS 1-1)

After this Session 1, I made scratch notes from my recollection of the Ritual Object exercise and later watched this part of the session through and began to create ethnographic description from scratch notes and the video recording of Ritual Object Exercise. (see appendix 8 – sample of scratch notes ALS 1-1)

I also watched the recording of the first and third parts of session 1 (ALS 1-1) and noted how the task for Part 1 seemed too large for the time available as some questions I included on flip chart were hardly discussed. Part 3 was in effect very short because of time used for the Ritual Object exercise and ultimately I asked each participant for a key word that they were taking away from the session and an idea for action in practice between Day 1 and Day 2. This key word exercise replaced the Part 3 whole group discussion.

Review of ALS 1 – Session 2 (ALS 1-2)

ALS 1-2 took place as planned three weeks after ALS 1-1. My plan in day 2 was to review impact of day 1, the plans for action that were made and for participants to be invited to share case examples of when they have used or would like to use ideas about ritual in practice. Then I initiated a large group discussion where participants were asked to describe an example of where they had used ritual in practice in some form.

The whole session was video-recorded, watched through a couple of times afterwards and then was transcribed and analysed using thematic analysis methodology. The thematic analysis was incorporated with the data from the other two Action Learning Sets when all three Action Learning Sets had taken place.

Review of ALS 2 and 3

As noted above, both ALS 2 and ALS 3 took place via Zoom online platform. I was particularly concerned that the Ritual Object exercise in the first session (ALS 2 – 1 and ALS 3 – 1) would not work as well as material for ethnographic description as we were not face to face and literally two dimensional on a screen, but I decided to challenge this assumption by trying this exercise anyway.

I made some changes to the prescribed tasks in preparation for each ALS following review of the previous and I have summarised these changes and my thinking around these **ALS plans and how they evolved (Appendix 6)** My revisions took into account how well participants engaged with particular questions, their relationship to my original plan and purpose but also any new thoughts or ideas that were being prompted in me that I thought might be usefully revisited or introduced.

4.5 Description of method - and examples

This is an overview of the different phases of the delivery of this project.:

- **Orientation phase** (pre data collection (in 4.6) p. includes how I moved from focusing on symbol, metaphor and ritual to finally ritual via a keynote lecture and two separate interviews with family therapists on the topics and how I arrived at my thesis title.
- **Methodology (4.7)** looks at examples of my use of different research methodologies and how they might relate to my research interests.
- **Action Research (4.8)** describes the action research I ultimately chose as a best fit methodology for this project

- **Method and analysis (4.9) and (4.10)** give a detailed account of the process of the research with examples included to demonstrate how I arrived at my four themes, which are analysed and discussed
- **4.11 reflexive thematic analysis**
- **4.12 stages of analysis**
- **Findings (5)**

4.6 Orientation

At first, my research interest was wide as I included the use of metaphor, symbol and ritual in family therapy; eventually I decided to focus on use of ritual solely, in part because I realised that the three subjects would make too large a project for this thesis, in part because of the appeal of researching ritual per se. (see also **Chapter 3 Literature Review**)

4.6.1 Keynote lecture

Prior to the formal planning and preparation of this project, I delivered a keynote lecture in the UK in February 2020 at a conference for introductory and intermediate family therapy students, entitled 'Reclaiming the rite... using ritual in family therapy – past, present and (possibly) future'. I focused on sharing definitions of ritual, ideas about ritual use in family therapy and personal and collective experiences of ritual.

At the beginning of the lecture, I invited the 80 + attendees to each record on post-it notes, three words or images or embodied experiences that came to mind when they thought of 'ritual' and to stick these notes on flipchart sheets on the walls, at the end of the lecture. I kept these notes and analysed them for repetition and frequency of words/phrases. (**see Appendix 18 Selection of post it notes**) I hoped this brief exercise would help me create a positioning point with a spectrum of ideas and

associations about ritual that were current and which came from a live, contemporary event, rather than solely my own reflections and readings. I made a word art graphic with the material (**Appendix 1**) and used the image to gain a visual sense of the 'largest themes' and what themes seemed submerged. I was surprised that 'Tradition' (cited 6 times) emerged as most frequent word used; and Religion, Routine, Celebration, Wedding, Christmas were all cited 4-6 times and most of the rest of the items appeared once. The overall number of items posted was 180 on a total of 60 post-its. I was also struck by their range, which were generally events, sometimes objects, sometimes qualities and included first baby, beauty, moon daughters, certainty, movie night My first 'discovery' thus was the domestic and every day connections with the notion of ritual, which raised my awareness about the dilemma of definition, including a realisation in myself that I was inclined to value the more religious and formally ceremonial contexts of ritual and that I needed to be open to wider exploration of definitions and everyday understandings of ritual in my project.

4.6.2 Interviews with two family therapists – 1 'Norman'

When I interviewed the first family therapist I focused on their personal ideas about using ritual, metaphor and symbol in family therapy; how these have impacted their family therapy practice and an example of use of ritual in their practice. I transcribed this interview and analysed it using three narrative analysis methods including Gee's narrative sequences as poetic stanzas (1991)

This project helped me to narrow the focus of my research to the use of 'ritual' as well as enabling my engagement with narrative research approaches.

4.6.3 Interviews with two family therapists – 2 ‘Cleo’

I interviewed another family therapist about their experience of undertaking their citizenship ceremony in the UK and the unexpected emotion that they experienced during the process. I recorded then watched and listened to this interview and found it a helpful example of embodied experience of taking part in a socially prescribed, formal ritual. In particular, I was struck by the interviewee's surprise at the emotional impact on them of the ritualised part of the event. They had described a certain personal ambivalence to citizenship of this country whose political values they do not wholly share, but they nonetheless found themselves moved and tearful whilst making the required pledge of loyalty and affirmation of allegiance. In the moment of the interview and in reviewing it later, I noticed how I was also emotionally moved in parallel with the interviewee. This account awoke further curiosity in me about the nature of the experience of partaking - including observing - in formal ritual and the function of this process in prompting emotional response and embedding the moment.

4.6.4 Thesis title

My title and question for the project evolved over this orientation period. An early title included the wording: ‘Because we do it this way’: investigating ritual in family therapy – an action research project to explore and develop practice’ but I moved away from this because the initial phrase seemed to me to limit the ritual research to a largely domestic context that inclined to ritual as routine. I was keen to link generic ideas about the role and function of ritual in individual, family and social life from multicultural perspectives to family therapy practice and to explore the emotional and embodied context of the process of ritual for both.

Ultimately the following title and question were agreed by the Tavistock Research and Ethics Committee in September 2020:

Title: Ritual as a therapeutic vehicle in family therapy: an action research project to explore and develop practice

Research question: Should the use of ritual in family therapy be revitalised and if so how

4.7 Methodology

I briefly considered quantitative methodological approaches, such as introducing to practitioners some particular systemic therapy techniques that have ritual 'structure' via prescribed action sequences. Possible examples included outsider witness practice, (e.g. as delineated by White in his Workshop Notes 2005; use of reflecting teams) I could have monitored the frequency of use of these structures and learned about their significance in current practice; or I could have assessed fidelity to the model and linked that to routine outcome measures such as SCORE 15 (Carr and Stratton, 2019). Ultimately, I concluded that a focus on the behavioural aspects family therapists applying ritual-based interventions in practice would have meant that my hope to create new understanding of and ideas about the process of experiencing ritual therapeutically in family therapy would have been less easily met.

4.7.1 Case Study

Another methodology I considered was a case study. According to Moon and Trepper (1996) 'informal case study' fits for 'clinical research that is undertaken by clinicians who wish to think more systematically about their cases and to disseminate their clinical innovations to a wider audience through publication' (1996:393). My main interest in my project was to work with the ideas of a community of family therapists, not just my own cases, using an inductive rather than a deductive

approach, which seemed outside Moon and Trepper's idea of 'in depth study' (1996:394).

4.7.2 Narrative

As noted above, I had applied a narrative research approach to a video recorded interview with a family therapist 'Norman', where the topic was Norman's relationship with simile, metaphor and ritual in his clinical work

In the course of analysing the interview with Norman, I found Hiles et al (2009) model Narrative Oriented Inquiry helpful in that it emphasises the inclusion of the reflections and experience of the researcher; the use of images and other non verbal/literary sources. They describe the usefulness of distinguishing 'fabula' (basic outline of events) and 'sjuzet' (way the story is told), where the latter can signpost to understanding the way in which the teller of their story actively engages in their own meaning-making and identity positioning. I also found affinity with the 'performance' element of personal narrative contained in Riessman's model of sequential scenes (in Gubrium 2002: 700) and Gee's (1991) idea of transposing narrative sequences into poetic stanzas and reading them aloud to create or discover a metaphor. All of these carried the hope of creating 'performance' tasks into my planning for the action learning sets whilst also supporting creativity, which I thought might bridge any gaps where experiences were challenging to verbalise.

4.8 Action Research

Kurt Lewin is often identified as the 'social experimenter' who named and started the action research ball rolling (Mendenhall and Doherty, 2005; Cassell and Johnson, 2006). Attending to the inclusivity of the action learning approach, a much broader credits list is acknowledged by Reason and Bradbury (2001) who cite the heritage of

Aristotle and Marx alongside a wide range of action research related international projects.

Action research can be seen as having an expansive approach which inherently creates a challenge for the facilitator/researcher to maintain sufficient focus on the core topic and research question. Also, the diversity of available action learning project models implies that it is possible for each action learning project to develop a 'methodology' version of its own. To address this dilemma in classifying a range of action learning styles, Cassell and Johnson (2006) suggest that attending to the underpinning philosophical assumptions helps to classify and group 'methods' in action research and to evaluate the validity. McNiff (2017) has a straightforward view that there is some agreement about the core principles of action research and the most effective evaluation approach is achieved by adherence to these. McNiff says:

'the action piece of action research is about taking action for improving practices. The research piece of action research is about offering descriptions and explanations for what you are doing as and when you take action... the purpose of action research is (1) to generate new knowledge which (2) feeds into new theory' (McNiff 2017:18-19).

For me, this combination of experiential focus, inclusion of the researcher and the aim of facilitating exploration and new ideas that might promote change in family therapy practice, seemed to invite action research as the best fit as a method for my project.

A core principle of Action Research is that participants become co-researchers. This has obvious limitations in that the responsibility for the management of the data collection, overall planning and eventual thesis, remained with me, the original researcher. In this co-operative action research project, I was keen to learn from and with other family therapists, and to journey with them in the action learning set

sessions, hoping that the experiences provided elements of discovery and sharing for us all. I thought my planned series of 3 sequential action learning sets, where the plan for each was informed by the findings of the previous one (see **appendix 6** ALS plans and how they evolved) were congruent with an action research approach. Cvetek (2005:51) helpfully says that action research 'involves a spiral of steps' and the image of a bed spring and arrow as below, seemed to be appropriate to emphasise the recursive, yet forward moving trajectory of action research models, where space for reflexivity was implied in the shape of the spring



As noted before, there are many examples of models for action research and I was first drawn to the title of participative action research but ultimately, as McNiff (2017) reminds us, action research was founded in movements for political change and I felt that I was less focused on direct political change than participative action research required. My reading of Heron and Reason (Reason and Bradbury 2001, Reason 2002) led me to opt for 'co-operative inquiry' as more fitting for my insider researcher position. At times I felt intimidated by the wider political and almost evangelical

claims made for action research (eg Reason and Heron 2001, McNiff 2017;) and this reminded me of the moral scrutiny to which all social researchers need to subject themselves. These seem to parallel the professional standards expected of therapists in a range of therapies and to apply such examination and transparency to my project was likely to be challenging (Priest, Roberts and Woods, 2002a; Priest, Roberts and Woods, 2002b) Whilst I am comfortable with the idea that the 'personal is (also) political', I was concerned that if I was too fixed on working towards a 'big social change' as per participative action research, this might limit my openness in my research to the individual contributions of the participants. I judged my purpose – to facilitate understanding and potential of using ritual in family therapy - through exploration and collaboration with a focus group as more open ended in outcome.

'In co-operative inquiry, all those involved in the research endeavour, are both co-researchers, whose thinking and decision-making contributes to generating ideas, designing and managing the project and drawing conclusions from the experience; and also co-subjects, participating in an activity that is being researched' (Bradbury 2002;169)

I hold an idea that there is a mystical or unexplained element in therapy; that change or efficacy comes about at moments of confluence of thinking and experiential processes of the therapist and client / family thinking. For me, this is more than attunement and understanding, which arguably can be defined or contained verbally in some way, and extends to a sense of being in the moment together and separately. Elkaim's idea of 'resonance', or congruence of emotionality between people, including the therapist, seems connected here (Elkaim 1997). As such, I am finding the explorations of sensibility and human experience by Barad et al (e.g. 2017) challenging to understand but important in underpinning efforts to explicate 'life' not just human condition. Krause et al (2022) in part describe an

experiment in co – learning for themselves which seems related to this, where the different perceptions and experiences of the authors are maintained as both separate and as connected. The connection seems to be the acceptance of multiplicity of positions in the encounter both in their discussions and in their written accounts.

These trajectories of thinking seem to me to link with the function of ritual in the following ways. Ritualisation (the doing of ritual) arguably involves processing through a space and time an action that is both understood and not understood – it may be easier to think about this in relation to a formal ritual and perhaps it has some application in addressing challenges in daily life or whatever concerns clients bring to therapy. I hoped my research project might expand ideas around the impact of talking about ritual in therapy as well as planning to try a ritual-related intervention outside of therapy sessions, with a view to increasing the therapeutic repertoire of family therapists.

In reflecting on my position(s) as facilitator and researcher, I considered Torbert (in Reason and Bradbury 2001) who suggests first, second and third person positions for the researcher – my project seemed to fit the second order type more closely:

‘second person action research / practice addresses our ability to inquire face to face with others into issues of mutual concern, for example in the service of improving our personal and professional practice both individually and separately’ (Reason and Bradbury 2001; McArdle and Reason 2002:253)

With regard to the action learning sets, I intended my starting point to be that of facilitator rather than teacher and it continued to be challenging to maintain a balance between a didactic position and a co-operative one in order to be true to the

collaborative values of action research and the isomorphic connections to my subject, ritual.

The action research method fitted with my critical- realist relational ontological position in that ways of living and values need to be in constant negotiation with other people; this contrasted with approaches that seek to take a neutral position in that action research is rooted in values and moral commitment. (McNiff 2017) The challenge remained to accommodate values of others in a shared commitment towards we-I forms of inquiry that needed to be developed and maintained. I also had a responsibility to study myself in the company of others, to remain accountable for my actions and to engage with the uncertainty of knowledge. The ownership of the project remained with me and the action-reflection-action cycle was adhered to in order to maintain the integrity of the model in the data gathering stage.

4.8.1 Why Action Research for this project

I considered recruiting a group of family therapists by random self-selection as in my preparatory example above. Then I might have applied narrative analysis to recorded accounts of a structured discussion about their use of ritual in family therapy. I rejected this as I thought that, whilst there would be elements of co-production of narrative in the recorded discussions and my analysis, and that it might be possible to make some general conclusions about the use of ritual, my interest in the processual experience of ritual would be less easily achieved with data that primarily talked 'about' the topic.

Cvetek (2005) considers some of the challenges in marital and family therapy research, and gives a cautious welcome to action research, noting the *transferability* of results as a possible balance for the usual requirement for *generalizability* in social

research. He discusses a generic and pared down four step action research approach circle – reflecting – planning – acting – observing – reflecting - and so on (Cvetek 2005): which has a simplicity that appealed to me. He reflects on the role of therapist as researcher and both these positions seemed helpful to my project.

I eagerly grasped the ‘instruction book’ approach of McNiff (2017) and used her guidance as an initial framework for managing and beginning the research project. I found her extension of the action – reflection cycle (2017:12) helpful in that it emphasises the iterative nature of the process as a bed spring shaped model as above, with a ‘move in new directions’ phase, that I thought would lend itself to my series of 3 sequential action learning sets, where the plan for each was informed by the findings of the previous one.

4.9 Method / 2

As outlined above, I planned – and used - a co-operative Action Research model for my project and applied thematic analysis to the transcribed data. Thus, in accordance with Braun and Clarke’s model (2022) the first steps in analysis were to immerse myself in the data (by listening to and watching the recordings, taking notes and initial ideas about codes themes) then to transcribe the recordings of the sessions. Both tasks proved time consuming (yet engaging) as there was a range of 5 – 9 participants including me in each group and conversation was generally lively and interactive. I reviewed the first session of each action learning set before its second session, and gave attention to follow up and review in the second session. I revised the planned content and structure of the second action learning set before its first session, in the light of experience and ideas generated in the first action learning set, and similarly in preparation for the third action learning set.

One aim of the research was to develop ideas about the embodied processes relating to use of ritual in therapy. In the ALS I intended to offer opportunities for physical activity related to ritual performance as well as discussion as I surmised that this might raise consciousness of the experiential aspects of using ritual for both participants and myself as participant/ observer/ researcher. I also planned to create an ethnographic description from the Ritual Object experiential exercise – that I facilitated in the first session of each of the three ALS.

There was some dissonance between the of co-operative inquiry model I developed in the project and that explicated in Reason's summary above (2002), but I believe I remained true to the spirit of the approach. I set the agenda and planned for the sessions but I hope my stance of collaboration with the participants enabled a high level of sharing. I believe that the ALS delivered all four phases (Reason 2002: 71) 1. Propositional; 2 Co-subjectivist; 3. Experiential knowing; 4.Reconsideration and planning. I was careful to offer a reflexive structure both within and between ALS. Most notably, the 'experiential knowing' that characterises phase 3 and the openness and creativity expressed by the group evidenced this.

4.10 Analysis

This section describes in more detail how I analysed the data from the ALS and how I managed the iterative process consistent with my chosen model of co-operative action research. My approach followed the procedural guidance for reflexive thematic analysis of Braun and Clarke (2022). They are generally recognised as authorities on action research analysis and methodology, and as leaders in its continuing development. They themselves note the blandness of many thematic analysis efforts in the field and their approach is sometimes criticised for the

imprecision of their guidance. Nowell *et al.*, (2017) address this by integrating Lincoln and Guba's tenets of 'trustworthiness' which includes 'triangulation of data to add' to the research process. Braun and Clarke however prioritise telling a story and advise researchers to engage creatively as well as rigorously with the data. (Braun and Clarke 2022). Byrne's (2021) worked example of reflexive thematic analysis is a helpful version of an application of their model.

4.11 Reflexive thematic analysis

I structured my analysis around Braun and Clarke's six phase process for reflexive thematic analysis (TA). (2022) They themselves identify a shift in their position from themes as discoverable by the researcher (Braun and Clarke 2006) to themes being generated, developed and refined with the researcher as co-creator with the data (Braun and Clarke 2017; Braun and Clarke 2022) For the later approach, the utility of the researcher possessing or developing a 'qualitative sensibility' is emphasised (Braun and Clarke 2022:7) as well as including researcher experience or reflexivity as part of a generative sequencing process 'or patterns of meaning developed through a process of coding' (Braun and Clarke 2022:4). They also note the range and variations of reflexive TA and, based on their spectrum of approaches, (Braun and Clarke 2022: 10) Byrne's 'worked example' of Braun and Clarke's contemporary approach (Byrne 2021) sets out to flesh out their six stage analytical process (see below) and the continua of theoretical assumptions. With reference to the latter, I considered my research to be inductive in orientation to data; latent in focus of meaning; experiential in qualitative framework and relativist and constructionist in theoretical framework.

4.12 Stages of analysis

4.12.1 Phase 1 – data familiarisation and writing familiarisation notes

I watched and listened to all the video recordings twice then made transcripts of the recordings for all six sessions, (except for the Ritual Object exercise in session 1 for each ALS as previously explained). In consultation with my supervisor, I collated these three separate descriptions into a single ethnographic account, an extract from which is included **at Appendix 9 Ethnographic observation)**

Here is an example of a note from my researcher diary for the day of ALS 1-1, the first session (see full entry at **Appendix 2)**

After my intro, I showed the 4 questions for session one – much effusive commenting about it being great to be involved in the research; chance to reflect on practice and that deep thinking about ritual in their practice was unusual. So I felt optimistic that we would generate something.....

*I enjoyed session 2 [Ritual Object exercise] which I joined in with almost as an equal participant and **found myself intruding in the interviews to get some focus on the embodied and the process and emotional content of the ritual and to get some enactment in the group. Will need to think more about this. I felt drawn to create some movement so that I had some material for my ethnographic observation!...***

I have **highlighted** phases where the beginnings of ideas about of **embodiment** in ritual and the effect of bringing the topic to mind and in conversation as examples of data that contributed to the thematic analysis.

4.12.2 Phase 2 – Systematic data coding

I read and re read the transcriptions for the three ALS in sequence twice, at first without making notes and then secondly with brief notes and highlighting some data to begin creating some codes. I put no limits on the number of possible codes at that stage, and generated 30+ altogether; there were some boundaries in that I held the purpose of my research in mind as context. I transferred my transcripts onto a grid

with columns for transcription, concept, my reflections, possible code; closer reading.

By mapping these factors in parallel with the transcript, I was trying to capture my reflexive processes and to retain a wide range of associations and ideas to

contribute to the creation of themes. (see **Extract from coding grid at Appendix 5**)

I worked in this way through all the transcripts, allowing myself to move back and forth to review and remind myself and eventually settled on a list of initial codes as

below and at **Appendix 19 Phase 2 - Initial codes**

Phase 2 – initial codes

Identifier	Codes
A	How body is implicated in ritual
B	How symbols are implicated in ritual
C	Ritual as bringing up something dormant or forgotten
D	When is a ritual a ritual – what is in it
E	Ritual as something mystical / outlandish
F	How to conjure a ritual
G	Ritual as bringing up something dormant or forgotten
H	Research data collection as ritual
I	Repetition refrain routine
J	Emotional content in ritual
K	Position of participants and ritual
L	Routine pattern
M	Ritual and culture
N	Ritual and protocol
O	Place of ritual in family therapy practice / practitioner
P	Ritual as honouring – honouring as ritual
Q	Ritual and covid
R	Ritual around death of Queen Elizabeth II Sept 22
S	Absence of ritual
T	Ritual as created, discovered, adapted
U	Ritual as meaning – what does 'doing it' do? Transition / liminal
V	Ritual and self of the therapist
W	Talk about ritual leading to new thinking
X	Ritual as harmful
Y	Ritual and on line context
Z	Theme of ritual in connection to the researcher

4.12.3 Phase 3 – Generating themes

Having coded the transcripts using the structure above, I began to look at clustering the codes into possible themes. Holding in mind my research aim, I was particularly interested in data that prompted thoughts and ideas about the process of ritual and its relationship to family therapy practice currently and going forward; the ritual related experience of family therapists, the potential of ritual ideas for revival in practice, if possible and if necessary.

I developed the notes I had recorded on the coding grids further and expanded my analysis of data that ‘popped’ for me: see extract below:

Key

C – ritual as bringing up something dormant or forgotten

W – talk about ritual leading to new thinking

S – absence of ritual

X – ritual as harmful

U – ritual as meaning – what does ‘doing it’ do – transition/liminal

P – ritual as honouring/honouring as ritual)

Extract from transcript

K: That's lovely J, because that's exactly, when I started thinking about it on Sunday, that was exactly the conversation I was having with my partner because I was thinking, well, there are things that I do, **but ritual implies something quite special and conscious, to make the habitual action, what you're doing have extra meaning.**

That's where I started to think, actually, I don't know if I would have called what I do ritual, but then I got curious about why not, or could I, what's the word, **go forward in terms of honouring what I know helps me prepare for sessions, and debrief after sessions that could actually create something to do with self-care, or to do with, well, honouring the process,** but also acknowledging how the process has left me, or how I am approaching the process. Already, **I'm feeling terribly excited about something that was not actually within my conscious grasp, that I think Carol is inviting us, me, to connect with, which is actually feeling rather special.**

There's something about, it's like naming the processes around what you do, perhaps, that perhaps is sort of bringing, or brought into consciousness a bit, or something.

My expanded notes:

Ideas about what is happening – touching on the process of ritual creation as connected to 'doing' – sense of action and embodiment also derived from 'things that I do' (anyway?) or is the thinking also a kind of doing/conscious action

'habitual action' so a repeated action; sense of compulsion or unconscious factor – is there a continuum between unconscious and compulsion that habitual action moves nearer and further from between action, habit and ritual

'extra meaning' – what is the meaning? Is it extra intense, extra conscious or has it something additional in it? Does it create pause for reflection? K talks about 'naming' or 'bringing into consciousness' as possibly significant actions

Idea of 'honouring' (new thought for me) as a factor or position that helps to create a ritual from a habit? (in this case, preparatory action). J seems to be talking about 'how process has left me' or 'how I am approaching the process'

4.12.4 Phase 4 – Developing and reviewing themes

The image below (**Phase 4 clustering of codes and themes – also at Appendix 10**) shows a late stage in theme development for the data where I have assembled what seem to me be coherent groupings of data codes. Some codes were dispensed with at that stage. Code Q - Ritual and covid seemed more an overarching context than a code; Code R - Ritual around death of Queen Elizabeth - this event occurred after the ALS and was not part of the data itself; Code N - Ritual as protocol – this code eventually seemed subsumed in Code I - Repetition which was in effect combined with Code L - Routine pattern ritual as they were so similar to refrain and routine.

Phase 4 clustering of codes and themes

WHAT HAPPENS WHEN A RITUAL HAPPENS. ↓

C	yellow	Ritual as bringing up something dormant or forgotten
W	green	Talk about ritual leading to new thinking
S	blue grey	Absence of ritual
X	pink	Ritual as harmful
U	red	Ritual as meaning - what does 'doing it' do? Transition / liminal
V	orange	Ritual as honouring - honouring as ritual

WHEN IS A RITUAL

I	Repetition, refrain / routine
L	Routine pattern / ritual
D	When is a ritual a ritual - what is in it
M	Ritual and culture
J	Emotional content in ritual
E	Ritual as something mystical/outlandish
A	How body is implicated in ritual
B	How symbols are implicated in ritual
F	How to conjure a ritual
T	Ritual as created, discovered, adapted
K	Position of participants and ritual

RESEARCH(ED) + RITUAL

H	Research data collection as ritual
Z	Theme of ritual in connection to the researcher

RITUAL IN THERAPY / THERAPY

V	Ritual and on line context
O	Place of ritual in family therapy practice/practitioner
G	Relationship between family therapy and ritual
V	Ritual and self of the therapist

Coding
T
9/22
Rovels

Research data collection as ritual

Theme of ritual in connection to the researcher

Place of ritual in family therapy practice/practitioner

Relationship between family therapy and ritual

Ritual and self of the therapist

Ritual as created, discovered, adapted

How to conjure a ritual

How symbols are implicated in ritual

How body is implicated in ritual

Ritual as something mystical/outlandish

Emotional content in ritual

Ritual and culture

When is a ritual a ritual - what is in it

Routine pattern / ritual

Repetition, refrain / routine

Ritual as honouring - honouring as ritual

Ritual as harmful

Absence of ritual

Talk about ritual leading to new thinking

Ritual as bringing up something dormant or forgotten

Ritual as meaning - what does 'doing it' do? Transition / liminal

Ritual as harmful

Position of participants and ritual

Research data collection as ritual

Theme of ritual in connection to the researcher

Place of ritual in family therapy practice/practitioner

Relationship between family therapy and ritual

Ritual and self of the therapist

4.12.5 Phase 5 – Refining, defining and naming themes

(see also Appendix 21 – Clustering codes to themes)

Mindful of the criteria advised by Braun and Clarke (2021:111) for defining themes, I reviewed my categories again. These criteria differed from the 2006 version used by Byrne (2021) in his worked example of thematic analysis, apart from ‘establishing boundaries of a theme’ being common to both. I embraced the latter and I have based my summary below on the ‘characteristics’ frame of G Hall et al (2012:143)

Theme 1 - When is a ritual a ritual

This theme in the data embraces curiosity about what constitutes a ritual and how it is created. It reflects a flexible and nuanced range of positions for defining ritual along the continuum of pattern-habit-ritual and includes religious, social and private typologies. Shared understanding of ritual is often implied but undefined as is the associated sense of mystery. The duality of embodiment and emotionality is woven through the data.

Example from When is a ritual a ritual data

Diane ALS 3-2

My husband – when we go home [to Ireland], and we have to go to a funeral or wedding, he calls going to mass, catholic aerobics.

Theme 2 What happens when a ritual happens

Here the focus is on the implicit and explicit functions of ritual as a ‘liminal’ process, what is ‘going on’ when it happens at individual, familial, community and social levels; how far is the experience shared by participants and observers in terms of meaning and function as both insiders and outsiders; what happens in its absence. It

includes talking or expressing 'about' ritual and connection to new ideas and learning. I note perception of the impact of ritual can be variable across individuals, families and communities.

Example from What happens when a ritual happens data

Petra (ASL 3-1) had noted the lack of formal ritual in her family of origin experience and the idiosyncratic nature of ritual in her family of creation and here she comments about participation:

Because essentially at weddings and funerals, you're joining often other people's rituals aren't you so you might not – it might not be something that means anything to you, but you're joining in. You've been invited or joining in with their ritual of loss and mourning..

Theme 3 - -Because I/we do it this way

This theme is concerned with ways in which individual, family and community routines and rituals are manifested, created, adapted and responded to, attending to the pattern of behaviours associated with them, the tensions between 'right ways of doing things', the adaptation of ritual patterns of action intergenerationally and connection to relational change;

Eve (ALS 2-1)

it's really made me think how perhaps in clinic the rituals that we have experienced within clinic with families and ourselves are perhaps taken for granted, or perhaps I've taken them for granted, they're unnoticed.

Theme 4 - In and out, in and out and shaking it all about

This theme refers to the constant movement of the researcher, (myself), the research and her researching between her various roles and positions in the process. It also evokes the ebb and flow of ideas and theories embraced and discarded and

retrieved and remoulded and her striving for a sense of rhythm and competence in a dance that that moved constantly between the familiar, the exciting and the incomprehensible.

ALS 3-1

Diane: If we could just have one of these [sessions] like every month, I'd be delighted.

[Laughter]

Carol: What, like a bit of a ritual, do you mean?

Diane: Yeah, like a ritual

These themes form the structure of the Chapter 5 - Findings below.

- 1. When is a ritual a ritual**
- 2. What happens when a ritual happens**
- 3. Because we do it this way**
- 4. In out, in out and shake it all about**

4.13 Positioning

For my project, I tried to take an open position of new learning for myself. I have over 40 years' experience as a trainer, lecturer, supervisor and practitioner in my professional roles (as a social worker then as a family therapist), where almost always I am required to provide leadership or take responsibility by providing an idea, practice example, theory to others to respond to with the context of something to be learned. I have been involved in several action learning teaching projects that have some connection in approach to action research in that 'practice' or 'trying out' by participants of the taught material is required between teaching days and reflected upon in later session. To some degree, in these past projects, the participants' reported experience was fed into the training for the next cohort, but

their sharing of responsibility for learning and power with me as the trainer, was minimal.

As noted above, several of my research participants were known to me prior to joining my project; I had been clinical supervisor for some and clinical lead in an NHS trust where others of us worked; I had shared systemic teaching responsibilities with a couple of them; my research supervisor was present in one ALS and their team comprised the rest of that group. No doubt these experiences and relationships had some impact on the process of the groups and I paid attention to the position of those participants who had fewer or no connections with me or other participants. Whilst the research project was positioned outside any organisation I was then or previously part of, and was self funded, there were still these relational connections to consider with regard to the findings, discussion and conclusions below. Where there were current or past supervisor/supervisee relationships, I considered how this might affect participants' sense of obligation to engage with the tasks and discussions in the action learning sets. Equally, the goodwill expressed towards me personally and professionally in some of the early comments from participants known to me previously, was heartening, and heralded (I think) a relaxed informality in the ALS groups, particularly the second and third. The first group comprised mainly strangers to me, and perhaps the face to face context despite Covid restrictions, eased or oiled the engagement process. It certainly enabled the ritual object exercise 'try out' to be an interactive experience in a shared physical space, whereas the online groups inhabited a different, perhaps more limited quality of shared space on a screen.

I judged that as participation was optional I could at least consider that participants' contributions were relatively freely offered and that the sharing of reflective and

personally connected comments felt sufficiently contained. No one approached me to discuss any matter after group meetings nor was disquiet made known to me 'on the grapevine'. This could of course be read with the opposite interpretation!

Most, but not all of the participants made some use of their reflective notebooks and shared these with me. Some of the entries highlighted processes of personal experience and change to thinking that they connected to the ALS experience; some entries were brought into the second session for discussion. Some of the entries were very personal, and I wondered if including these was made easier or harder depending on my existing or past relationships with participants. People I did not know before made detailed entries also. I will reflect further on the impact of relationships with and between participants including myself in the Discussion and Conclusion chapters below.

With regards to the ritual project action learning sets, I was keen to be more of a facilitator than a teacher and I sought a balance between a didactic position and a participatory one in order to be true to the collaborative values of action research. My Ritual Object exercise in the first sessions of each Action Learning Set, (when I asked participants to work in pairs and interview each other about the ritual object they brought), was set up with some orienting questions / suggestions for the interviewer in the conversation, but was largely left to the interviewer and interviewee to develop to see what emerged. I managed the timing, so that a broadly similar amount of time was shared amongst participants.

I tried to remain alert to the impact of my age, role and life stage on my research as well as the impact of cultural factors. As a white British woman family therapist, who was negotiating the liminal of retirement for the duration of this research project, and

who became a grandmother in the fourth year of the work, I found myself at times preoccupied with how to mark these significant events and processes. Around my official retirement from my role as consultant family therapist the NHS, I was repeatedly asked about how I would like to mark the occasion, but I chose not to publicly because I planned to return to work part time and an ending occasion seemed false in those circumstances. Privately, I was doubtful that there would be much interest for others in joining me in a leaving event. Later, however, I reflected that an ending occasion might have been an opportunity to acknowledge and thank colleagues rather than vice versa, but by then the moment had passed!

By contrast perhaps, I felt a deep need to 'mark' the occasion of becoming a grandmother by taking a photo of my first meeting with my grandson and also his first meeting with his grandfather – my husband - father and three uncles – all my sons together. The former occasion might have been connected to a British tradition of retiring from work that in the past included the presentation of a gold watch or more recently, a social occasion, gift for the retiree and well wishing. There were no formal rituals that my grandson's parents wished to engage with such as a Christening or Dedication service, but currently, marking occasions with informal photographs and posting them on family or social media is well established and certainly occurred to herald my grandson's birth. From a tradition started by my own mother for my four sons, I had a small silver tankard engraved with my grandson's name, date of birth and birth weight and presented it to him and his parents in his first year. This linked to my own birth, where my god-parents presented me with a silver egg cup, spoon and napkin ring and a set of silver cutlery engraved with my name. On all of these occasions, the silver gift was presented at a family lunch gathering. The use of symbolic objects on these occasions, and their physicality,

adds embodied dimensions to the experience and the objects themselves carry history of related events.

4.14 Ethical issues

I realised that this project and the action learning approach presented paradoxical and competing ethical considerations, particularly around shared information and confidentiality. I thought about the parallel process of possible unfettered information or response sharing by participants in the workshops and possible confidentiality issues alongside the inclusiveness and power-sharing intrinsic to the action research process. Fundamental to the action learning process is iterative learning and my design included three separate Action Learning Set groups where learning from one group was used to inform the activities of the next; it was important to ensure the anonymity of participants within their separate groups. In the writing up of this thesis I have anonymised names and other identifying factors, and I have adjusted some of the details in the quotations I used if they seemed too specific.

Any work with a group presents challenges around confidentiality, and confidentiality can only ever be partial. I felt a responsibility to attend to group dynamics and to promote structures and practices that enable participants to feel safe to voice their experiences, ideas or opinions. I attended to this by offering choice about levels of participation in exercises; emphasising need for comfortable sharing of ideas and professional and personal information; using tentative language when requesting participation in exercises and discussions. I also tried to create different types of conversation – talking in pairs (e.g. ALS 1, ALS 2 and ALS 3 session 1 exercise 2); outsider witness practice (e.g. ALS 2 session 2 exercise 2) large group discussion e.

by such as asking for a volunteer to start off some tasks (e.g. ALS B session 2 exercise 2)

If participants were to reveal more in the group than they anticipated, some emotional harm or distress was possible, so it was important to consider this in the initial discussions and agreements. I included a clause in the participant's agreement form indicating the limits of confidentiality and also that I was available between action learning set meetings to discuss any issues arising, personal or otherwise, from their participation in the research; together with the option to withdraw from the project at any time (e.g. Gomm 2008). Elsa Jones (2003) writes movingly about her experience of painful personal exposure as a research participant, and this was helpful to me as a reference point throughout as I anticipated that the level of self-disclosure by participants in the workshops would be high. To a degree this was possible to address in the action – reflection cycle process of the action research model. An example was when I reviewed the recording of ALS 1-1: I observed myself repeatedly using cautionary language about self-disclosure and confidentiality that seemed to impede the flow of conversation in the group at times. As a consequence I limited this input for the second and third action learning sets.

My Tavistock Research and Ethics Consent form was accepted in September 2020 and **Participant Information Sheet and Participant Consent Forms** are included in **Appendices 17 and 16** respectively.

4.15 Note about the ethnographic observations (please see **appendix 9** for extract from the Ethnographic observation of Ritual Object exercise and **appendix 7** Viewpoints of Ritual Object observation).

In carrying out these observation exercises, I was drawn to the patterns of physical movement that were repeated and mirrored or copied among participants both in the online and face to face ALS sessions. (see lines 35-71 highlighted in **Appendix 9** extract) I could see myself in both types of observations (**Appendix 7**), but more uniformly and in a similar sized space to the participants in the online observations, I discuss patterns of interaction in the Findings Chapter 5 and the observation alerted me to the visual quality of these patterns in parallel with the conversation patterns discernible in the transcripts. This supported my thinking about the inevitability of social groups co-creating patterns also in their physical movement and the link to the habit/pattern - routine – ritual continuum.

Liminal Phase

Chapter 5 - Findings

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5.1 Introduction

I have recounted how I arrived at four key themes from my data in the Methodology Chapter 4

Theme 1 – When is a ritual a ritual

Theme 2 – What happens when a ritual happens

Theme 3 – Because we do it this way

Theme 4 – In out, in out and shake it all about

Below, I will outline my findings on these themes using data examples from the transcripts of the three Action Learning Sets each of which consisted of 2 sessions. (abbreviated as ALS 1 – 1; ALS 1 – 2; ALS 2 – 1; ALS 2 – 2; ALS 3 – 1, ALS 3 – 2)

My purpose in facilitating the ALSs was to create opportunities for family therapists to explore ideas about the use, associations, definitions and importance of ritual in personal and professional contexts to address the question of how ritual is used in family therapy and how and if this might helpfully be developed. Overall, participants engaged energetically with both the discussion topics and action tasks of the sessions, both face to face (the first group ALS 1) and via Zoom online platform (the second and third groups ALS 2 and ALS 3). I therefore took these as signs of the relevance of the topic for them and for a wider audience and as encouragement that the use of ritual in family therapy might helpfully be revitalised, addressing the

primary concern of my research question. The 'how' of my research question is discussed below.

5.2 Findings Theme 1. When is a ritual a ritual?

This theme looked at associations, definitions and 'ingredients' of ritual that the group members offered. Key to this seemed to be the relationship between habit/pattern, routine and ritual, sometimes linking these as a continuum, sometimes considering the differing applications of each term.

Jackie (ALS 1) offered:

I think I'm starting to think a little bit about the meaning of the word ritual as well, and how it might deviate from habitual action.....

Yeah, I think a habitual action would be more of a, something that one just does, whereas ritual has a lot of meaning attached to it, and it kind of expresses connection to one's culture, the practices in one's family or in one's community...

Kay (ALS 2) suggested that the factors of symbol and significance added to routine, created ritual. Others talked about 'ritual' differing from 'routine' because of the former's association with 'transformation' and 'change' rather than simply repetition, whilst also thinking about how a routine may become a ritual, how this is decided and the degree to which this process might be unconscious and emerge from repeated actions.

Clare (ALS 2)

It wasn't necessarily the word routine, but I thought about when does something become a ritual and when does something – it's a habit and is there a difference ... between the two? ... who decides, then, when it's a ritual and when it's not a ritual and how do we make those decisions?

The idea of ritual having an essential action element in which a behaviour or event occurred through a period of time and therefore intimating a process more than a fixed moment, was present in much of the discussion about habit / pattern / routine /

ritual definitions and key identifiers of ritual. The 'ingredient' of time was seldom directly mentioned but implied. Rituals were referred to as a part of everyday domestic life, work settings including therapeutic, as well as religious and cultural contexts.

Ritual as having a mystical element came through more particularly when participants mentioned rituals that derived from a less familiar culture to their own. There was acknowledgement that events like birthdays were not celebrated in every culture. Barbara (ALS 3) described her experience of witnessing the ritual hand painting of her brother's Muslim bride before their wedding and referred to the symbolism she thought was included in the process:

Barbara (ALS 3-1):

I think then it symbolises the relationship between the bride to be and her mother because it's her mother who paints it. Well my ex-sister-in-law was Egyptian and that happened before - on the night before her wedding. Her mother hennaed her hands. It was very interesting.

The ALSs happened in the UK in second year of Covid and its impact was a major preoccupation for the participants. Much was said about the resultant absence and modification of key social rituals such as weddings and funerals. Almost universally, a sense of loss and incompleteness was expressed at occasions like funerals held on line rather than in person, or social rituals not carried out at all. There was a sense that the absence of familiar and formal ritual 'was not right' and that opportunity to process a significant life cycle transition or life event, was being denied by law to the general detriment of all concerned. The absence of community and being together with others in common purpose was often cited as the key effect of denial of ritual, but there were also exceptions to this – several participants talked of rituals they carried out individually and privately, such as preparation rituals of themselves as

therapists for therapy sessions. 'Community' seemed a complex concept; not necessarily requiring physical or simultaneous presence of connected others, but often where the presence of others was evoked as a reference point or memory.

In ALS 3-1, Petra was clear about her position with regard to weddings, where she wondered about the significance of her personal connection (or lack of it) to that ritual:

Now, I mean if I can avoid a wedding, I will. I always say to people don't feel obliged to invite me. There's something – I don't know what it is. I'm thinking about it thinking it's something about the tradition that I don't quite connect with. It might be just that I'm divorced, and I don't know.... So I was just thinking about that thinking, oh, is there something wrong with me, why can't I?

Petra (ALS 3-1) also described her changing relationship to the idea of ritual [during the course of the ALS 3 that she attended]; seeing possibilities of inclusion of exploration of family ritual in therapy

.... I didn't think my family life was particularly embedded in rituals and when I began to think about it, I was thinking about it as a routine as a kind of window to people's values and family life in absolute detail.

In ALS 3, three of the four participants described themselves as 'lapsed Catholics'; all had been brought up by practising Roman Catholic parents and all were well versed in the gamut of Roman Catholic religious rituals. There was a complexity in their current relationship with the Roman Catholic faith, in that all remained amenable to practising the physical aspects of ritual when with their families or communities of origin, whilst seemingly eschewing much of the religious meaning. Their familiarity with Roman Catholic ritual and Roman Catholic childhoods underpinned a sense of common ground between the three of them:

Barbara (ALS 3)

but I'm Irish catholic as well and so lapsed catholic. You know, the idea of submarines and submerging, I really love that idea. I thought, isn't it interesting, three out of four of us are catholic or have that – and absolutely, the whole of my childhood was just immersed in rituals, routines...

Diane (ALS 3-2):

I'll go to weddings and funerals, and I like churches and stuff when there's nobody else in. So I'll quite often go and have a sit around but having no motivation to maintain it so that sort of loss of the ritual, the change, but still liking it within its own context but not having any motivation to practise it.

Family and cultural expectations maintained a powerful influence on Diane however:

Diane (ALS 3-2):

Last year my dad passed away and he died in Ireland and in Ireland, I'm sure Barbara should know, we have a three day and you're gone. So when somebody dies you have to leave [to attend].

For Teresa (ALS 3) her relationship with Roman Catholic ritual meant that she retained aspects of spirituality:

Teresa (ALS 3)

Yeah, I mean, I suppose – I'm not catholic anymore. Definitely not, but I suppose I still hold on to a kind of spirituality but I'm not sure what it is. I don't really define it, but there are rituals and thoughts within it that probably draw on other spiritual and religious practices, but not routinely.

Diane (ALS 3) described the impact on her Catholic mother of not being able to participate in her usual rituals during Covid:

I think about my mum because she would go to mass three or four times a week and she'd go to bingo three or four times a week. Under normal circumstances this year would have been difficult [lost her husband] but it's super, super, super difficult because she can't do any of those normal rituals that she would do. Because going to mass is very much a social aspect...

This emphasis on the 'social aspect' of religious ritual events and the almost parallel importance of joining Bingo sessions, seemed perhaps to secularise the attendance at mass even for the unlapsd, at least in Diane's view. The dynamic of insider – outsider positioning to various ritual practices was a frequent thread in the discussion

and in Diane's comments above, a possible continuum from sacred to irreverent to profane in terms of reference to religious practices was evoked.

Lack of school examinations and closure of schools during the Covid period was included in the discussion of the rituals that constitute rites of passage, this time in education:

(ALS 3-1)

Teresa That's a massive childhood ritual that's completely lost – you would never have expected that schools would close

Barbara: I remember passing – not my GCSEs. I remember doing my O levels and A levels and I remember the rituals.

Diane: Me too.

Conjuring, adapting or creating a ritual to mark an event was brought up; for the lapsed Catholics, the impact of secular social pressures sometimes required adaptation of religious ritual:

Diane (ALS 3 – 2)

Where I'm from there were two or three priests and if you were booking a wedding you had to try and opt for the guy who could do it in like 35 minutes because the really old guy, he would take two hours, and everybody would be like – oh come on. They even moved midnight mass on Christmas Eve to nine o'clock so people wouldn't be pissed when they arrived.

The habit/pattern– routine – ritual continuum idea seems to be relevant in several ways. There were comments that considered the positioning of an action on that continuum and the factors that confirmed the status of it as ritual or otherwise, including who could define that status and how. The positioning of the lapsed Catholic group raise particular questions about the status of Catholic ritual: given their differing relationships to the religious beliefs that underpin or are manifested in the performance of the rituals, I wondered what is happening when they participate in the physical performance of the ritual; does this dilute the community impact in

some way or is it sufficient that parents' religious beliefs (we assume) are still present for the ritual to persist?

5.2.1 Summary of Findings Theme 1 - When is a ritual a ritual?

Ritual appears to have separate status beyond the vagaries of participation – participants described their relationship to 'it', e.g. Roman Catholic Mass, in terms of both the ritual activity, the meanings and associated beliefs, and the relationship to other peoples' relationship to the particular ritual. What was it that drew the lapsed Catholics to comply with attendance and performance at transitional events or rituals – possibly respect for the beliefs of parents/rest of the community? Or does that partial compliance slide their performance back along the continuum from ritual towards routine and pattern/habit? First-hand knowledge and experience of taking part in these Catholic rituals growing up arguably contributed to a sense of connection between these three participants that was not shared by Petra, whose lack of formal and religious ritual experience was expressed by her as some kind of shortfall in herself, alongside a 'tug' of fascination with the rituals practised by the Indian family next door to her when she was growing up.

The performance of ritual as a relational act can perhaps maintain embodied connections to family and culture that continues to exist as memory or respect when formal beliefs are diluted or abandoned. The status of such performances seems hard to define and often seems to sit at the nub of participants' relationship with ritual. Alongside this was the sense of mystery in perception of ritual – Petra could not articulate what she was missing out on, but she expressed what she thought was a lack of something. Considering what is in a ritual, to make it authentic, or to enable creation or adaptation of one seemed to be an emerging focus for the participants; the sense of ritual having been or being just below the

surface of thinking and consciousness, stimulated into view during the ALS discussions.

Diane perhaps summarised the dilemma, referring to professional, personal and community contexts:

Diane (ALS 3-2):

Is there space to create new rituals, is there space to create new stuff out of the nuts and bolts of the old?

5.3 Findings Theme 2 - What happens when a ritual happens

It was important for me in this project to facilitate talk about the lived experience of ritual and its function and to relate these to both clinical and non-clinical contexts. I have noted above that ritual is generally acknowledged as a feature of all human societies (e.g. Durkheim 1912) Although perhaps less emphasised as such in teaching of family therapy in recent years, ritual has a long history in family therapy practice and I thought a way of contextualising this development, as well as addressing the research question on whether and how to revitalise use of ritual in family therapy might be to explore the use and meanings of ritual to family therapists in their personal and professional lives.

Firstly, here are some examples focused on meaning and impact/function of ritual or more simply, what happens when a ritual happens? from the data. There was almost universal agreement that the ritual factor in an experience intensified it in some way:

(Kerry ALS 1-1)

'ritual implies something quite special and conscious... to make the habitual action ... have extra meaning.'

(Hester ALS 1-1)

'it's our need, a human need for making something significant or validating ...or punctuating our daily experience of living'

(Clare ALS 2-2)

'whether it's about processing or holding a moment in time'

(Norman ALS 2-1)

'I was thinking about the purpose of rituals to stabilise, so they actually oil continuity. They keep traditions. They keep things going'

(Clare ALS 2-2);

'do rituals give us permission to have feelings and emotions'

(Diane ALS 3-1)

'...an idea of rituals connecting you to a sense of belonging'

Hester (ALS 1) referred to the 'tug' to and of ritual in human lives and this seemed congruent with the participants' affirmations of its importance and the existence of ritual and ritualising in human activity. All the exchanges spoke as if a shared understanding of ritual already existed despite the diverse examples; which perhaps also implied mystical and embodied factors were at play.

Angela (ALS 2-1)

'there is something existential in ritual, if that makes sense. But this idea of transforming or moving from one space to another and then I was thinking of that liminal space, that sense of being on the threshold of something new but also letting go of something as well. I was really struck by the word 'transformation' ... I was thinking rites of passage'.

There were also comments about the power factors in ritual;

Norman (ALS 2-2)

'I am getting interested in how ritual can be used to contribute to agency but how it can also be used as a form of control and power...I think it's a bit like electricity; its neither good nor bad'

There was appreciation again of the differences between being an insider and an outsider regarding understanding of and participation in a ritual.

Hester (ALS 1-2) queried:

'Is ritual something that always unites or can ritual divide?...what happens if its shared with just one or two people in the family and one person is left out of the ritual for whatever reason?'

Gina gave an example of dispute between a community and a family around the kind of funeral ritual that should be performed which raised the issue of ownership of constituent parts of ritual. She referred to the situation (during Covid lockdown) when a bereaved family were obliged to concede to the community's expectations for a funeral for the father

Gina (ALS 2-2)

There was a huge furore on the island because his mum said, because my son can't be here [because of covid restrictions], I don't want a big funeral. I just want a really small, quiet, just a small group of us. The islanders were - and I guess - I don't know the culture, but it's very close knit, were saying, well, you can't possibly do that. That's not how we do it. You will have a big funeral. People were writing letters of complaint and all sorts of things. It was just getting completely bizarre and they've actually, they've conformed..

Thinking further about the community factor in ritual, Jackie (ALS 1-2) shared her perceptions of the utility of ritual in a different community to her own:

Jackie ALS 1-2

'My best friend in South Africa is Jewish and when they have a funeral they do what they call shiva for 14 days. So after the funeral, the family retreats and everything stops for two weeks and they all stay in the house. Friends and family come over constantly so they're not alone for those two weeks and they don't go out. They light candles and they have various other rituals that mark that person's going.... I really like that whole idea that you don't grieve on your own; that it's a community and people come and support you with that'

The degree to which ritual is intrinsic to the creation of a community group or family and also necessary for acceptance and belonging of individuals was raised by Linda:

Linda (ALS 2/2)

I was thinking ... about that idea about how we become a group, a team, a gang, and ... the step family, and the need for rituals in order to feel like you're

a unit, or a group. Maybe they just needed support to start to think about, or start to gather some rituals, in order for them to feel like a group, and they're not fighting against the other groups or the other rituals that they may have had in the past.

Petra (ASL 3-1) had noted the lack of formal ritual in her family of origin experience and the idiosyncratic nature of ritual in her family of creation and here she comments about participation:

Because essentially at weddings and funerals, you're joining often other people's rituals – it might not be something that means anything to you, but you're joining in. You've been invited or joining in with their ritual of loss and mourning.

Sometimes, the way that ritual was discussed by participants highlighted the interface of personal and public experience and at times the lack of congruence between these. Positioning of an individual or group about or within a ritual event revealed a highly nuanced range of perceptions. **Lesley (ALS 1-2)** had described, performed and shared her individual ritual of using hand cream as a meditative preparation for conducting therapy sessions in the previous meeting and reflected on the experience.

'Yes I think it was actually in the moment of the last time we all met together. I noticed and I think probably the way that I noticed was significant, because I noticed something happening to me when I shared with you the hand cream. I thought this is interesting, because that bit felt really exposing while the telling of the ritual felt really comfortable'

Pivotal to this topic was the complexity of meaning and experience of the physical performance of a ritual. Barbara contrasted her familiarity with certain ritual movements associated with Catholic Mass and the unfamiliarity of then performing similar actions in a less known context:

Barbara ALS 3/1

..the value of rituals for people, the value of ritual helps in keeping that security and familiarity and knowing where you are and knowing what you're supposed to do next.

It just reminds me of that. – if I had to go to a funeral in Ireland now, I would have ... less anxiety because I'd know what I was supposed to do. When to stand up and when to sit down, but I remember the first time I went to a – my husband is in the army and I went to one of his mess dos and I had no idea when to stand up, when to sit down, when – and you're up and down all at completely the wrong times and completely out. I just felt really disconnected and really that everyone was looking at me and it was horrible.

I really liked to have that something familiar that you can go back to even if it doesn't necessarily mean the same

Connected to those comments, Diane observed:

Diane (ALS 3-1)

Whenever you're dislocated from those rituals and cultural norms, how dislocated you can feel from part of yourself

Diane also highlighted the power of participation and community when she described her family's experience of a recent family (Irish Catholic) funeral

Diane (ALS 3-2)

'...it is expected that you go... The person is waked at home on the first night. Then they go to chapel the next night and the following day they are buried. It is very intense and everybody stays up and it's exhausting but incredibly cathartic. It is very important to identity...

Absence of ritual, caused by lack of knowledge or choice to ignore or social/political prohibition, was noted as impacting in a range of ways. **Jackie (ALS 1-1)**

experienced the lack of ritual permitted in marking her daughter's transition to university (due to covid restrictions on socialising)

'we sort of just stood there and looked at her through a window then had to go ... I felt like I had been cheated of something and we had dumped her and left her bereft of [the care] we could offer her...I felt that as a pain ... this thing [daughter's independence] not being marked in some way'.

Teresa expressed her annoyance about absence of ritual regarding life transitions and her overall position regarding ritual:

Teresa ALS 3-1

I was brought up as a Catholic but I rejected it, but there is a lot of ritual involved in that. I would not say I am religious now but I do get annoyed with

people if they don't celebrate or mark birthdays, if they go off and get married and don't tell anybody and I'm like it's not just about you. It's about everyone else so I do think it's important to mark those transitions and changes.

One of the most interesting threads that emerged for me in analysing this theme in the data was the idea of ritual being both an anchor of continuity and factor in change. I was struck by the changes in ritual practice over time; the changing relationship to ritual through the generations of a community or family, both from the performance aspects of the ritual, the relationship to its symbolic significance and meanings for individuals and groups. **Hester (ALS 1-1)** spoke of 'the lines of ritual reshaping ...'

Some of the data below reflected this thread:

Jackie (ALS 1 – 2)

..culturally we're losing touch a bit with rituals as individuals and as a society. ..my sense that we maybe are losing a sense of the importance of doing things again and again in a communal way'

Lesley ALS (1 – 2)

'If the ritual is replicated or repeated, but the system and the relationships have changed, what's the experience for each family member of that not being the same, but actually they're trying to play it out as the same. It could actually compound their sense of the distress for different family members, what it brings.'

Clare picked up the link of the concept of dance and ritual as 'freeing' for both everyday life and therapy:

Clare (ALS 2 - 2)

'... it's reconnected me with the idea of - because I am not a dancer, but I really do like watching people dance, because in dancing you can change the moves. You can – it can be serious. It can be playful. So there is something about thinking about rituals as a dance, really I think helps me think about the ebbs and flows of life and therapy. It's just a more freeing way.'

5.3.1 Summary of Findings Theme 2 – What happens when a ritual happens

In summary, the data I have assembled to link to the theme of 'what happens when a ritual happens' often imply a common understanding of how ritual works without this specifically being articulated verbally. This seems linked also to comments about how talking about ritual in the ALS groups revived a consciousness about ritual in their lives, including as therapists, that often surprised participants and almost always led to some new or rediscovered thinking about ritual. Those that initially thought they had no personal knowledge of ritual (e.g. Petra with no connection to religion in her past or present life) found that the group discussions changed that to some degree and that they had informal / personal / family ritual experiences that they had seldom recognised or described as such, but which could be appreciated as ritualised in nature.

The highlight for me was the evolving narrative around the journey of ritual as an entity in different contexts, role of performance of ritual in maintaining or establishing belonging, changing meanings and practices through generations. The strong expressions of the impact of lack of ritual or ritual denied by legislation, referring mainly to Covid restrictions, were also significant. The place of a familiar ritual in grounding people in what to do next and in creating a position of respect and thoughtfulness was contrasted by the impact of only knowing part of the story and pattern – e.g. Barbara and the mess ritual and her discomfort around her lack of knowledge of protocol.

Crucial to me seemed to be the function of ritual as a liminal space where transitions can be managed through familiar or prescribed actions; where 'knowing what to do'

is crucial to the efficacy of achieving the change and being able to move forward to a different position or state.

5.4 Findings Theme 3 - Because we/I do it this way

Here I focus on how ritual impacts family therapy practice and the family therapist.

First (5.4.1 and 5.4.2) I discuss data that I linked to similarities and differences of working online versus face to face. Then I consider ideas about the self of the therapist including self reflexivity (5.4.3 and 5.4.4), followed by consideration of participants' ideas and experiences in clinical practice (5.4.5 and 5.4.6).

5.4.1 Findings Theme 3 Because we/I do it this way - On line and face to face contexts

The constraints and affordances around working therapeutically online were live for all the participants as all had experience of both face to face and online contexts. A priority for them seemed to be how to appropriately substitute practices in online working to approximate face to face therapy sufficiently well that a therapeutic impact was achieved, albeit in the face of scepticism that this would be possible. To that end, the creation of pattern/habit, routine and ritual seemed an important vehicle for experimentation in online therapy. For the group members, it seemed that the need to co-create ritual with client families on line started from a not-knowing how position for both parties.

Stephanie (ALS 2-1)

I suppose I was just thinking about the richness of the descriptions and how past stories..... about ourselves contribute to the rituals that we make.? What new rituals [online] using ourselves can we create for families or people that we're seeing?

There was much reflection about the challenges of creating a protected therapy space for families when working virtually. Not only did online working with families

often mean family members joining from their own home but also possibly sharing a small phone screen, or joining from different rooms or even different locations. **Carol (ALS 2-1)** recalled a case where the father was an ambulance driver:

'He was sitting in his ambulance on the phone joining in with our therapy session and the siren goes off and he has to go.'

In thinking about 'ritual as a containment' as **Hester (ALS 1:1)** put it, she (among others) wondered if new rituals are necessary for the online context

'We thought about actually the ritual of arriving somewhere and what we provide in therapy, the ritual of arriving in a space that we've created to be safe and boundaried. Would they need to do it [ritual] with us, or would we leave them to do that after the session.'

The idea of beginning and ending rituals holding a liminal space or pause between one context and another or one session and another for clients and workers, seemed important, without which **Carol (ALS 2:1)** thought:

'things kind of seep into other bits of life ...the emotion or conversation that was happening.'

Several examples of online performance of versions of ritual in their own lives were offered by participants, including Teresa:

Teresa (ALS 3-2):

'Yeah, but I mean I don't feel like I've taken on religious tradition as such, but it's still means a lot to me to – these marking rites of passage. I feel quite strongly about it, and I feel very kind of upset that my goddaughters had their 16th and 18th and I mean they both – all you could do was watch them blowing out their candles on the cake on Zoom.'

The action learning sets ALS happened the autumn / winter of 2021, when the lifting of some restrictions allowed the first group to meet face to face but the return to lockdown afterwards necessitated online meetings for groups 2 and 3. Thinking of Barbara's comment that ritual '*helps you know what to do and when to do it*' lockdown restrictions overturned much of this grounded certainty and its absence for

many highlighted the importance of ritual and routine and habit/pattern and uncovered a 'tug' to restore or create these.

Barbara (ALS 3-2)

It really feels like a real privilege to be able to do that [face to face working] for me and for them...there's some joy in being able to reclaim old therapeutic rituals and I've been thinking about that.

5.4.2 Summary of Findings Theme 3 – Because we do it this way – on line and face to face contexts

The necessity of embracing online media for therapy during covid seemed to shift the anxiety about adequacy of virtual platforms to deliver 'therapy', to a more pragmatic approach where trying out collaborative approaches with families boosted therapists' confidence in new ways of working 'online'.

The mystique of the family therapy clinic and the 'power' of knowledge and ownership this conferred on the therapist was directly challenged by the virtual medium – very often technical competence was higher in the clients themselves, The various means of joining on line sessions, some illustrated above, required rethinking about safety and containment but perhaps added to the scope of family groupings and interventions that were possible. Several comments referred to the need for collaborative approaches with families to securing this containment especially in arriving and departing therapy sessions. Perhaps the patterns/habits then routines of interaction of online working were just emerging and had not achieved the status of ritual at that time.

5.4.3 Findings Theme 3 Because we do it this way - Self of the therapist

In the course of the ALS sessions, participants described a growing awareness in themselves of rituals in their approach to practice, particularly with regard to their

routines of preparation for therapy sessions, which were often brief but with specific behavioural and thinking elements. These practices seemed to include reconnecting with the previous therapy session by getting back into that moment and bringing the family back into mind. They also provided elements of self care for the therapist, aimed at bringing forth the therapist's 'best self' for the therapy encounter and to create safety and space therein.

Kerry (ALS 1-1)

I like to have some time before a session to reconnect with themes, because I work alone, I don't have a team, so I've had to internalise the [Milan] model. So, I've created a ritual around that, to almost honour the sort of moment of connection, hypothesising, then, where were we at, at the last conversation?

Petra (ALS 3-1)

But I always have a ritual before I see a family. Like a two-minute ritual before I'm in the room with them...It's just I look at the notes, but then I imagine them – it's an intent thing ... being the best it could be. It's really important to me ... otherwise I arrive in the room and I'm still somewhere else.

Teresa (ALS 3-1)

But I do also think it's important to have that moment and I probably do it in a slightly different way, and I probably do it as the idea of grounding which I know lots of people don't know what that means, but it is that kind of just clearing myself in a way or getting centred or being able to receive and respond to what's going on.

Participants' reflections about the journey of ritual across time and through generations, prompted personal and family of origin examples.

Stephanie (ALS 2) was surprised at the outrage her teenage children expressed when she decided not to provide chocolate advent calendars at Christmas as she did not think they were wanted any longer due to the lack of response they had received in recent years. Conversely **Petra (ALS 3-1)** hoped her children would carry on or at least appreciate her ritual of writing a celebratory letter to them each year and

displaying milestone birthday cards as well as current ones on their birthday, despite their impatience with her for this practice.

There were stories of adaptation and loss. Diane (one self identified 'lapsed Catholic') described the changing place of religious ritual in her life:

Diane (ALS 3-2)

I've written in the book [ritual notebook] about feeling a sense of loss when ritual fades, and I'm thinking about it, I don't go to mass. I'll go to weddings and funerals, and I like churches and stuff when there's nobody else in. So I'll quite often go and have a sit around but having no motivation to maintain it so that sort of loss of the ritual, the change, but still liking it within its own context but not having any motivation to practise it

Lesley (ALS 1-2) told of how she found herself unhappy about continuing a twice yearly ritual on her own that she had shared with her mother after her mother's death. They had visited craft markets together every year and she felt she was not valuing her mother as much by not carrying this on:

I kind of sat with it and thought actually how could this evolve? ...But it was really meaningful and almost a journey [where] the ritual reshaped itself with it. So I was kind of thinking about the evolutionary nature of rituals and noticing when they become a constraint.

Sometimes, specific family rituals became so complex they might be described as culturally composite. **Teresa (ALS 3-1)** advocated 'inventing your own' ritual and used threads from different family and cultural practices for the adoption celebration she arranged for her daughter:

I'm gay and I've adopted my daughter and it was – even though I'm not religious now, it was important for me to celebrate the adoption, her naming ceremony and I chose to do it in a church with a friend who was a priest and to combine it all. It was drawing on lots of different traditions to create a ritual ... I did it in a church mainly for my dad...who had cancer at the time and died not long afterwards so I wanted to honour his beliefs too

Hester (ALS 1-2) had faced the challenge of her daughters coping with changing of family rituals when she separated from their father, noting how just carrying on with the old rituals no longer fitted in their father's absence . Eventually, perhaps as if carrying rituals in a suitcase between homes: ‘

the girls now take the rituals from my house and put them down at Daddy's house'.

Lesley's (ALS 1-2) reflected, having raised the topic of ritual with her own family members between her two ALS

So the rituals that get created that everybody noticed, they weren't really spoken about until now, years later... But now we have quite warm, fond memories, though they drove you mad then. So how the stories with the rituals get told, or not, through time is fascinating

.5.4.4 Summary of Findings Theme 3 Because we do it this way - Self of the Therapist

Participants' confidence about their experience and expertise in understanding and working with ritual seemed to grow in the course of the two meetings they attended. Conversations about how ritual was adapted or recreated with time passing, changing circumstances and cultural contexts moved between personal, group and therapy foci. Discussions implied levels of common understanding (such as the utility/necessity of preparation rituals for therapy sessions) as well as generating new points of view and ideas. The examples of individual preparation rituals for therapy provoked food for thought about their validity and connection with *communitas* / liminality which I reflect upon below.

Stephanie (ALS 2-1)

I suppose I was just thinking about the richness of the descriptions and how past stories – it's something that I hadn't really thought about but how past stories about ourselves contribute to the rituals that we make

Lesley (ALS 1-2)

... it reminded me of when I entered into this space, not quite sure that what meant. That still makes me feel that way about that ritual, because I think my experience of ritual since starting that, it's just so rich with multiple meaning and history and it's changeable. So I guess I struggle with knowing what that means, I'm not quite sure, because ritual can mean so many different things in terms of identity, stories, relationships, context. It's possibly unique and creative.

There were comments that suggested the discoveries that participants were making in their renewed awareness of ritual in their own lives might translate into their practice as family therapists.

5.4.5. Theme 3 – Because we do it this way – family therapy practice

Material from the data that I used to create a profile of the use of ritual in family therapy generally, using accounts of past, present and future practice, was characterised by its exploratory nature; with participants voicing their ideas about being therapists and about the family therapy discipline more generally. Hester emphatically linked ritual to culture in family therapy:

Hester (ALS 1-1)

because ritual is something that's so embedded in the history of family therapy, in terms of how we work. We often talk about culture within our work, but very rarely do we hone it down to really thinking about the place of ritual, and what ritual means for us as therapists working in an organisation under a professional title, but also what ritual means for us all individually and culturally...

She also queried the nature of ritual versus structural processes and the interplay between them

Hester (ALS 2-2)

certain structures that we have within our family therapy tradition are or could be called ritual, or could be called processes. So just thinking about team screen and all those sorts of things, were they creating rituals or were they creating structural processes. Or did they become rituals and in what way does the process or structure become a ritual.

Apart from some references to particular systemic therapy models, including strategic, generally participants' comments came from more of a second order position, with participants focused on how to engage with families and to collaborate with them in various ways usually to co-create a ritual or revive an existing family ritual. **Norman (ALS 2-2)** noted that in therapy, therapists might be *'instigators of ritual'* and as such, might *'impose some form of control'*.

Also the pattern of a therapy session itself was linked to ritual in several ways *'people coming to therapy sessions – that in itself becomes a ritual for them'*. (**Eve ALS 2-2**) and **Angela (ALS 2-2)** referred to therapy as *'a healing ritual'* and also *'as something quite transitional'*

Barbara talked about 'large' and 'small' rituals – the former being a substantial and overt intervention for a client suggesting change of pattern in relationship or behaviour and the latter being more integrated behaviours that *'connect us and contain us and keep us grounded in what we do'* (**ALS 3-2**)

Eve (ALS 2-1)

'it's really made me think how perhaps in clinic the rituals that we have experienced within clinic with families and ourselves are perhaps taken for granted, or perhaps I've taken them for granted, they're unnoticed'.

In considering the process of creating a ritual intervention in family therapy, ideas were shared about where ritual fits in 'liminal' phases and beginnings and endings of therapy, including celebrations. There was a suggestion that marking these transitions could include *'borrowing things from other ritual practices'*. (**Hester ALS 1-1**)

Positive views about ritual for clinical practice and supervision were supported by several examples – once the topic of ritual had been raised for the research

participants in the first session it remained in their consciousness and seemingly many light bulb moments were generated between the two sessions for each ALS.

Hester (ALS 1 -2)

'things have been coming into my mind... and I have been bringing it up in supervision'

There was some discussion about ways of bringing ritual talk into the therapy sessions as well as creation of ritual as intervention.

Hester (ALS 1-2) wondered:

in terms of when we talk to families about ritual, how we do that, how do we then segue with them into thinking about it, rather than say to somebody tell me about the rituals you do in your family.

Then helping them consider

'what can be taken from those [rituals] to other more tricky parts of life'

There was a theme about the need for flexibility on the part of the therapist when working with ritual, most importantly in the context of finding a useful integration of the therapist's ideas and the experience and inclinations of the family, including their relationship to and understanding of ritual. **Norman (ALS 2-1)** suggested engaging the family with:

'rewriting the ritual ... ultimately creating something based on previous knowledge of all participants or maybe something unique as well'

Eve (ALS 2-2) spoke in terms of 'ingredients' of a ritual that is created in therapy and perhaps that the ritual ingredients of family members coming together, sitting together and speaking about things to good effect was a straightforward approach and that family therapists might overcomplicate rituals. **Linda (ALS 2-2)** said—

'I am wondering what rituals they already have in place that could have been grown some more, rather than starting a new one'.

A question for the family to elicit existing rituals that **Teresa (ALS 3-1)** suggested was designed to avoid mystical language:

'are there things you would normally do routinely that you are not able to do right now?

Lesley (ALS 1-2) thought about layers of ritual in strategic therapy ritual practice and related this to working with families where someone has an eating disorder:

sometimes there is that stuff of paralysis. But I wonder how that can get recreated, a new ritual, so when those traditions at mealtime can be so symbolically sad and distressing, what new rituals can be created with them. So the paradox of that and the different ways of connecting.

Talk about work with looked after children highlighted the complexity of the context of ritual for these groups.

Linda (ALS 2-2) worked in a prison and noted

'I am working with families who ultimately don't live together; it might be really helpful to think what rituals they are able to maintain, apart'

Participants who worked with looked after or adopted children talked about the position of a fostered child and the task of foster carers being to make their own family rituals *'more inviting or tolerable'* for them **Diane (ALS 3-2)** She added:

'Maybe not changing the family's own rituals but building in them a tolerance that his [fostered child's] rituals and their rituals might be very different.'

I asked about how participants might negotiate a ritual intervention with looked after children:

Petra (ALS 3-2):

I guess I might find out what gets celebrated [by the young person] or what marks occasions and focus on those and draw out some descriptions about the meaning of those, who was involved, what happened? Then think whether there's elements of that that could be replicated in the family that they're in.

Diane (ALS3.2):

Because there is sharing, is there a blending?

Thinking further about cross cultural working and ritual, using an example of cross-cultural couple work focused on intimacy, Kay said

Kay (ALS 2-2)

How do you create a ritual that is culturally, contextually appropriate for two people who come from different cultures?

He'll have a very different understanding (a) of what it means to be a man and do intimacy, and (b) of what rituals connect for him.

What might be interesting would be to get them each to think about what helps couples be together well ... then you'd engage them in mutual problem-solving, which is a form of doing intimacy, anyway.

The data highlighted above demonstrated the richness of the participants' contributions about use of ritual in practice. I was particularly struck by the theme of time taking in the thinking about using ritual in therapy. **Petra (ALS 3-1)** advocated a slowed-down approach to gaining an understanding of the detail of people's lives, including their patterns and rituals.

'think with them about where is your pause, your inroad - which bit of the cycle is actually flexible?'

Images of therapy in action as like a dance came up more than once, highlighting the process of moving in and out of step with the family with a necessary fluidity - **Clare (ALS 2-2)** said ;

'it made me think about the ebbs and flows of coming together and moving apart' and added 'rituals bringing order and change at the same time'.

Inside and outside of the therapy context, the process or perhaps dance of engagement with ritual beliefs and behaviours that we encounter in others arguably has a dynamic quality, as some level of accommodation of the rituals of others occurs both consciously and unconsciously and perhaps constantly. As therapists, this process of accommodating and joining with ritual with clients is perhaps intensified, with the goal being to use the ritual interface and to create a medium or liminality where change is facilitated in a manageable way. Slowing down the conversation and making space for detail to be mapped and the narrative heard,

could be thought of as a therapeutic ritual in itself and as such, is common to many therapeutic approaches.

Focusing on use of ritual in the context of their systemic practice was not hitherto routine for any of the participants; There was often a sense of ritual being hidden or unrecognised in their work. **Hester commented in ALS 1-1:**

To me, this [ALS] really aroused my curiosity to think further about it [ritual], and to think, actually, to investigate my own practice, and have a think about what am I doing all the time that I don't realise I'm doing, and what am I opening up, or not opening up for the families that I work with

Later she added:

It made me think about, one of the rituals I know I use is a last session ritual, where there's always a cake, and the cake is always chosen by the other person[client].... It's made me think about why do I do it. I know I do it, but it's actually really, listening to Kerry has made me think, what am I doing when I'm doing that?

The topic of rituals around food emerged from many perspectives and three of the participants in ALS 1 worked in a service for children with eating disorders. The relationship between eating rituals and not eating rituals was raised:

Jackie (ALS 1-1)

Yeah, I never thought about this, but I'm thinking about the connection between care and ritual, and how often those rituals are rejected.

There were practice examples that demonstrated how clinicians had facilitated the adaptation of family food rituals to make the processual, liminal space of perhaps a mealtime more habitable.

Hester (ALS 1-1) described using a ritual derived from a client family's own repertoire of shared activities to address a stuck phase in therapy:

They absolutely sat there in silence, and it was like getting blood out of a stone to talk to any of them. The thing that changed was when I started talking about things that they did at home together.

All sort of different things came out, but one of them was card games. So, I tried to create an activity there and then in the room that was like a card game. I gave everyone Post-its, and we sort of made our own set of cards ... I actually was able to use their ritual of enjoying card games as a family to get them interacting and [sort of] working with me

Petra (ALS 3-2) used an integrative approach in her example in which a young person with diabetes was at serious health risk because of her difficulties complying with her insulin medication regime or ritual, in which she helped mother and daughter create a new ritual together that involved playing music and no spoken reference to the medical process or instrument readings.

But it was validating for her [the young person] to describe to me what happens [when she administers her insulin], what she needs to do, and how it happens, and where it happens, and who is there when it happens...So could she [mother] join her in the ritual rather than take control so couldn't lose her independence

Conversely, Angela's approach to an interventive ritual with a couple was less collaborative:

Angela (ALS 2-2)

'what she wants is a bit more closeness, but he's like, whoa. He said, I can't deal with the intensity.

My ritual was I asked them, because of the way she talks a lot and he doesn't talk at all, is to sit together, and not speak at all, but their ritual would be not to use words..

It was interesting, because I've used that idea with another couple, and they found it very helpful...[this couple did not!]

At the end of the first session for each group, I asked participants to find a summary word for the session and an idea of what they might take forward in their practice:

Jackie (ALS 1-1) said:

I think for me, my word was connections, and particularly with traditions and family connections. What I will try to do more is to reconnect families with the rituals that help them cope with tough times, get them through what might be difficult.

Petra's plan between the two ALS session she attended **(ALS 3-1):**

I'm going to set myself a goal to of really slowing down my talk with a family or an individual – someone I'm working with – and finding out about their rituals and their beliefs and what they mean to them. Maybe even get them to demonstrate them.

Between sessions 1 and 2, Hester had resolved to bring up the topic of ritual in therapy sessions more directly and she recounted how her curiosity about the mealtime rituals with a family revealed a complex web of relationships around the ritual:

Hester ALS 1-2

One of the things that came up particularly with the family I work with is that they have a ritual of always sitting down at one o'clock for lunch.

I was wondering whether this was habit or ritual. When I talked to them about ritual, they said that's something that's a ritual. Then we talked about whether that was - how that felt. The wife said I'm feeling so constrained by it, I feel so constrained by it that I always get in a panic if I'm running late. Actually it's really treasured by two members of the family, but everybody else is finding it like oh, my god, it's 10 to one and we haven't got things ready. So that's quite an interesting conversation I had, so ritual dividing as well as uniting.

I wondered about these differing responses and their impact on the processing function of ritual – I connected with **Lesley's comment (ALS 1-2)**

'it feels sometimes that then it paralyses the system so much that new rituals, more helpful ones could not evolve because it is so consuming'.

Paying attention to language around ideas about ritual was noted by

Lesley (ALS 1-)

' we did not use the word ritual with the children, we thought about what kind of things we do a lot of the time or all the time'

– which made me curious about hidden or darker associations with the word that children might need to be protected from.

Regarding possible changes to practice, several participants reflected on the potential use they might make of these discussions about ritual in their practice going forward.

Clare (ALS 2-2)

It's made me think perhaps about when we see them again, if they come back, to start exploring the rituals around loss, when people are still around, but they're not dead, in a way, and what's been disrupted and what they're still trying to create that feels stabilising ...

Teresa (Als 3-2) offered an intriguing example of her use of ritual in therapy that combined an interventive ritual for families with a need to address a personal issue of her own around ritual:

So I thought of – I've got this bag of objects... I'm a little bit of a hoarder and I was thinking I could accumulate all of this stuff, or I could find a way of sharing it. I was thinking of that kind of ritual you know when people put things in a fire that they want to let go of or something, So I was thinking that even to create some kind of ritual like that where I can give something, or they can take something that speaks to them that they can carry on. ...So it's a bit like a sort of – a sculpting version of definitional [ceremony] or outside a witness practice...

5.4.6 Summary of findings Theme 3 – Because we do it this way – family therapy practice

Overall, these data examples seemed to me to validate emphatically the potential of a focus on ritual to enhance the therapeutic resources of practitioners. The spectrum of ritual intervention approaches spanned tried and tested therapist-led rituals, previously used in similar cases or taken from prescribed models, through adaptations of the family's existing or previous coping rituals to rituals created by the family using their own ideas. The place of ritual practice as a medium for specific problem solving, such as with eating disorders, was illustrated.

Less positive aspects of ritual were noted, especially in terms of unhelpful or harmful rituals that may have evolved in the life of a family or individual. Also rituals in families where meaning and importance is not sufficiently recognised or shared

between members, seems sometimes to be connected to a paralysing of relationships. Several participants noted insights gained by talking about ritual in their practice and shared examples of their raising the idea of ritual with families which occasioned difference and positive movement. It might be argued that process of consciousness raising around ritual between therapist and family created a generative force for change.

5.5 Findings Theme 4. In out, in out and shake it all about

Here I was focusing on patterns and interplay, between researcher processes, research processes and ritual processes. I noticed these in reviewing transcripts and video material and wondered how these patterns sat in the consciousness of the participants if at all.

I also noticed how the pattern in the structuring of the two-session Action Learning Sets evolved over the three groups, with myself as the researcher adapting the exercises to try to address the research purpose as comprehensively as possible. One exercise I kept throughout was asking participants at the end of the first session to decide on a word that summarised their experience, and I used this as a reminder and link at the start of the second session. Also, the structure of the Ritual Object exercise remained the same.

In keeping with the co-operative action learning principles that framed my project, I reflected on and used ideas and feedback from one session to inform the next (from myself and from participants) and I wondered about my role in generating this ritual compared to that of the participants, given that I was the only person in common for the three groups. Norman commented that he thought the beginnings of ritual in his

group (ALS 2) were emerging after only two sessions, but might only be recognised in hindsight:

Norman (ALS 2-2)

'We had conversations about how we turn take and how we get to be seen, in a context of this [unfamiliar] online Zoom platform. It has a strangeness to all of us... I have a sense that there is a germ of a genesis of our own rituals as a group, and if we continue to grow together, we would develop, slowly, our own rituals, and maybe we wouldn't know we were doing it until we looked back'

Pattern of behaviour and discourse around introductory sequences for the first ALS sessions, for example, usually demonstrated respectful turn-taking between group members but this was somewhat challenged in the on line action learning sets due to technical factors such as movement of participants' positions on screens and the size of their images. On line also, it was necessary to accommodate the unpredictability of the technology and conversational flow was frequently interrupted with admonitions like 'you're on mute' or an even more intrusive sequence such as:

Carol, Diane Teresa (ALS 3-1)

Diane: Yeah, you've stopped screen sharing, but we can't see you.

Carol: I'm a little bit...

Diane: We can see you – we can't see you, but you've stopped screen sharing. Yeah.

Carol: You can't see me, or you can? Can we all see each other?

Multiple speakers: No.

Diane: No, we can't see you, but we – yeah.

Carol: Well, that's peculiar. Hang on a minute.

Diane: Oh, there you are.

[Laughter]

Teresa: Welcome back.

Diane: You're back.

Carol: Thank you.

These phases where the online space seemed to have a life of its own within which I and participants struggled to retain our shared presence, were in some ways the antithesis of routine or ritual in that a sense of an uncontrolled force – in this case, the internet - was interrupting or playing with the patterns of human connection that we seemed to be working to establish. At times, for brief periods, we were struggling to remain present together. As facilitator I felt a responsibility to manage this, which I could not always deliver. However, the growing familiarity for us all with these experiences in these ALS zoom meetings and elsewhere, seemed to have created the beginnings of some shared protocols of patience, direction and naming the screen action as above.

There were some patterns in the content of introductory phases of all the groups particularly, possibly part of an urge or need to work out how to be part of the group and the rules of engagement and making use of related previous experiences. With ALS 2, the largest group of 8 participants, my introduction to myself in which I mentioned my work status, having dogs and being a parent, seemed to set some criteria for other participants' opening comments and a thread about their relationship to me also evolved:

Angela ALS 2-1):

So, I'm Angela, and I'm a family therapist and I work ... I am doing this because Carol asked and I like Carol, she's all right. She's a good egg. So, I thought I'm there, since it's Carol. Also, I'm quite interested in ritual...

I'm a mum to an adult son who's 25 and I have a weird little dog called N and also a cat called B and they're the best of friends. So, there we go, me.

Eve (ALS 2-1)

Eve: Hi, I'm Eve. This is beginning to feel a bit like an AA meeting.

Carol: Feel free to contribute anything you like, Eve.

Eve: Thank you. I'm a family therapist in ... I have an adult daughter and an adult grandson. I don't have a pet. I have a blackbird that's kind of attached to

me who pecks on my door every morning to be fed. When I had Carol's e-mail – oh, I also need to say I'm very fond of Carol –

Norman (ALS 2-1)

I've been doing some –teaching and supervision and a small private practice but I gave that up recently, so winding down. Motivation for being here - I'm really fearful that this will turn into the Carol - or it is morphing into the Carol Jolliffe fan club, I've known Carol for a long time but I'm going to proclaim that I'm here through fear, the fear of being named and shamed as the person who dared say no to Carol. But I quite like to support her anyway.

Carol/ Linda/Norman (ALS 2-1)

Carol: Linda, would you like to say a few words? You don't have to like me, it's not compulsory.

Linda: [Laughs] well, I really don't like you.

[Laughter]

Norman: Solidarity, Linda.

Linda: But I just felt like I wanted to tell you, so that's why I thought I'd come for two sessions to tell you all about that. No, I'm just teasing... I'm currently working in a youth custody..., I've got two grown-up boys and a daughter. I've also got two dogs.

During these data collection sessions I recall trying to hold and attend to a range of positions for myself. I thought of the researcher's role – to manage and facilitate groups and at the same time to promote generation of qualitative material.

Alongside these, I had aims for the quality of the experience – enjoyment for participants and learning for them as well as myself, which was part of the purpose.

(see Methodology for details of the ALS)

Primarily, I was the lead researcher, with responsibility for the wellbeing of the participants of the action learning sets, and the delivery of the agreed research focus and methodology as per the research proposal. The co-operative action research model prioritises collaboration with the participants as co-researcher, especially, I concluded, around the 'if' and 'how' of revitalising ritual in family therapy. Thus, I tried to facilitate contributions and new ideas or reflections through exploratory

questions about the participants' ideas and experience of ritual in their personal and professional lives. I made loose plans to structure the sessions with adjustments for each group, which I outlined verbally and /or via flipchart (face to face group) or powerpoint (online groups). I noticed that I described my thinking processes to the group, possibly too often and in more detail than was necessary to warm the context and promote conversation – much of the focus then was my on offering options regarding topic and the nature of contributions. I was keen to be stimulating and not prescriptive, and may have been confusing!

Carol ALS 1-1 (describing the research and ALS model)

...an action research cycle, there are acres of print on how to do action research, but the clearest kind of process that seems to fit everything is there's a kind of sequential process of planning, acting, observing, reflecting.

Carol ALS 3-2

'Well thank you ever so much for joining me again, this is the second of our two sessions thinking about ritual as a therapeutic vehicle in family therapy. I guess I've got a lot of what we do is kind of down to you really. I've just got some pointers, headlines, and a bit of structure.

What I wanted to do first of all is to give you a chance to give whatever kind of conversational feedback about your journey between session one to session two and anything you've done, planned, or reflected on following that session'

I had existing or previous relationships with many of the participants, as colleagues or supervisees or students, which were part of our shared context. I was conscious of the impact of this those I did not know previously in terms of their feeling included. In the first group, one member was my then research supervisor, but I knew none of the other members beforehand. I considered how these variable levels of familiarity in the past and current relationships between us may have affected the patterns of communication that emerged in the Action Learning Set meetings and to what degree familiarity with me affected the nature of the participants' engagement. I also reflected on how participation in the action learning sets might impact my

relationships and encounters with the previously known and previously unknown participants going forward – I had encountered already a degree of admiration for me from some for ‘doing a doctorate’ and some pride in them for being a participant.

As noted above, I gave each participant a small notebook labelled Ritual Reflections, individually decorated by me, with the invitation to use them for any notes or drawings related to ritual that occurred to them during and between the two sessions. I thought using these, for some, might become a ritual in itself.

In **ALS 3, Teresa** went beyond my expectations and, despite losing her notebook down her sofa for several days wrote in great detail about her thoughts including a poem. (see Appendix 20 – Teresa’s poem) Her comments alerted me to the combination of excitement and anticipation I experienced when I made the notebooks

Teresa: Did you design – did you make the cover yourself? I mean it’s rather wonderful....

Carol: I wanted something to give people that they might make notes, jottings, or what have you. I’m not even quite sure where it fits. It just feels important to have a physical doing thing going alongside the talking and whatever else we might be doing

Teresa: Well I felt the kind of handmade quality and consideration and it inspired me to write a poem so that’s the beginning of that work.

I was struck by Teresa’s response to the proposed ritual object and apparently the handmade quality she observed inspired some reflection and creativity in her.

Certainly, the process of making them (25 in total) for me developed a pattern, then a routine then possibly a ritual, as I experimented with ways of creating them as quirky and inviting; and I became less conscious of the making process and more lost in the

thinking about the participants, the planned ALSs and what the participants would make of their notebooks.

There were varying responses to my invitation to create a ritual object from my notebooks, from not using it at all, to notes and drawings between sessions, to using it in the sessions. Sometimes, participants referred to their entries, sometimes I noted the connections when viewing the notebooks. As all participants received a notebook, there was a shared experience of them as physical objects kept for the duration of their action learning set.

I was generally heartened about the affirmations for my project and the way I had gone about delivering it from the response of the participants, who attended with varying hopes and expectations:

Kerry (ALS 1-1)

It's just really exciting to be invited into a conversation that I would not normally be having on a Wednesday afternoon. It feels already very – yeah, the energy of it feels lovely and creative.... I've done a little bit myself, but it's the first time I've been sort of in the seat of being interviewed, so it feels really exciting.

ALS 3-1

Diane: If we could just have one of these [sessions] like every month, I'd be delighted.

[Laughter]

Carol: What, like a bit of a ritual, do you mean?

Diane: Yeah, like a ritual

I noted repetitions in my response to certain dilemmas – noticing myself talking for a long time; using stock phrases to settle myself (such as 'well no one has left the room yet') and to create an informal atmosphere that I hoped would encourage frank contributions and new thinking. At times, routine topics like weather were the joining comments, or comments about 'contexts in common' such as therapy work in shared

organisations. It seemed there was more said about joining, turn-taking and leaving behaviours online – the different context required exploration, checking, deferring and checking verbally perhaps because of the partial fit of the usual rituals of participation in groups between face to face and online situations. Protocols were emergent on line – probably not achieving the status of pattern or ritual in themselves although conversation did imply that there were underlying models of participation from face to face life that were assumed as a framework.

5.5.1 Summary of Findings Theme 4. In out, in out and shake it all about

Regarding my positioning in the ALS , I thought of myself as applying pattern and possibly ritual to my leadership and participation from experiences elsewhere.

Facilitating ALSs was a rare experience for me and at times straddled the position of teacher as well as facilitator and participant. I was conscious of using my own experience of online therapy and teaching, to form ‘ways of doing it’ and frequently naming the process as we went along – I wondered would my commentary have disappeared as we all became more familiar with the groups? Participants often began by saying they did not know what to expect at first but were interested in the topic then commented on what activities and ideas had engaged them.

As the lead researcher, and a systemic psychotherapist, I was, I hope, alert to patterns and patterning in the action learning sets and the research process in the moment and in retrospect.

5.6 Overall Summary of Findings Chapter and relationship to research question

The clearest finding from my reflections on the data, was a reassuring experience of whole-hearted engagement in the Action Learning Set sessions by all of the

participants, coupled with the sense of new thinking – or at least, new speaking – emerging about ritual in personal and professional contexts. In itself, I took this as a validation of my project and my hypothesis that ritual in family therapy continues to have relevance and scope for revitalisation in systemic therapy practice.

The apparent ease and energy with which participants identified, shared and developed their personal and professional connections to ritual in the Action Learning Set activities and conversations, and comments of surprise and realisation, led me to think that awareness of ritual was in a sense ‘just below the surface’ reawakening as conscious thought, more dormant than forgotten or unknown. This reminded me about the lack of specific data from the ALSs about the history of ritual in family therapy and my perception of the decline of awareness of ritual in current family therapy practice and training.

A phenomenon of particular interest to me was the sense of an unvoiced assumption of shared understanding of the concept of ritual in the groups, the recognition of which was perhaps rooted in the embodied and unspoken qualities of ritual as a performance. Debates about the differences, connections and the continuum of habit/pattern, routine and ritual emerged particularly when exploring definitions and identity of ritual, although ‘pattern’ was not directly mentioned. When focusing on what happens when a ritual happens, ideas such as creating pause, intensity, meaning, were offered, together with ritual’s ability to unite or divide, cause harm as well as good and to create media for transition.

The emphasis from participants on the individual nature of preparation rituals for therapy perhaps reflected a current reality that systemic psychotherapists are more usually solo practitioners than in systemic teams. Indeed the very brief time afforded

for those rituals seems far from the first stage of the Milan 5 step model (McKinnon and James 1987) and the emphasis participants made on their preparation rituals 'grounding myself'; 'clearing myself'; 'holding the relationship' being 'my best self' would not be out of place in purpose for any therapy modality. The emphasis on re-engaging with the relationship with the family perhaps makes the difference here. The data suggested that readying the self of the therapist, for these groups, remained an essential task, achieved by a 'ritualising' process, and despite organisational time pressures.

Lesley's comments in ALS 1-2 on her discomfort when sharing the practice of her hand cream preparation ritual with the group, questioned the idea of ritual always needing to be a communal experience.

The complexities of participants' relationships to ritual in their own lives took me to a range of ideas about positioning and ritual. The analogy of ritual as 'dance' and its 'freeing' quality in the 'ebb and flow' of life seemed to suggest the usefulness or function of rituals to be more about changing relationships to the performance aspect of rituals and their constituent beliefs and purpose than to adherence to a fixed ritual practice (or 'structure').

In the discussions about ritual in formal religion, several participants talked about their journey with ritual over time and through family generations; for some, parents' religious beliefs were no longer shared by them, but respect for the significance of those beliefs for their parents remained as did a willingness to physically participate in rituals if required. In a way the ritual practices themselves seemed both fixed and fluid; they could be engaged with from a spectrum of positions, as acknowledger, observer, respecter, active participant, believer participant ... perhaps like many

versions of the steps of a dance - and intertwined with the relationships between family or community members.

Clare, as a practising Christian, spoke of her personal and family rituals of prayer with some level of hesitancy, in the largely non-religious group, acknowledging her concern about possible criticism. This contrasted with the shared understanding of Catholic ritual and the nature of their 'lapsed' status assumed by ALS participants and their more relaxed exchanges. I wondered about the status of a ritual if meanings and actions, either or both, are not shared by all participants.

The 'tug' to ritual as Hester (ALS 1) put it, seemed similarly powerful in secular contexts. Participants described the significance of family rituals, either created jointly or partially with other family members, often peculiar to the family themselves and often not identified as ritual at the time or even discussed at all, despite an apparently shared understanding between them.

When discussing use of ritual in family therapy practice, positioning and dance again seemed relevant concepts. Most participants resisted the role of therapist as expert 'prescriber' of ritual and emphasised collaborative approaches with families, seeing themselves perhaps more as experienced facilitators of community theatre than expert choreographers of a specific dance. Practice examples included: identifying with families' past or present helpful ritual practices for reinstatement or enhancement or developing new rituals from the family's interests and activities. The potential for promoting change through discussion of ritual with families was considered – albeit perhaps without using the actual term ritual, – which might create a similar raising of consciousness about ritual in client families to that experienced by the participants themselves in the Action Learning Sets. Participants also attended

to the therapy session as a liminal space for processing client families' presenting issues, highlighting the factors of containment and 'slowing down' of conversation and reflection.

Addressing the issue of revitalisation of ritual in family therapy practice, the findings that seem most useful to highlight are noted below.

Preparation rituals by the therapist for therapy sessions themselves seem to be viewed as essential to establish 'rituals of respect' for clients in therapy sessions. However, these rituals were often brief due to organisational time pressures, and personal to the therapist but connected to generic ideas about ritual preparation for example, lighting candles; creating state of receptivity in the therapist's mind. As such, these activities perhaps represented a ritual before the ritual of the therapy session and as individual actions that may or may not be defined as accessing or achieving 'communitas'. Perhaps they represent a diluted, individual and abbreviated version of the first stage of the Milan model, or perhaps they are closer to an instinctive recognition that ritual actions are necessary to promote creativity (e.g Magliocco 2014), which is a quality many therapists aspire to bring to their therapy sessions. The findings beg the question of how to value and promote the use of and space for preparation rituals in family therapy practice, which I will consider in the Discussion and Conclusion chapters below. dichotomy of relative significance.

Assuming some correlation between the variability of their relationship to formal/religious ritual described by the participants and that of people generally, **detailed exploration of a family or individual clients' relationship to family and community rituals over time** offers a vehicle for exploration of other experiences

and relationships. Attention to ritual beliefs and ritual actions for individuals and families could be a helpful context for mapping change and continuity in family relationships.

Post Liminal Phase

Chapter 6 – Discussion

In this chapter, I am moving into the ‘post-liminal’ phase of my three stage model for this project, where I attempt to position the ‘transformational’ or ‘liminal’ experience of collecting the data and applying thematic analysis in the field of family therapy ways of knowing about ritual and my own personal and professional identities.

In my analysis in the **5.6 Overall Summary of Findings** section above I highlighted the ideas that stood out for me as relevant to my research question and I will develop these here, as well as exploring these in relation to the literature reviewed.

In the final **Chapter 7. Conclusion** I will include recommendations about how this discussion might contribute to family therapy theory, practice and research going forward.

6.1 Liminality and surfaces

Building on the ideas of Theme 2 What happens when a ritual happens, I considered what this might add to my thinking about liminality. Liminality is a term which has travelled with family therapy development and a wide range of other social contexts since Turner developed the concept and examined it so comprehensively in his explication of ritual ideas from the 1960s onward (Turner 1975, 2012, 1987). It is directly mentioned in the data created in my project only once or twice – Angela (ALS 2-1) speaks of ‘liminal space’ and relates this to the ‘transforming’ property of ritual and the stages of ‘being on the threshold’ and ‘letting go of something’. For the purposes of this discussion, I am using the term to cover all aspects of ‘betwixt and

between'(Turner 1987). in relation to participants' personal and professional experiences, including my own as the facilitator of the ALS and as the researcher.

I have noted in the Findings chapter 5 the surprise and satisfaction I felt at the enthusiasm of my action learning set participants and the energy with which they participated in the tasks and discussion topics that I offered. Alongside this positivity was the almost universal acknowledgement of discovery or rediscovery of ritual as a significant concept and live feature of their personal and professional lives. My action learning set groups appear to have awakened this experience for them.

Acceptance of the invitation to join the research project was voluntary, so it is reasonable to assume participants had a previous interest or curiosity about the topic, but range and depth of the data generated seemed to merit particular focus.

An early conclusion from the Action Learning Sets, was that 'ritual' was effectively lying 'just below the surface' for the members of all three groups and that within the process of co-creating the group there were perhaps signs of what Durkheim might have called 'effervescence' or what Turner referred to as 'communitas'. Moreover, there was strong engagement amongst the participants with 'ritual' as a discussion topic alongside evidence of activation of isomorphic processes in the groups that prompted some thinking about the 'tug' to ritual, as Hester (ALS 1) termed it. Here I am particularly thinking of the conversational patterns that developed at the start of ALS 2-1, as possible emerging routines that intimated ritual creation. This brought forth the tenet that ritual is a universal feature of human societies, and from my thinking about my data, it perhaps manifests an irresistible, subconscious urge to connect with others, not unrelated to a survival instinct.

It is important to include the impact of the Covid pandemic in this point and to consider where this might be placed in the multiple phenomena of engagement noted below. The creation of this thesis spanned 2018 to 2023, with the pandemic beginning (in the UK) in early 2020. The ALSs took place late 2020 – early 2021, so in the midst of social restrictions and the highest mortality rate in the UK. Inevitably, social restrictions impacted the scope for celebration, ceremony and ritual in the life of the population generally, with unsatisfactory consequences such as weddings and funerals taking place on line and or with very limited numbers of attendees, and much suffering and protest. The restrictions also impacted the provision of face to face therapy, substituting it with on line versions alongside working from home.

Like most people, the therapists in the ALS were adapting – and often struggling - in both personal and professional contexts and at the time of the ALS meetings, there was no clear idea about the duration of the restrictions or the pandemic itself. Thus, the social upheaval was a live, by then somewhat familiar drama, for the groups and the disruption to ‘rituals’ in all forms was likely nearer the surface of their awareness than it might have been pre pandemic.

I noted in **Chapter 5 Findings**, the rapidity with which patterns of interaction between ALS participants seemed to emerge and I presented the example of the process of introductions that occurred with the largest on line group with 8 participants (ALS 2). Their respective statuses regarding dog ownership and parenthood was shared by all and a thread of comments about each participant’s relationship with me also developed. This thread moved beyond the factual and included some humorous comments and challenges and seemed to contribute to the informality of exchanges that emerged in the sessions. As such, evidence of routinisation of that interaction phase could be seen from the outset and it seemed

likely that similar experiences of other work groups were drawn upon by participants to create this patterning. Certainly there were existing relationships between some group members but not all. Whilst this process towards routinisation might not merit the status of ritual, it seemed to have some of its components, and Norman (ALS 2) shared an observation:

I have sense that there is a germ of a genesis of our own rituals as a group, and if we continue to grow together, we would develop, slowly, our own rituals and maybe we would not know we were doing it until we looked back and said, oh yes we do that as a ritual'

Regarding the structure / anti-structure duality around ritual, the above seems to support an argument for co-evolution of form and meaning, rather than an either/or, at least in terms of how the process of group was experienced here.

6.2 Positioning and relationship to ritual

Positioning in relation to ritual emerged for me as another significant thread for discussion about its relevance to family therapy practice. These include: positioning around the continuum through pattern/habit - routine – ritual; positioning as an insider/outsider around performance of ritual; positioning of the therapist around ritual; positioning as a creator of ritual.

The idea of a continuum between habit/pattern to routine to ritual is a core component of the 'when is a ritual a ritual' (Findings Theme 1) as featured in various ways in the data. In response to the invitation to participants to discuss their starting points with and definitions of ritual, secular and religious contexts and belief systems were offered. Questioning how a particular practice or behaviour achieves the status of ritual highlighted ideas about validity, authenticity and ownership.

Discussions around positioning and participation in relation to a given ritual, secular

or religious, were also related to ideas about authenticity – when is a ritual a ritual - and this seemed in part to underpin references to modified ritual behaviours (such as when caused by Covid restrictions, or inter generational changes).

The significance of liturgical or religious ritual was also presented in several ways in the data. Here I am differentiating ritual with defined and often written down format (such as in religious ceremonies or formal civil ceremonies) and more informal rituals which have no 'official' template, but are known and familiar through other means, (such as Petra's (ALS 2) one-off birthday ritual with her family) In the ALSs, there was a tangible sense of inferiority expressed by participants who identified as unfamiliar with religious or formal ritual in their first hand experience, particularly growing up. Petra (ALS 2) used words of apology for this lack, but interestingly additional reflections she and others made reassured her that she was 'qualified' to comment on ritual from her everyday experience. She and Barbara were intrigued and fascinated by observing the ritual practices in other cultures begging the question as to whether, from the perspective of Western communities, 'those' practices seem more deserving of the richer and more meaningful term 'ritual' than their more familiar and everyday 'routines'. (There were also the context of magic and mystery, and the sense of being intrigued to discover associated meaning, myth and purpose.) I reflected that this could be seen as a form of 'othering', albeit accrediting some kind of higher status to the ritual practices of less familiar communities. I recognised a connection to this position in myself, and indeed this had played out in my initial dismay at the 'everydayness' of some of the items that were shared by participants in the Ritual Object exercise in the first session of each ALS. My appreciation of the significance and intricacy of the meanings and associations with all the Ritual Objects was evoked by the narratives and

performances that were shared and the emotional responses that were often prompted in the ritual object presenter and also engendered in the whole group including myself.

It was clear that the social restrictions of Covid pandemic that affected normal routines were being particularly felt at the time of the ALS. Imber Black's paper (Imber-Black, 2020) celebrates the resourcefulness of individuals and groups in modifying and inventing rituals to fulfil the purpose of both religious and social rituals prohibited by Covid restrictions and some versions appear to be more effective or appreciated than the original. She shares examples from therapy and everyday contexts. In a sense this takes us even further away from a definition of ritual as having fixed structure or perhaps it just expands the list of viable ingredients, and highlights the need to find any or an adapted suitable structure that sufficiently contains the function and meaning of the ritual for the participants.

In ALS 3, in which a majority of the group – three out of four - identified as 'lapsed Catholics', there were complexities in their relationships to Catholic ritual. The three called on each others' assumed or known shared knowledge and experience derived from being brought up by practising Catholic parents, particularly regarding familiarity with Catholic ritual activities. In conversation, it seemed important that this connection was affirmed between them. There seemed also to be an underlying assumption that their distancing from formal Catholic ritual practice and the beliefs this represents was also shared (all three were a similar age range and lived in similar area of England most of their lives). Diane talked about her mother's image of Diane functioning like a submarine in relation to the Catholic faith, telling her 'you only come up when you are in trouble'. This inferred a modified and conditional relationship with the Catholic faith and its rituals, which manifested itself, in Diane's

and Barbara's cases, in a willingness to attend certain rituals such as Catholic funerals and to comply with the requirements of ritual performance. Both Diane and Barbara spoke of their compliance with attending and performing at recent Catholic funerals for family members. Respect for the significance of religious ritual in the lives of older family members was thus maintained, although Diane spoke of her mother's attendance at Bingo club as equally important from a social perspective.

The status of the ritual when performed by participants with differing positions about its meaning and status, seems to beg more questions about authenticity and efficacy. The intensity of the collective experience of ritual may be diluted by the differences in commitment to or even understanding of, its purpose among participants. Or in the example above of some people attending a Catholic funeral only to perform 'Catholic aerobics', is this equally effective at creating 'communitas' as is bringing faith and religious commitment to the performance? Van Gennep (2019) seemed to herald a liberal view of conformity with and perception of ritual when he wrote:

'Characteristically, the presence of the sacred (and the performance of appropriate rites) is variable. Sacredness as an attribute is not absolute; it is brought into play by the nature of particular situations...

The categories and concepts [of magico-religious ceremonies] which embody them operate in such a way that whoever passes through the various positions of a lifetime one day sees the sacred where before he has seen the profane and vice versa' (2019:12)

6.3 Individual ritual performance

There seems to be relatively little discussion of the rituals performed by individuals in the literature, yet this arose in several forms in the ALS, particularly regarding preparation rituals for participants in their roles as therapists. There seemed to be a common understanding among them that as therapists, their contribution to the

therapy was to present a stance that offered a particular kind of acceptance and facilitated a 'different' sort of space for the clients and families they work with. Achieving that stance involved particular activities that participants identified as ritualised.

The performance and function of these preparation rituals were individualised and often focused on creating the therapist's 'best self' for the therapy encounter. (see Findings 3 Because we do it this way). Petra's had a two minute ritual where 'I look at the notes but then I imagine them' which prevents her still being 'somewhere else' when she arrives in the session; Kerry 'internalised the Milan model... to honour the moment of connection'; Kay's candle lighting preparation activity left her 'already holding something about relationship with the [family in mind]'. These rituals might be thought of as preliminaries, that anticipate the threshold of the therapy session itself which is also often thought of as a liminal stage when aligning therapy with ritual (e.g. Davis 2000; Beels, 2007; Fisher 2010) Glenda Fredman (2007) revised the Milan team's ritual of 'systemic hypothesising' and created a ritual of 'Emotional preparing' that encompasses thinking about both the client's and therapist's pre session positions and the ritual aims to process 'unwanted feelings' towards 'preferred positions deemed more likely to invite relationships of respect, safety and collaboration with the people attending the meeting'. (2007:44) The performance of this ritual involves a structured conversation between therapists/professionals, which emphasises giving attention to embodied factors and how they might be perceived by client families and experienced by the therapists themselves. There are also other embodied considerations as when planning around seating positions seeks to anticipate and optimise the engagement and comfortability of therapist and client. In essence Fredman's ritual provided a framework for practitioners that is an elaborate

version of Kerry's, (ALS 1) Petra's (ALS 3) and Diane (ALS) pre therapy actions, and it is likely they are all familiar with Fredman's model. Perhaps that familiarity with her model creates a sort of virtual 'communitas' in that it promotes a common language and common action that the community of family therapists can access, working alone or with others.

I considered the individual 'thinking' rituals of preparation such as Kerry's (ALS 1) with 'A therapist's ritual of respect', Lane and Schneider (1990). They advocate a client centred, non expert ethos in therapy, as a non-expert, collaborative and social constructionist position. As the 'ritual of respect' is not described as having embodied performative components per se, it perhaps challenges the definition of ritual and correspondingly some of the preparation ritual examples described in the ALS. However in Lane and Schneider's (1990) case example, this ritual positioning does lead to engaging the client couple in a version of the 'odd day/even day' ritual where 'structure' is again in evidence for the intervention itself. (Selvini Palazzoli *et al.*, 1978). The process of Lane and Schneider's 'ritual of respect' is more an ethos or positioning than a discrete activity, even of the 'thinking' ritual kind mentioned above. The 'ritual of respect' is presented as engaging the therapist's self reflexivity via entering this [liminal] realm where

'one finds oneself in a state of crisis; suddenly everything one thinks one knows, everything that is 'real' ... becomes subjective and groundless' (Lane and Schneider 1990:290)

The tenor of the data examples cited in this thesis does not seem to imply this level of dissociation in the ALS practitioners, but all emphasise the primacy of the therapeutic relationship and the general aim to maximise the efficacy of this. In her 'emotional posturing' Fredman's aim is to promote 'the body's readiness to respond'

and to achieve an inviting stance of, for example, 'tranquility' (Fredman 2007:50) to the therapeutic space.

On a different note, Lesley's experience (ALS 1) of describing then physically sharing her hand cream preparation ritual with the group, proved both cathartic and troubling to her. This perhaps exemplifies the idea that rituals can have individual not just communal ownership and that the performance element is not necessarily available for the curiosity of unconnected others! It is possible too that rituals created or evolved for personalised purpose can lead to a sense of violation for their originator if shared with others. This may then beg the question of that ritual's status as a ritual if it is not transferable or workable in a group context, or maybe it illustrates the range of ways of creating a liminal experience that facilitates deep connection in a particular context, i.e. in this case the ALS. For Lesley, the connection with the ALS group seemed to be stronger during the telling and showing of her ritual, rather than the shared 'performance' of it.

6.4 Cultural congruence in ritual

Glenda Fredman derived her preparation ritual from the Milan approach and a range of other ideas and models in the previous two decades, maintaining the idea of a conversation structure / ritual to facilitate 'transformation' for therapist. She notes that the model is applicable in a range of contexts, and it seems individualised, abbreviated versions are discernible in the examples from the data above. Diane's comment (ALS 3):

'Is there space to create new rituals, is there space to create new stuff out of the nuts and bolts of the old'

invited reflection on ways of resolving the gaps caused by absence or irrelevance of particular ritual practices. Teresa gave an instance from her personal experience. In what might be called a 'culturally composite' ritual, she created a bespoke celebration of her daughter's adoption from a range of ritual practices, (including religious), that she saw as appropriate for the occasion and respectful of the relationship of others with particular rituals such as her father's Catholicism. There were also examples of what might be called culturally composite rituals in therapy practice, such as Petra's (ALS 3) work with the family with a young person suffering from diabetes. Here she helped a family to modify the medical treatment ritual to a much more palatable, relational one involving playing of mother's and daughter's shared favourite music.

As early as in van Gennep's work in the 1920's, the issue of congruence of ritual to the perspective of participants has been held in mind. Turner promoted the view that van Gennep's three stage model was applicable to all 'sacred' or 'profane' contexts. The journey of ritual in family therapy from its first order origins with prescribed rituals, through social constructionist and cross cultural approaches, has evolved to expect a collaborative position between therapist and client, where positive working with intersectionality is a given. It was therefore not surprising to hear the participants in the ALSs describe work with families from different backgrounds and cultures to their own and considered the part that engagement through attention to ritual might have, for example for young people in foster care and for asylum seeking young people. Barbara, ALS3, suggested that efforts should be made by carers and other professionals to understand the sorts of rituals that are valued and familiar for young people in both these contexts and that these should be welcomed and accommodated in the host families if helpful to the young person.

Diane (ALS3) thought that ritual practices should be alternated between the host or foster family's own, as an attempt at creating a sense of belonging for the new household member but this approach also perhaps opens up the potential for the host or foster family to add to their cross cultural awareness and experience. Kay's approach to working with ritual with a cross cultural couple was to facilitate conversations about their respective cultural traditions around couple communication so that a mutually acceptable compromise about ritual could be agreed and tried out.

These exchanges highlight both the complexity and the potential of focussing on ritual as a medium for engaging families in cross cultural sensibility. Both these dimensions are brought to the fore in Yacup Ime's (2019) 'Solution Focused Brief Therapy and Spirituality'. He describes solution-focused work with clients of faith that focuses on helping 'get in touch with their spirituality' and to generate useful 'exceptions' to the problem related to 'current practices, rituals and beliefs' and to co-create spirituality focused rituals for client to practise between sessions. Ime says the outcome can be reduction in impact of the presenting problem as well as augmentation of the client's spiritual resources and reinvigoration of their faith. Ime emphasises that the key to this is to attend to the client's 'cultural dynamics' (2019:147) and the congruence of the therapeutic model to their worldview, for example, he sees solution focused therapy's focus on solution, hope and future as congruent with Islamic perspectives.

Endres' paper, (2008) 'Engaging the spirits of the dead: soul-calling rituals and the performative construction of efficacy' offers opportunity to engage with the an account of a series of ritual practices that tries to evoke the 'mystery' or intangible efficacy elements of ritual with reference to Humphrey and Laidlaw's (1994) idea about 'ritualised action as a non-intentional mode of behaviour'. Using this and other

literature that describes ritual practices from less familiar cultures, as a version of 'cultural consultant' can be useful starting point for a therapist in working on an appropriate 'cultural sensibility' for in cross cultural practice. What is particularly useful in the Endres paper is the attention to contexts and meanings that have, for many, no easy fit with Western experience and her account perhaps adds to the 'virtual' experience of the Western reader. She and Ime (2019) note the limitations of 'awareness' and advocate involving someone with lived experience in addition. Linked to the discussion about Krause's work below, a helpful idea from Endres is the significant factor in a ritual performance being 'that it happened' more than its description, history or meaning.

6.5 Revitalising ritual for practice – with some help from the Ritual

Reflections notebooks

In considering the possible implications of the findings of my project to family therapists and family therapy practice, I spent a long period with the dilemma of how to apply the ideas that I had generated with the project. As above, I felt confident that there is a strong argument for 'revitalising' the use of ritual in family therapy not least because of the straightforward affirmation that the ALS participants gave me right from the first sessions they attended.

Below I share some ideas that might prove relevant in family therapy theory and practice and it may be that all or some elements of the project, using ritual reflections notebooks, discussion of ritual object, discussion of ideas about ritual in personal lives and in family therapy practice may be replicated or adapted as part of training or supervision. (See also **Chapter 7 Conclusion**)

Just below the surface

Promoting the idea that ritual is alive 'just below the surface' with potential and actual relevance to everyday life and family therapy practice seems justified given the short time that it seemed to take, both face to face and online, for connections to ritual ideas to 'surface' and to develop. A surprising finding was the efficacy of 'talk about ritual' as a vehicle to deep emotional connection with the self and isomorphic response in the group.

Anchoring with ritual

In considering the range of functions and qualities ascribed to ritual in the literature and in the practice of the ALS participants, it seemed too complex and inappropriate to try any narrowing down to essential qualities or definitions that obscured or diminished others. I am suggesting that a concept of anchoring might be useful as it evokes both containment and flexibility. 'Teresa' included a reference to anchoring in her poem in her Ritual Reflections note **book (see Teresa's poem in full at appendix 20):**

...transmutation

A journey

Of change

And delivery

Hope made real

The promise of the ordinary and

Mundane

The beauty unfolds

To anchor

And make grow

In these thoughts, I seem in part to be on the page with Krause, 1998, where in 'Ritual, meaning and therapeutic efficacy' (p.104) she describes ritual as 'a point of reference' which as a concept seems have cross cultural application and therefore with potential for universal relevance, including in therapy. I link the 'point of reference' idea to the notion of ritual as 'anchoring' which in my mind gives it a dynamic quality, and perhaps a useful metaphor for encompassing something of the 'work of ritual'. In thinking about the 'work of ritual' it may be helpful to invert the emphasis of 'anchoring' being about stabilisation and containment to the capacity of anchoring to facilitate 'freedom', i.e more the connecting rope than the fixed anchor.

As one participant wrote in their notebook:

'do rituals create space in our minds – FREEDOM'

The 'tug'

The intrinsic and pervasive qualities of ritual and the capacity of 'talk about ritual' to quickly create an emotional engagement between people; one participant G wrote in their notebook referencing their first session:

'listening to talk about prayer and the giving of food and drink makes me want to cry? -witness to intimacy – how quickly it happened'

C's entry in their book:

(first entry) *'is it safe? How do I choose my object? I am feeling vulnerable'*

(Later) *'I was struck with how intimate the session felt and connect with some more than others'*

'Talk about ritual' can provide 'a window to ours and others' lives' (as Petra noted ALS 3-1) and co-create or bring forth connections not just of information but, often perhaps what Barad (2007) might term an 'agential cut'.

Crucially, agency is a matter of intra-acting; it is an enactment, not something that someone or something has. Agency is doing/being in its intra-activity." (Barad, 2007, p. 235)

Ritual as passenger on a relational journey

I wondered about the use of the idea of 'ritual as a passenger on a relational journey'.

To that end, I am thinking: what is significant or consistent about ritual –

it is not necessarily the meaning (or anti-structure) of ritual - that can be lost or compromised or intensified if an individual or group moves its position on the habit/pattern– routine – ritual continuum, which might be affected by their commitment to the performance of a ritual, and that may be subject to changing circumstances, context and time passing. But it might be.

It is not necessarily the 'structure' of ritual - or its rules of engagement, procedure, process, embodied performance that is significant or consistent – these can also change and be lost or adapted for the reasons above. But it might be.

Conceiving of ritual perhaps as a passenger on one's relational journey, one might to talk with, talk at, ignore, engage any senses with ritual and even wave it off for a while.

Post-liminal phase

Chapter 7 Conclusion

A short answer to the research question is yes, the use of ritual should be revitalised in family therapy practice. I hope that this co-operative action research project has also addressed in part at least, the key action research task to 'generate new knowledge' that feeds into 'developing new theory' (McNiff 2017) Also, that my findings and discussion have transferable quality more than generalisability, as Cvetek (2005) terms it. The word 'revitalised' is important because the evidence from the research data suggests that ritual is submerged i.e. under the surface and often unrecognised rather than redundant or dead in the water; therefore the potential of ritual as a therapeutic tool is also currently obscured. This affirmation comes directly from the individual and shared experience of the participants themselves in the ALS as well as from their generative examples of use of rituals and exploration of clients' relationship to ritual in their lives.

For the participants themselves, there were insights and ideas about ritual in their personal and professional lives that seemed to spring forth very easily in the ALS conversations and activities. There were observations in the ALS which seemed to support the idea of the inevitability of ritual processes emerging in social settings and these were even identified as such by some participants and certainly by the researcher. In my ethnographic observation of the Ritual Object exercises (see Appendix 9) I noted the patterns of physical positioning and movements that manifested in both the face to face and online groups. Unsurprisingly the face to face group provided more scope for movement as a three dimensional experience of a shared physical space and I noted the patterns of arm movements particularly as

adjuncts to the verbal exchanges and the 'striking synchronicity' of movement when participants took up the invitation to perform each other's rituals. The distraction of variable 'backgrounds' for the on line participants added to the sense of separateness, distance and setting that need to be accommodated to create a shared conversation for the on line groups.

Family therapy 'schools' and 'models' were hardly an overt feature in the ALS data, although there were some comments that assumed shared understanding of 'reflecting teams' and the Milan model. Most family therapy models had/have a relationship with ritual, in a first order way of prescribing to clients regular and repeated routines and behaviour patterns to promote changed approaches to relational problems or particular frameworks for conversation within therapy sessions themselves, as examples.

As noted in Chapter 2 above, Van Gennep, then Turner paved the way for systemically workable uses of ritual and Van Gennep should perhaps receive more credit for the flexibility of his model as a predictive of future social constructionist positions, rather than being criticised for imprecision of his thinking. (eg Durkheim) The debate around the functions structure and anti-structure in ritual continues.

Individual preparation rituals by therapists are common and usually understood to assist their transition from current context to a therapeutic space as their 'best self' where that particular client / family can be met and therapy take place. These seem to belie the need for a community ingredient for ritual in some way; although there is a sense in which these preparation rituals enable the therapist's joining with the client family. Here participants may have held assumptions of shared understanding and experience with persons of related experience like fellow family therapists, who

are not present, and an approximation of 'communitas' was developed, or it may be that 'communitas' is less relevant in the circumstances of individualised ritual practices. The notion that ritual usual represents 'a public space' (Krause 1998:104) thus might be challenged by some of the data and analysis from the ALS, where private and individual 'rituals' were much in evidence.

I tentatively suggest that the findings of my study might support Simon's (2021) and Piercy's (in Wampold et al 2020) respective ideas about ritual and liminality in the future directions for family therapy – both papers offer reference to developing ritual focused practice but with little detail as to how to do this. I hope this thesis offers a contribution to the those directions.

To this end, I conclude with recommendations for family therapy practice, teaching and further research.

7.1 Recommendations for family therapy practice

7.1.1 That family therapists hold ritual focus in the forefront of their thinking and practice as a vehicle for cross cultural working particularly, and as a connection to the universal 'tug' to ritual in human society, with the aim of embedding 'ritual sensibility' in family therapy practice. For example, this may be achieved by practitioners being curious and caring about what might be behind ritual actions, both in social, family and individual terms.

7.1.2 That practitioners incorporate the family/clients 'relationship to ritual' as a theme throughout therapy. This can include facilitating specific opportunities to converse about and reflect upon family and community celebrations, ways of marking life events and life cycle transitions . Thus, this approach may give access to the potential for engagement and change that exploring ritual as 'just below the

surface' seems to invite. This focus on ritual is likely to invoke expressions of emotion, (for example, discussing and experiencing ritual can induce tears) and exploration of what the tears are about might enable more layers of expression and reflection on history and other contexts. This could include what clients did and how they understood what was going on,

7.1.3 To promote individual and where possible, group rituals of preparation for therapy by family therapists - these might involve routinised physical actions and / or thinking patterns – with the intention of bringing forth the therapist's 'best self' to inhabit the 'liminal' therapy space. These rituals pre-empt therapy as an intense experience that may in itself be transformative.

7.1.4 To consider explicitly using ritual processes as interventions to address presenting problems brought by clients. These might focus on enhancing or reviving familiar or submerged family behaviour patterns or practices of marking transitions, secular or religious, as components in change - making activities. It is vital to work congruently with the family's cultural beliefs and practices. Talking about ritual in therapy can take a person back to the experience of it and/or create *communitas* where emotions connect.

7.2 Recommendations for family therapy teaching

7.2.1 In teaching and clinical practice settings, to facilitate conversations about ritual – personal, professional, social, cross cultural - as a vehicle for change in group and individual supervision and practice and to raise awareness of the role of ritual in family therapy history and theory. Also to promote awareness in teaching of how ritualising helps participants experience the entanglement

between emotion, thought and action alongside considering the value of reviving recognition of embodiment.

This might include reflection by the practitioner on their relationship to ritual in personal and professional contexts and how this impacts their connection to their client family's relationship to ritual as well as ritual activities such as marking events, rites of passage, celebrations, coping practices etc.

7.2.2 To foreground awareness and application of the continuum of pattern/habit, routine and ritual in practice contexts both within sessions and between sessions.

7.2.3 To use experiential exercises such as talking about a chosen 'ritual object' (as in Ritual Object exercise in first ALS session) **as a medium to expand relational reflexivity in practice.**

7.2.4 To explore and promote cross cultural '*learning from*' rather than '*learning about*' the experiences and writings of global majority communities in relation to ritual. Related to this, to promote the principles of culturally congruent ritual and how the therapist includes their own position in this.

7.3 Recommendations for family therapy research

7.3.1 That further qualitative studies are carried out, focussing on the impact of planned and structured incorporation of 'ritual sensibility' (as described above) in family therapy training courses and family therapy clinics, highlighting practitioner skills and self and relational reflexivity.

7.3.2 **Setting up of projects to generate / immersive / experiential / embodied**

'warm data' related to ritual and therapy, to enhance knowledge about the processual qualities of ritual.

7.3.3 **To repeat or adapt the structure of the ALS used above, or exercises**

from it, with more diverse groups of family therapists to expand on the this research about use and potential applications of ritual in therapy. It was notable that, even with the opportunistic sample of mainly white and female family therapists who took part in this research and who were embroiled in 'outcome culture', sensibility to ritual was 'just below the surface'.

7.3.4 **To research the potential of a model of 'cultural consultation'**

about ritual in family therapy, including persons with lived experience, from a position of 'learning from' more than 'learning about'.

7.3.5 **Research focused on exploration of the preparation rituals of family**

therapists, both individual and team based, to understand more about the function and process of these activities.

7.3.6 For myself, I would like to **revisit and develop the ethnographic**

descriptions of the Ritual Object exercise that I created for the research, with the intention of explicating other layers of experience that may helpfully be reflected upon and that are not often invited or recognised in outcome focused culture of many family therapy services currently.

Final comment

The universal challenge to all aspects of life, personal and professional, that the Covid crisis caused, was live, and with a still uncertain outcome at the time of the Action Learning Sets. Among other things, the disruption to living patterns on all

levels brought into sharp focus the impact of the loss of communal and personal rituals alongside the general social restrictions that were imposed. Like most helping professions, family therapy was challenged to find adapted and new ways of delivering therapeutic support outside of clinic settings. One avenue of development, often seen at first as an inadequate substitute, was online working, with an immediate need to address the need for new patterns of practice.

In planning this project in the early stages of the covid crisis, data collection sessions were planned to be face to face, with the last minute proviso of on line meetings if necessary. As such the project occurred at a unique time in history, where a world-wide experience of managing a catastrophic health crisis challenged all aspects of social and individual life. The importance of establishing or reviving ritual in recovery from that crisis and in supporting new social practices, including therapy, continues to evolve.

References

Adelman, C., 1993. Kurt Lewin and the origins of action research. *Educational action research*, 1(1), pp.7-24.

Alexander, J.F. and Robbins, M., 2019. Functional family therapy. *Encyclopedia of couple and family therapy*, pp.1232-1240.

Al-Krenawi, A. (1999) 'Integrating Cultural Rituals into Family Therapy: A Case Study with a Bedouin-Arab Patient in Israel', *Journal of family psychotherapy*, 10(1), pp. 61-73.

Anderson, A. R., Horigian, V. E., Muir, J. and Szapocznik, J. (2019) 'Brief strategic family therapy: A systematic approach to addressing emerging clinical challenges across 40 years of model development', *APA handbook of contemporary family psychology: Family therapy and training*, Vol. 3. *APA handbooks in psychology® series*. Washington, DC: American Psychological Association, pp. 123-138.

Anderson, S. A. and Bagarozzi, D. A. (1983) 'The use of family myths as an aid to strategic therapy', *Journal of Family Therapy*, 5(2), pp. 145.

Bar-Am, S., 2016. First episode psychosis: A magical realist guide through liminal terrain. *Australian and New Zealand Journal of Family Therapy*, 37(3), pp.381-396.

Barbetta, P. and Telfener, U. (2021) 'The Milan Approach, History, and Evolution', *Family process*, 60(1), pp. 4-16.

Barker, P. (2007) *Basic family therapy, 5th ed.* Malden: Blackwell Publishing.

Barad, K. (2007) *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning.* Durham: Duke University Press

Bateson, G. (1968) *Naven. A survey of the problems suggested by a composite picture of the culture of a new guinea tribe drawn from three points of view.* Stanford, California Stanford University Press, 1958. 2nd Revised edition.

Barbetta, P., Cavagnis, M.E., Krause, I.B. and Telfener, U., 2022. *Ethical and aesthetic explorations of systemic practice: New critical reflections.* Routledge.

Bateson, G. (1972) *Steps to an ecology of mind; collected essays in anthropology, psychiatry, evolution, and epistemology.* San Francisco: Chandler Pub. Co.

Beels, C. C. (2007) 'Psychotherapy as a Rite of Passage', *Family process*, 46(4), pp. 421-436.

Bell, C (1997) *Ritual: perspectives and dimensions* New York; Oxford University Press

- Bell, C. M. (1992) *Ritual theory, ritual practice*. New York: Oxford University Press.
- Bellah, R.N., 2003. The ritual roots of society and culture. *Handbook of the Sociology of Religion*, pp.31-44.
- Blanche, S.T., 2014. *Liminal Spaces: Therapeutic Encounters Between Horses and Adolescents* (Doctoral dissertation, University of South Africa).
- Boss, P., Beaulieu, L., Wieling, E., Turner, W. and LaCruz, S. (2003) 'Healing loss, ambiguity, and trauma: A community-based intervention with families of union workers missing after the 9/11 attack in New York City', *Journal of Marital and Family Therapy*, 29(4), pp. 455-467.
- Braun, V., Clarke, V., Hayfield, N., Davey, L. and Jenkinson, E., 2023. Doing reflexive thematic analysis. In *Supporting research in counselling and psychotherapy: Qualitative, quantitative, and mixed methods research* (pp. 19-38). Cham: Springer International Publishing.
- Braun, V. and Clarke, V. (2021) 'Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches', *Counselling and Psychotherapy Research*, 21(1), pp. 37-47.
- Braun, V and Clarke V. (2022) *Thematic analysis: a practical guide*. London: Sage
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brinkmann, S. (2017) *Philosophies of qualitative research. Understanding qualitative research*: New York, Oxford University Press, 2017.
- Burnes, B., 2017. Kurt Lewin (1890–1947): The Practical Theorist. *Springer Books*, pp.749-763.
- Byrne, D. (2022) 'A worked example of Braun and Clarke's approach to reflexive thematic analysis', *Quality & quantity*, 56(3), pp. 1391-1412.
- Cade, B. (1987), Brief/Strategic Approaches to Therapy: A Commentary. *Australian and New Zealand Journal of Family Therapy*, 8: 37-44. <https://doi.org/10.1002/j.1467-8438.1987.tb01197.x>
- Cade, B. and O'Hanlon, W. H. (1993) *A brief guide to brief therapy*. New York, NY: W W Norton & Co.
- Campbell, D., 2003. Fundamentals of theory and practice revisited; The mutiny and the bounty: The place of Milan ideas today. *Australian and New Zealand Journal of Family Therapy*, 24(1), pp.15-25.
- Carr, A., 2012. *Family therapy: Concepts, process and practice*. John Wiley & Sons

- Carr, A. and Stratton, P. (2019) 'SCORE', in Lebow, J.L., Chambers, A.L. and Breunlin, D.C. (eds.) *Encyclopedia of Couple and Family Therapy*. Cham: Springer International Publishing, pp. 2582-2585.
- Cassell, C. and Johnson, P. (2006) 'Action research: Explaining the diversity', *Human Relations*, 59(6), pp. 783-814.
- Clarke, V. and Braun, V. (2018) 'Using thematic analysis in counselling and psychotherapy research: A critical reflection', *Counselling & Psychotherapy Research*, 18(2), pp. 107-110.
- Csordas, T. J. (1988) 'Elements of Charismatic Persuasion and Healing', *Medical Anthropology Quarterly*, 2(2), pp. 121.
- Culler, E., 1987. The design of family rituals: a cybernetic approach.
- Cvetek, R., 2005. Trends and Problems in Marital and Family Therapy Research: Possible Use of Action Research. *Psihološka Obzorja*, 14(4), pp.43-60.
- Dallos, R. and Draper, R., 2015.: *An introduction to family therapy: Systemic theory and practice*. McGraw-Hill Education (UK).
- Dattilio, F. M., Piercy, F. P. and Davis, S. D. (2014) 'The divide between "evidenced-based" approaches and practitioners of traditional theories of family therapy', *Journal of Marital & Family Therapy*, 40(1), pp. 5-16.
- Davis, J. (2000) 'Ritual as Therapy, Therapy as Ritual', *Journal of feminist family therapy*, 11(4), pp. 115-130.
- Davis, J. (2012) 'The Golden Pig, Reflections As Ancestral Blessings: The Reflecting Process in Teaching Family Therapy', *Family process*, 51(3), pp. 405-419.
- de Freitas, E (2017) Karen Barad's Quantum Ontology and Posthuman Ethics: Rethinking the Concept of Relationality. *Qualitative Inquiry*, 23 (9). pp. 741-748. ISSN 1077-8004
- Deleuze, G (1968) *Difference and Repetition* Columbia University Press
- Deleuze, G., & Guattari, F. L. (1987). *A Thousand Plateaus: Capitalism and Schizophrenia* (B. Massumi, Trans.). Minneapolis, MN: University of Minnesota Press
- Della Costa, F., 2023. Ritual as metaphor. *Anthropological Theory*, 23(1), pp.3-32.
- Dolhanty, J. and Lafrance, A., 2019. Emotion-focused family therapy for eating disorders.
- D'Orsi, L. and Dei, F., 2018. What is a rite? Émile Durkheim, a hundred years later. *Open Information Science*, 2(1), pp.115-126.

Durkheim, E. (1912). *The Elementary Forms of Religious Life*. London: George Allen & Unwin.

Durkheim, E., (1995). *Sociology. Its subject, method, mission. V: Sociology. Its subject, method, mission*. Moscow: Kanon Publ.

Elkaïm, M. (1997) *If you love me, don't love me: Undoing reciprocal double binds and other methods of change in couple and family therapy*. Jason Aronson.

Endres, K.W., 2008. Engaging the spirits of the dead: soul-calling rituals and the performative construction of efficacy. *Journal of the Royal Anthropological Institute*, 14(4), pp.755-773

Erickson, M.H., 1980. *Teaching Seminar with Milton H. Erickson, MD*. Psychology Press.

Epston, D. and White, M., (1992). Experience, contradiction, narrative & imagination: selected papers of David Epston & Michael White, 1989-1991.

Escudero, V., Friedlander, M.L., Varela, N. and Abascal, A., 2008. Observing the therapeutic alliance in family therapy: associations with participants' perceptions and therapeutic outcomes. *Journal of Family Therapy*, 30(2), pp.194-214.

Fiese, B. H., Tomcho, T. J., Douglas, M., Josephs, K., Poltrock, S. and 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), pp. 381-390.

Fisher, M. (2010) Ritual and Ceremony in Therapy, *Self & Society*, 37:3, 25-31, DOI: [10.1080/03060497.2010.11084124](https://doi.org/10.1080/03060497.2010.11084124)

Fraenkel, P., 2018. Time in family and couple therapy. *Encyclopedia of Couple and Family Therapy*. New York: Springer International Publishing.

Frazer, J.G., 1922. *The golden bough*. Palgrave Macmillan UK.

Fredman, G (2007) Preparing ourselves for the therapeutic relationship: Revisiting 'Hypothesising Revisited' *Human Systems Vol 18:44-59*

Furrow, J.L. and Palmer, G., 2019. *Emotionally focused family therapy* (pp. 879-884). Springer International Publishing

Gee, J. P. (1991) 'A linguistic approach to narrative', *Journal of Narrative and Life History*, 1, pp. 15-39.

Geertz, C. (1973) *The interpretation of cultures*. New York, Basic Books, 1973.

Gelcer, E. and Schwartzbein, D., 1989. A Piagetian View of Family Therapy: Selvini-Palazzoli and the Invariant Approach. *Family process*, 28(4), pp.439-456.

Gilligan, S. (1993) 'Therapeutic rituals: Passages into new identities', in Gilligan, S.G. and Price, R. (eds.) *Therapeutic conversations*. New York, NY: W W Norton & Co, pp. 237-257.

Gluckman, M., (1962.) *Essays on the ritual of social relations*.

Gomm, R. (2008) *Social Research Methodology: A Critical Introduction Second Edition*. Hampshire and New York: Palgrave Macmillan.

Grauf-Grounds, C. and Edwards, S. (2007) 'A ritual to honor trauma: A training community's witness', *Journal of Systemic Therapies*, 26(1), pp. 38-50.

Guba, E. G. and Lincoln, Y. S. (1994) 'Competing paradigms in qualitative research', in Denzin, N.K. and Lincoln, Y.S. (eds.) *Handbook of qualitative research*. Thousand Oaks, CA: Sage Publications, Inc, pp. 105-117.

Gubrium, J. F. and Holstein, J. A. (2001) *Handbook of interview research. Context and method*. London, Sage, 2001.

Gurman, A. S. and Kniskern, D. P. (1981) *Handbook of family therapy*. New York: Routledge. United Kingdom Taylor & Francis Group.

Haley, J., 1973. Strategic therapy when a child is presented as the problem. *Journal of the American Academy of Child Psychiatry*.

Haley, J., 1993. *Uncommon therapy: The psychiatric techniques of Milton H Erickson MD*. WW Norton & Company.

Hall, G., Shearer, D., Thomson, R., Roderique-Davies, G., Mayer, P. and Hall, R., 2012. Conceptualising commitment: A thematic analysis of fans of Welsh rugby. *Qualitative Research in Sport, Exercise and Health*, 4(1), pp.138-153.

Harman, G., 2016. Agential and Speculative Realism: Remarks on Barad's Ontology. *Rhizomes: Cultural Studies in Emerging Knowledge*, (30).

Harris, Q. and Burnham, J. (1991a) 'Clinical Commentary XII Rituals in Systemic Family Therapy: A Case Example', *British journal of psychotherapy*, 8(1), pp. 87-95.

Harris, Q. and Burnham, J. (1991c) 'Rituals in systemic family therapy: A case example', *British Journal of Psychotherapy*, 8(1), pp. 87-95.

Hiles, D., Cermák, I. and Chrz, V. (2009) 'Narrative oriented inquiry: A dynamic framework for good practice': University of Huddersfield.

Hine, C (2015) *Ethnography for the internet: embedded. embodied and everyday* London, Routledge.

Holle, K. A. (2000) 'Strategic family therapy and Turner's ritual theory: cross cultural comparisons in the process of becoming' *Journal of ritual studies*, 14(2), pp. 48-57.

- Houseman, M. (2012) 'Pushing Ritual Frames Past Bateson', *Journal of Ritual Studies*, 26(2), pp. 1-5.
- Humphrey, C. and Laidlaw, J., 1994. *The archetypal actions of ritual: A theory of ritual illustrated by the Jain rite of worship*. Oxford University Press.
- Ibrahim, H., 1988. The nature of ritual. *Journal of Physical Education, Recreation & Dance*, 59(9), pp.25-28.
- Imber-Black, E. (2002) 'Family rituals--From research to the consulting room and back again: Comment on the special section', *Journal of Family Psychology*, 16(4), pp. 445-446.
- Imber-Black, E. (2019) 'Rituals in contemporary couple and family therapy', *APA handbook of contemporary family psychology: Family therapy and training.*, Vol. 3. *APA handbooks in psychology® series*. Washington, DC: American Psychological Association, pp. 239-253.
- Imber-Black, E., Roberts, J. and Whiting, R. (2003) *Ritual in families and family therapy*. New York: W.W Norton and Co Inc.
- Imber-Black, E. (2020) 'Rituals in the Time of COVID-19: Imagination, Responsiveness, and the Human Spirit', *Family Process*, 59(3), pp. 912-921.
- İme, Y., 2019. Solution-focused brief therapy and spirituality. *Spiritual Psychology and Counseling*, 4(2), pp.143-161.
- Jaaniste, J., 2024. Liminality and ritual in dramatherapy–The intersubjective space. In *Space, Place and Dramatherapy* (pp. 149-161). Routledge.
- Jacobson, N.S., 1985. Family therapy outcome research: Potential pitfalls and prospects. *Journal of Marital and Family Therapy*, 11(2), pp.149-158.
- Jones, E. (2003) 'Reflections under the lens: Observations of a systemic therapist on the experience of participation and scrutiny in a research project', *Journal of Family Therapy*, 25(4), pp. 347-356.
- Kapferer, B (2019) 'Victor Turner and The ritual process' *Anthropology Today* vol 35-3 pp 1-2
- Karver, M.S., Handelsman, J.B., Fields, S. and Bickman, L., 2006. Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in the child and adolescent treatment outcome literature. *Clinical psychology review*, 26(1), pp.50-65.
- Kitzinger, C. (2000) 'Doing feminist conversation analysis', *Feminism & Psychology*, 10(2), pp. 163-193.

Korom, F. (2002). Caste Politics, Ritual Performance, and Local Religion in a Bengali Village: A Reassessment of Liminality and Communitas. *Acta Ethnographica Hungarica*.

Krause, I.-B. (1998) *Therapy across culture*. London, Sage, 1998.

Krause, I.-B. (2012) *Culture and reflexivity in systemic psychotherapy: Mutual perspectives*. *Systemic thinking and practice series* London: Karnac Books.

Krause, I.-B. and Smith, G. 2003. Culture and system in family therapy.

Lan, Q. Does ritual exist? Defining and classifying ritual based on belief theory. *J. Chin. Sociol.* **5**, 5 (2018). <https://doi.org/10.1>

Lane, G. and Schneider, A. (1990) 'Short Paper Section: A therapist's ritual of respect', *Journal of Family Therapy*, 12(3), pp. 287-294.

Lave, J. and Wenger, E. (1991) *Situated learning. Legitimate peripheral participation. Learning in Doing: Social, Cognitive, and Computational Perspectives*: Cambridge, Cambridge University Press, 1991.

Lorencova, R., Trnka, R. and Tavel, P., 2018. Participation in alternative realities: Ritual, consciousness, and ontological turn. In *SGEM Conference Proceedings* (Vol. 5, No. 6.1, pp. 201-207).

McArdle, K. L. and Reason, P. (2008) 'Action research and organization development.' In *Handbook of organisation and development* ed. Cummings T, London, Sage.

MacKinnon, L.K. and James, K., 1987. The Milan systemic approach: Theory and practice. *Australian and New Zealand Journal of Family Therapy*, 8(2), pp.89-98.

McNiff, J. (2017) *Action Research All You Need to Know*. London: Sage. Madigan, S., 2011. *Narrative therapy*. American Psychological Association

Magliocco, S., (2014). Introduction: Ritual creativity, emotions and the body. *Journal of ritual studies*, 28(2), pp.1-8

Mason, M.J., 1996. Family therapy as initiation: More than a therapeutic metaphor. *Journal of family psychotherapy*, 7(3), pp.31-38..

Mendenhall, T. J. and Doherty, in W. J. (2005) 'Action Research Methods in Family Therapy', in Sprenkle, D.H. and Piercy, F.P. (eds.) *Research methods in family therapy*., 2nd ed. New York, NY: The Guilford Press, pp. 100-118.

Miller, G.P., 2005. The legal function of ritual. *Chi.-Kent L. Rev.*, 80, p.1181.

Moon, S. and Trepper, T. (1996) 'Case study research', in Sprenkle, D. and Moon, S. (eds.) *Research Methods in Family Therapy*. New York: Guilford Press.

- Munt, G., 1988. Family Therapy, Group Work and Psychiatry—Working Under the Influence. *Australian and New Zealand Journal of Family Therapy*, 9(1), pp.17-22.
- Myerhof, B. (1986) 'Life not death in Venice', in Turner, V. and Bruner, E. (eds.) *The Anthropology of Experience*. Illinois: University of Illinois Press.
- Nelson, T. S. and Trepper, T. S. (1993) *101 interventions in family therapy*. Haworth marriage and the family New York, NY: Haworth Press, Inc.
- Nowell, L. S., Norris, J. M., White, D. E. and Moules, N. J. (2017) 'Thematic Analysis: Striving to Meet the Trustworthiness Criteria', *International Journal of Qualitative Methods*, 16(1), pp. 1609406917733847.
- Ospina, S., El Hadidy, W. and Hofmann-Pinilla, A., 2008. Cooperative inquiry for learning and connectedness. *Action Learning: Research and Practice*, 5(2), pp.131-147
- Pearson, D. H. (1987) 'The strategic family therapy ritual as a framework for supervision', *Journal of Strategic & Systemic Therapies*, 6(4), pp. 17-28.
- Penner, H. H. (2024, March 12). ritual. Encyclopaedia Britannica. <https://www.britannica.com/topic/ritual>
- Pink, S., 2016. Digital ethnography. *Innovative methods in media and communication research*, pp.161-165
- Prata, G. (1990) *A systemic harpoon into family games : preventive interventions in therapy*. New York: Brunner/Mazel.
- Priest, H., Roberts, P. and Woods, L. (2002a) 'An overview of three different approaches to the interpretation of qualitative data. Part 1: theoretical issues', *Nurse Researcher*, 10(1), pp. 30-42.
- Priest, H., Roberts, P. and Woods, L. (2002b) 'An overview of three different approaches to the interpretation of qualitative data. Part 1: theoretical issues', *Nurse Researcher*, 10(1), pp. 30.
- Quinn, W., Dotson, D. and Jordan, K., 1997. Dimensions of therapeutic alliance and their associations with outcome in family therapy. *Psychotherapy Research*, 7(4), pp.429-438.
- Rabkin, R., 1977. *Strategic psychotherapy: Brief and symptomatic treatment*. New York Basic Books
- Rao, U., 2006. Ritual in society. In *Theorizing Rituals, Volume 1: Issues, Topics, Approaches, Concepts* (pp. 143-160). Brill.
- Reason, P. and Bradbury, H. (2001) *Handbook of action research: participative inquiry and practice*. London, Sage, 2001.

- Reason, P., 2002. Editorial introduction: The practice of co-operative inquiry. *Systemic practice and action research*, 15(3), p.169 - 176
- Reissman C.K (2002) 'Analysis of personal narratives' in Gubrium, J.F *Handbook of interviewing research: context and method*. London, Sage Publications
- Reynolds V. (2002) 'Weaving threads of belonging: cultural witnessing groups' *Journal of Child and Youth Care*. 15(3) 89-105
- Rhodes, P. (2018) 'How Family Therapy Stole My Interiority and Was Then Rescued by Open Dialogue', *Australian and New Zealand Journal of Family Therapy*, 39(2), pp. 232-242.
- 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), pp. 68-78.
- Riley, S. and Reason, P., 2015. Co-operative inquiry: An action research practice. *Qualitative psychology: A practical guide to methods*, pp.168-198.
- Rivett, M. (2008) 'Towards a Metamorphosis: Current Developments in the Theory and Practice of Family Therapy', *Child & Adolescent Mental Health*, 13(3), pp. 102-106.
- Rivett, M., Buchmüller, J. and Oliver, K. (2018) *Family therapy skills and techniques in action*. New York, NY: Routledge/Taylor & Francis Group.
- Rivett, M. and Street, E. (2009) *Family therapy. 100 key points and techniques*. 100 Key Points: Hove, Routledge, 2009. Simon, R., 1987. Goodbye paradox, hello invariant prescription: An interview with Mara Selvini-Palazzoli. *The Family Therapy Networker*, 11(5), pp.16-25.
- Robert, C. (2006) 'Trends and problems in marital and family therapy research: Possible use of action research', *Psihološka Obzorja*, (4), pp. 43.
- Russell, G. (2002) 'Research as interacting dialogical processes: implications for reflexivity', *Forum: Qualitative Social Research*, Vol 3, Is 3 (2002), (3).
- Russell, S., 2002. Part II: Definitional ceremony and outsider-witnessing. *International Journal of Narrative Therapy and Community Work*, (3), pp.14-21.
- Selvini Palazzoli, M., Boscolo, L., Cecchin, G.F. and Prata, G., 1974. The treatment of children through brief therapy of their parents. *Family Process*, 13(4), pp.429-442.
- Selvini Palazzoli, M. S., Boscolo, L., Cecchin, G. and Prata, G. (1978) 'A Ritualized Prescriptions in Family Therapy: Odd Days and Even Days', *Journal of Marriage & Family Counseling*, 4(3), pp. 3-9.

Selvini Palazzoli, M. S., Boscolo, L., Cecchin, G. F. and Prata, G. (1977) 'Family Rituals A Powerful Tool in Family Therapy', *Family Process*, 16(4), pp. 445.

Selvini Palazzoli, M. S. and Prata, G. (1988) 'From interpretations to the prescription of family rituals', in Selvini, M. (ed.) *The work of Mara Selvini Palazzoli*. Lanham, MD: Jason Aronson, pp. 301-304.

Selvini Palazzoli, M. (1989) *Family games : general models of psychotic processes in the family*. London: Karnac.

Sexton, T.L., 2000. *Functional family therapy*. US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention..

Short, M. and Healy, J.P., 2016. Writing 'with' not 'about': Examples in co-operative inquiry. In *Sharing Qualitative Research* (pp. 204-219). Routledge.

Simon, G. (2012) 'Practitioner research: A model of systemic inquiry', *Human Systems Journal of Systemic Consultation and Management*, 23(1), pp. 103-124.

Simon, G. and Chard, A. (2014) *Systemic inquiry. Innovations in reflexive practice research*. [S.l.], Everything is Connected Press, 2014.

Simon, Gail (2018). Eight Criteria for Quality in Systemic Practitioner Research. *Murmurations: Journal of Transformative Systemic Practice*, 1, 2, 40-62. <https://doi.org/10.28963/1.2.5>

Simon, G., 2021. 'Panmorphic Crisis: Cultural rupture and systemic change'. *Murmurations: Journal of transformative systemic practice*, 4(1), pp.87-101.

Simon, R., 1987. 'Palazzoli and the Family Game' *The Family Therapy Networker*, 11(5), pp.17-23.

Stratton, P., Bland, J., Janes, E. and Lask, J. (2010) 'Developing an indicator of family function and a practicable outcome measure for systemic family and couple therapy: the SCORE', *Journal of Family Therapy*, 32(3), pp. 232-258.

Stroeken, K (2011) 'Questioning cognitive and interpretive takes on ritual' *Anthropological Theory*: 11(3) pp 355-372

Sprecher, S, Treger, Wondra, J, Hilaire, N, Wallpe, K (2013) 'Taking turns: Reciprocal self-disclosure promotes liking in initial interactions' *Journal of Experimental Social Psychology* 49 (5) pp 860-866

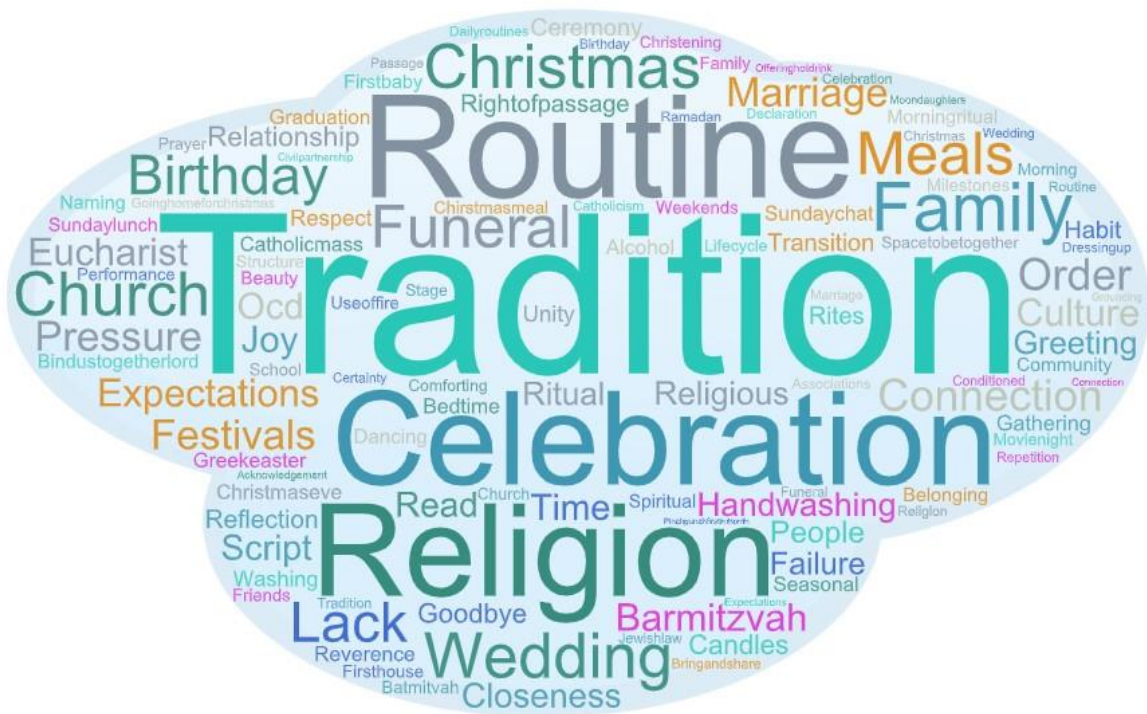
Terry, G. and Hayfield, N., 2020. Reflexive thematic analysis. In *Handbook of qualitative research in education* (pp. 430-441). Edward Elgar Publishing.

Trainor, L.R. and Bundon, A., 2021. Developing the craft: Reflexive accounts of doing reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 13(5), pp.705-726

- Turner, V. (1975) 'Symbolic Studies', *Annual review of anthropology*, 4(1), pp. 145-161.
- Turner, V., 1987. *Betwixt and between: The liminal period in rites of passage*. In Mahdi et al 1987 *Betwixt and between: Patterns of masculine and feminine initiation*, pp.3-19 Illinois, Open Court
- Turner, V. (2012) 'Liminal to liminoid, in play, flow, and ritual: an essay in comparative symbology', *Mediações: Revista de Ciências Sociais*, (2), pp. 214.
- Turner, V. (2018) *Dramas, Fields, and Metaphors: Symbolic Action in Human Society. Symbol, Myth and Ritual* Ithaca: Cornell University Press.
- Turner, V., Abrahams, R.D. and Harris, A., (2017). *The ritual process: Structure and anti-structure*. Routledge.
- Turner, V. (1969) *The Ritual Process: Structure and Anti-Structure*, Aldine
- Van Gennep, A (2019) *The Rites of Passage*, Chicago and London, University of Chicago Press
- van der Hart, O. V., & Ebbers, J. (1981). Rites of separation in strategic psychotherapy. *Psychotherapy: Theory, Research Practice*, 18(2), 188–194. <https://doi.org/10.1037/H0086079186/s40711-018-0073-x>
- van der Hart, O., Witzum, E. and de Voogt, A. (1989) 'Myths and Rituals: Anthropological Views and Their Application in Strategic Family Therapy', *Journal of psychotherapy & the family*, 4(3-4), pp. 57-80.
- Van Hennik, R., 2019. Becoming a Posthuman Systemic Nomad: Part I: Truth and trust. *Murmurations: Journal of Transformative Systemic Practice*, 2(2), pp.70-85.
- Vauchez, A (ed) (2005) *Oxford Encyclopaedia of the Middle Ages*, James Clarke and Son
<https://www.oxfordreference.com/view/10.1093/acref/9780227679319.001.0001/acref-9780227679319>.
- Vivanco, L. (2018) *A Dictionary of Cultural Anthropology*: Oxford University Press. Available at:
<https://www.oxfordreference.com/view/10.1093/acref/9780191836688.001.0001/acref-9780191836688> (Accessed: 14.8.19).
- Walsh, F. (2012) *Normal family processes. Growing diversity and complexity*. New York, London : Guilford, 4th ed.
- Wampler,K., Miller,R., Seedell,. R (2020) *The Handbook of Systemic Family Therapy: Vol .1* Wiley.

- Wampold, B. E. and Imel, Z. E. (2015) *The great psychotherapy debate: The evidence for what makes psychotherapy work, 2nd ed. Counselling and psychotherapy* New York, NY: Routledge/Taylor & Francis Group.
- Watzlawick, P., Beavin, J. H. and Jackson, D. D. (1968) *Pragmatics of human communication. A study of interactional patterns, pathologies and paradoxes*. London, New York, Faber, W. W. Norton
- White, M. and Epston, D. (1990) *Narrative means to therapeutic ends*. London, W.W. Norton, 1990.
- White, M (2005) *Workshop Notes* Dulwich Centre Publications
- Whitehouse, H., 2024. Rethinking ritual: how rituals made our world and how they could save it★. *Journal of the Royal Anthropological Institute*, 30(1), pp.115-132.
- Willig, C. and Stainton Rogers, W. (2017) *The SAGE Handbook of Qualitative Research in Psychology*. Thousand Oaks, California: SAGE Publications Ltd.
- Woods, L., Priest, H. and Roberts, P. (2002a) 'An overview of three different approaches to the interpretation of qualitative data. Part 2: practical illustrations', *Nurse Researcher*, 10(1), pp. 43-51.
- Wu, Q. The structure of ritual and the epistemological approach to ritual study. *J. Chin. Sociol.* 5, 11 (2018). <https://doi.org/10.1186/s40711-018-0081-x>

Appendix 1 – WordArt graph from keynote lecture



Appendix 2 - Doctorate Diary extract

5.9.20

Panicking a bit. Needing to work on the plan / questions etc for Wed and get on top of anxieties about filming and recording. Finished stencilling the books – and took photos. I like the way they look and hope they will appeal to the participants and encourage them to record something.

9.9.20

The big day – just wondering if it will be the only one given the trajectory of the Covid crisis – possibility of restricting groups meeting indoors to six with work as an exception but am wondering where research fits for that? Change due on 14th Sept – will just have to play by ear and adjust as we go. At the last minute numbers reduced to 4 participants from 6 – someone off sick and someone nervous about the contact as has son due an operation. What kind of priority in their lives can participants possibly make of this? Am feeling a bit selfish to pursue but hope this might have a long term benefit and keep a focus on creative practice which am feeling is a bit challenged at the moment.

Almost last minute I thought about my own ritual object and settled for a plate and bottle of brandy – happy birthday dear Jesus – was about to be shared.

Packed the car with everything I could think of including 2 x cameras and miles of extension lead. Journey was ok and I arrived about 12.40. Called H at 1.00 and she came to meet me – had to be escorted in.

Large room with amazing chairs and pumps to adjust the back ‘very corporate’ we said. H went for lunch and I messed with the room – one camera had ordinary lens and one wide angle – with the latter it was only possible to see 4 people at once max so good job numbers small. Chairs had to be 1-2 metres apart so I was concerned that this would affect communication etc etc. They had agreed not to wear masks in the session – which I was very grateful for – was anxious about working with a group that I never saw the faces of. No refreshments could be shared – that felt odd re a usual welcome ritual ... but no one would be surprised.

Group arrived one at a time – they had been working in the room before and already had owned chairs or left stuff on their chairs. I was worried about moving bags and laptops and stuff from upset and infection point of view but moved some things anyway. Wrote my core questions on flip chart for sessions 1, 2 and 3 then decided to draw a quick circular diagram about the process of action research to share as part of the intro.

4 people assembled and we began at 2.00 – participants were J, H, K and L right to left. J had to finish an email – I was conscious of the ongoing work demand. I intro'd me and felt warm and curious responses. I asked about the ritual object I had asked them to bring and was heartened that all had done so – although K brought her thoughts not an object and I asked her to write one or two of these on paper to create an object. It became clear that some of group were expecting to end at 4.00

so we agreed to do this – found myself feeling relief that it might end sooner than planned and the smaller numbers made this seem realistic.

After my intro, I showed the 4 questions for session one – much effusive commenting about it being great to be involved in the research; chance to reflect on practice and that deep thinking about ritual in their practice was unusual. So I felt optimistic that we would generate something.

In session 1, I was interested in the focus on ritualised approaches to practice and comments about self preparation for sessions. I repeated some of my flip chart questions to move conversation to using client's rituals and the positive and negative use of rituals – put in the stuff about domestic abuse ritual at the end.

Got some general hints about processing – I did not mention liminals – but I did ask what is in a ritual and that seemed to open some new thought which I was pleased about.

I enjoyed session 2 [Ritual Object exercise)]which I joined in with almost as an equal participant and found myself intruding in the interviews to get some focus on the embodied and the process and emotional content of the ritual and to get some enactment in the group. Will need to think more about this. I felt drawn to create some movement so that I had some material for my ethnographic observation!

I gave 10 min per ritual object interview and that seemed enough to cover the 4 areas I had listed plus other aspects that seemed indicated but that meant there was almost no time for session 3 so I just ended with group sharing one word/concept from the session and one thing they will do in response to the session in their practice between days 1 and 2. I asked them to write that in note book so it was anchored – possibly because of my own tendency to forget stuff – and felt gratified that I had seen that all had used their notebook to some extent already in the session. I will have data I thought with excitement – and liked the fact that there were several comments about the topic / session creating new focus for action and reflection.

Appendix 3 Initial data analysis notes

August 2022

List of experiences and ideas

Broad classifications of types of ritual from data - 1

- A. Ritual in therapy – prep of the therapist for ‘being therapeutic’ and re – connecting with the case/referral
- B. Ritual as emerges in therapy
 - a. Family’s account of and relationship with ritual
 - b. Use of 2a in therapy sessions
 - c. Ways of creating therapeutic ritual – role of the therapist
- C. Ritual in therapist’s own life
 - a. From family of origin experience
 - b. Ways of ritualising in family of creation
 - c. Connections to meaning/use of ritual with families in therapy
- D. Ritual as emergent in the action learning sets
 - a. Ritual in data collection
 - b. Ritual in teaching
- E. My relationship to ritual
 - a. In therapy
 - b. In my research
 - c. In my life
- F. Journey of discovery about ritual in the research process
New and confirmed ideas, practices and processes

Ideas – 2

- A. An initial sense for me of disappointment at the degree to which discussion in the ALS focused on ‘**mundane**’/‘**domestic**’ **rituals** which I found myself questioning as to whether these were rituals at all – eg various contexts for making and consuming cups of tea etc. I was interested in other FTs’ definitions of/ways of working with/connections to ritual and need to attend to the data actually generated and broaden my attention beyond what I ‘wished for’.
- B. In preparation phase, I was slightly anxious about the lack of ‘diversity’ in my focus groups (one male, mainly white European participants) as I feared this may limit the range of data that was generated and therefore the scope and relevance of my thesis. (very conscious of the impact of black lives matter agendas; ‘southern’ theory; and a sense that I need to create a thesis that encompasses these challenges to white western perspective)

There were several participants with Irish identities which created some rich description and sharing of relationship to religious ritual and how it continues inter-generationally

- C. I tried to address the 'limitations' of my data by using research/writing on ritual with similar themes from non-white European writers (eg Veena Das) and presented some initial findings in a seminar in 2022 – this seemed very productive so am planning to do more of this.
- D. I began planning ALS wanting to facilitate rather than prescribe the discussion and this challenged my planning and structuring of the ALS as in most sessions I had to make adjustments to the plan as more talking / action happened than I anticipated.
- E. In viewing the videos of 3 x 2 total 6 sessions and in transcribing and reading the verbal material, I noted some elements of possible ritualised behaviour (or pattern in the interactions) emerging such as with turn taking; how I started and structured the sessions and the exercises I offered
- F. In the material 'about' ritual, there were exchanges where participants echoed and developed the connections they made and new, collaborative ideas were voiced - is there some application in therapy – collab conversations and do these need a therapist shared experience response/ questions and curiosity to create these / combination?
- G. Thinking about absence of ritual what is the cost/benefit of no funeral (eg covid context) or similar?
- H. Ideas about 'essence' of ritual – my inclination to look for something possibly mystical/spiritual for ritual to be real – but some data showing the value of the seemingly mundane
- I. Thinking about process of ritualising – data about physical aspects eg hand cream etc – slowing down and staying in the moment mentioned as valued parts of the process.
- J. Ritual as something 'special' in some way.
- K. I am thinking about what is the relationship with community – ritual referred to as possible to create for an individual and to be practised individually but also much emphasis on connection to others – are there 2 different types of ritualising?
- L. Many ways of using and creating ritual in therapy – much less of the expert/prescribed ritual in current work that participants described and no real use of the Milan model of prescribing ritual. Not much affinity to strategic model ideas either.

Appendix 4 – Plan for ALS 2-1

Ritual as a therapeutic vehicle in family therapy – plan for ALS 2-1

Preparation

1345 – Arrivals and informal greetings

1400 – Start and introduction of me and the project

Consent forms – email or post

Zoom protocol

Plan for session and next

Ritual reflection notebooks and expectations

Intro selves – plus their starting point for taking part

1415 Open discussion

What definitions of ritual are you grabbed by

How do you/would you like to use ritual in your therapeutic practice

What are your cultural connections to ritual

1435 Ritual object 10 min each – headline about it –

Interview questions

Please talk about beliefs, meanings and behaviours associated with your object

What happens when the ritual happens – to you? To others?

Could you demonstrate some aspect of the ritual associated with your object and engage others to try it out

1505 Break

1510 Ritual object 10 min each – headline plus discussion

1610 Reflections and planning

Keyword

Planned action

Session 2 – review planned action

activity

Summary and reflection / share ritual reflections

Appendix 5 – Extract from coding grid

File Tools View ALS 1-1 Rit rese-TA-codes and themes - dr1 • Saved

<p>organisation under a professional title, but also what ritual means for us all individually and culturally.</p> <p>To me, this really aroused my curiosity to think further about it, and to think, actually, to investigate my own practice, and have a think about what am I doing all the time that I don't realise I'm doing, and what am I opening up, or not opening up for the [17:00] families that I work with, in terms of enhancing the practice and, and enhancing their experience of being in family therapy?</p>	<p>Curiosity about focus on ritual through these reflection sessions</p>	<p>Might the focus of the ALS enhance practice – for these participants or more generally</p>	<p>C – DORMANT Ritual and therapists or therapy</p> <p>Can ritual being a subconscious awareness</p> <p>G – THERAPY AND RITUAL Ritual as enhancement of therapy / experience</p>	<p>Vehicle to 'investigate own practice'</p> <p>Consciousness and unconsciousness of the phenomenon of ritual and ritualising</p> <p>Ritual use as enhancement of practice</p> <p>Nature and function of AR – explore and develop practice</p>
<p>Transcript</p>	<p>Concept</p>	<p>My reflections</p>	<p>Possible theme</p>	<p>Closer reading</p>
<p>J: I think I'm starting to think a little bit about the meaning of the word ritual as well, and how it might deviate from habitual action. I'm quite interested in exploring that.</p> <p>Carol: Do you have any ideas about that, just as you speak that?</p> <p>J: Yeah, I think a habitual action would be more of a, something that one just does, whereas ritual has a lot of meaning attached to it, and it kind of expresses connection to one's culture, the practices in one's family or in one's community, so it's making me start to think about what I've brought, and whether actually it is part of a</p>	<p>Ritual as habitual action</p> <p>Difference with habitual action is that there is meaning attached to ritual/culture connection/ in local practices</p>	<p>Place of meaning in ritual v lack of meaning in habit?</p>	<p>Continuum ritual to routine – habit – pattern</p> <p>L ROUTINE ...</p> <p>I – REPET ETC</p> <p>Ritual having meaning more than habit does</p> <p>M - Ritual connection to culture</p>	<p>Relationship between ritual and habitual action</p> <p>Habit - something that one does Ritual – meaning attached; expresses connection to culture, family or community</p> <p>Ritual object and question as to whether it is related to a ritual or not</p>

Screen 14 of 41

Display Settings Focus

Rain to stop In about 1 hour

Search

14:36 27/05/2024

Appendix 6 ALS Plans and how they evolved

ALS 1-1			Notes
<p>Plan Intro exercise</p> <p><i>Intro self and say what your interest is in being part of this research?</i></p> <p><i>How should we define ritual? In personal and therapeutic contexts? (Key words recorded on flip chart)</i></p> <p><i>How are rituals connected to you culturally?</i></p> <p><i>How do you / would you like to use ritual in your clinical practice?</i></p> <p><i>Please share an example of using ritual in practice</i></p>	<p>Plan Ritual object exercise</p> <p><i>Please work in pairs, with rest of group observing</i></p> <p><i>Please talk about the beliefs and meanings you associate with your object</i></p> <p><i>How are these similar or different to the beliefs and meanings that others may have</i></p> <p><i>What happens when your ritual happens – to you, to other participants, to the community</i></p> <p><i>Please demonstrate physically something of how your ritual object is used</i></p> <p><i>Invitation to other group members to try out the ritual movements and any words used/spoken</i></p> <p><i>Please share any embodied experiences you are comfortable with sharing – verbally or any other way</i></p> <p><i>Note anything you wish in your reflective diary</i></p>	<p>Plan Key word exercise</p> <p><i>Introduction</i></p> <p><i>Action research usually involves planning and trying out ideas between sessions and reflecting on these experiences in the following session</i></p> <p><i>This is a space to think about how we might use the ideas and practices generated today in our thinking and practice.</i></p>	
<p>Actual (flip chart) Intro exercise</p>	<p>Actual (flip chart) Ritual object exercise</p> <p>Please talk about beliefs, meanings and behaviour</p>	<p>Actual (verbal) Key Word exercise</p>	

<p>What is your interest in taking part</p> <p>How should we define ritual?</p> <p>How do you use/like to use ritual in practice</p> <p>How are rituals connected to you culturally?</p>	<p>associated with your object</p> <p>What happens when the ritual happens? To you/others</p> <p>Could you demonstrate part of the ritual and engage others to 'try out' the experiences?</p>	<p>What key word / idea will you take away from today</p> <p>What action will you take to develop practice between today and day 2?</p>	
ALS 1-2			
<p>Plan (powerpoint) How has ritual travelled</p> <p><i>Please share something of your journey with ritual from session 1 to session 2</i></p> <p><i>Anything you have done, planned, reflected on</i></p>	<p>Plan (powerpoint) Expand a theme</p> <p><i>To provide post it notes of ideas from last session derived from tape review and to invite group members to choose one and respond to it</i></p>	<p>Plan What next</p> <p><i>What next discussion – whole group</i></p>	
<p>Actual (verbal) How has ritual travelled</p> <p>What have you been thinking and doing since the last time we met</p> <p>Do we want to all have a bit of space each to talk then merge that in to an 'all of us' conversation/</p>	<p>Actual Expand a theme</p> <p>Provided some post-its of key ideas from previous session – participants to choose and elaborate on the idea in some way.</p> <p>Asked if 'use of ritual in family therapy should be revised and if so how' – group discussion</p>	<p>Actual What next?</p> <p>What next discussion – whole group</p>	

ALS 2-1			
<p>Plan (powerpoint) Intro exercises</p> <p><i>What definitions of ritual are you grabbed by</i></p> <p><i>What are your cultural connections to ritual</i></p> <p><i>How do you/would you like to use ritual in your therapeutic practice</i></p>	<p>Plan</p> <p>Ritual object exercise</p> <p><i>Interviews in pairs</i></p> <p><i>Please headline your object</i></p> <p><i>Please talk about beliefs, meanings and behaviours associated with your object</i></p> <p><i>What happens when the ritual happens – to you? To others?</i></p> <p><i>Could you demonstrate some aspect of the ritual associated with your object and engage others to try it out</i></p>	<p>Plan</p> <p>Key word exercise</p> <p><i>What key word / idea will you take away from today</i></p> <p><i>What action will you take to develop practice between today and day 2?</i></p>	
<p>Actual (verbal) Intro exercise</p> <p>Introduced an open discussion about definitions of ritual</p> <p>How do you/would you like to use ritual in your therapeutic practice</p> <p>Any cultural connections to ritual that you are happy to talk about</p>	<p>Actual</p> <p>Ritual object exercise</p> <p>Please headline your ritual object</p> <p>Please talk in pairs about beliefs, meanings and behaviours associated with your object</p> <p>What happens when the ritual happens – to you? To others?</p> <p>Could you demonstrate some aspect of the ritual associated with your object and engage others to try it out</p>	<p>Actual (verbal)</p> <p>Key word exercise</p> <p>‘I wonder if people would give me a word from today or an idea that is sitting with you now having been together for the last couple of hours, and perhaps one think that you might do between now and the next time that we meet to develop practice is some way or another’</p>	
ALS 2-2			

<p>Plan</p> <p>How has ritual travelled exercise</p> <p>Please share something of your journey with ritual from session 1 to session 2 - anything you have done, planned, reflected on</p> <p>What is your relationship to religious/cultural rituals that you would be happy to share</p> <p>How has the covid crisis impacted the importance and use of ritual in your work</p>	<p>Plan</p> <p>Creating ritual in practice</p> <p>In pairs,</p> <p>A - explore a clinical example where ritual approaches were used in the therapeutic process</p> <ul style="list-style-type: none"> • What were your hopes for the intervention • How did you create the ritual / ritual plan in the session • What impact did the ritual intervention have on the client/family/you/the issue(s) presented <p>Or B, explore a clinical example where ritual approaches might be used as an intervention</p> <ul style="list-style-type: none"> • How could you create a ritual intervention with the family • What would be the hope for that intervention? • Other pair to reflect on process and how this connected to their ideas about ritual 	<p>Plan</p> <p>What next?</p> <p>Large group sharing about the impact of the ALS sessions on thinking and practice</p> <p>Invitation to group to identify key word/concept or change to your thinking or to your practice that you think you might carry on ... moving forward</p>	
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<p>Actual (verbal) How has ritual travelled exercise</p> <p>Begin by sharing anything you might have thought about, planned, tried out, kept in mind, or any kind of action including thinking action.</p>	<p>Actual (verbal) Creating ritual in practice</p> <p>Discuss in groups how you would introduce or revitalise ritual in your therapeutic practice and what are your cultural connections to ritual.</p> <p>4 people work together about how you could or have created a ritual intervention in a family (individual, supervision or family context) One persons case with others as consultants Then the other 4 (after observing) reflect on process of the discussion.</p>	<p>Actual (verbal) What next?</p> <p>Identify a key word or concept or any change in you thinking that you think might carry on / have a legacy into the future</p>	
ALS 3-1			
<p>Plan Intro exercise</p> <p><i>What definitions of ritual are you grabbed by</i></p> <p><i>What are your cultural connections to ritual</i></p> <p><i>How do you/would you like to use ritual in your therapeutic practice</i></p>	<p>Plan Ritual object exercise</p> <p><i>Interviews in pairs</i></p> <p><i>Please headline your object</i></p> <p><i>Please talk about beliefs, meanings and behaviours associated with your object</i></p> <p><i>What happens when the ritual happens – to you? To others?</i></p> <p><i>Could you demonstrate some aspect of the ritual associated with your object and engage others to try it out</i></p>	<p>Plan Key word</p> <p><i>What key word / idea will you take away from today</i></p> <p><i>What action will you take to develop practice between today and day 2?</i></p>	

<p>Actual (verbal and powerpoint) Intro exercise</p> <p>What definitions of ritual are you grabbed by (what feel useful to you)</p> <p>What are your cultural connections to ritual</p> <p>How do you/would you like to use ritual in your therapeutic practice?</p>	<p>Actual (verbal) Ritual object exercise</p> <p>The interview is for one of you in pairs to inter view the other Pursuing these three angles</p> <p>Please talk about beliefs, meanings and behaviours associated with your object ... yours and other people's. What happens when the ritual happens ...what kind of physical effects ... what kind of movements ... what kind of impact does it have?</p> <p>Then if you could demonstrate some aspect of the ritual associated with your object and if we could all have a go at trying that particular demonstration out.</p>	<p>Actual (verbal) Key word</p> <p>Say something that you are going to do between now and next time connected with whatever your experience or ideas about what we have done today is, particularly something to do in practice</p> <p>The other thing ... give us one word that is sticking in your mind about the session today</p> <p>A word and then a thing you are going to try and do on any level you'd like that is connected to the experience of this after noon (p.52)</p>	
ALS 3-2			
<p>Plan How has ritual travelled exercise</p> <p><i>Please share something of your journey with ritual from session 1 to session 2 - anything you have done, planned, reflected on</i></p> <p><i>What is your relationship to religious/cultural rituals that</i></p>	<p>Plan Creating ritual in practice</p> <p><i>To facilitate large group discussion presenting some of Britt Krause's ideas about ritual in therapy</i></p> <p><i>Slide</i> <i>Ritual in therapy (Krause, 1998)</i></p> <p><i>Talk about ritual, ceremony, celebration and use to effect intervention</i></p>	<p>Plan (powerpoint/verbal) What next?</p> <p><i>Last words and plans?</i></p>	

<p><i>How has the covid crisis impacted the importance and use of ritual in your work</i></p>	<p><i>Copy or take part in ritual – to gain insight</i></p> <p><i>Prescribe a ritual</i></p> <p><i>NB attention to detailed description of ‘how’ ritual happens – actions and objects - before exploring meaning and symbolism</i></p>		
<p>Actual How has ritual travelled exercise</p> <p>I want to give you a chance to give whatever kind of conversational feedback about your journey between session 1 and 2 – anything you have done, planned or reflected on following that session</p>	<p>Actual (power point and verbal) Creating ritual in practice</p> <p>Brief presentation using slide above and enlarged on the ideas/points</p> <p>Explore either a clinical example where ritual approaches were used; how did you create that ritual plan in a session and what impact did it have on relationships?</p> <p>Or an example where ritual approaches might have a place as an intervention? How would you create a ritual intervention and what would be your hopes for its impact?</p> <p>Please talk in pairs with other pair observing pair, who reflect on conversation after</p>	<p>Actual (verbal) What next?</p> <p>Would you like to share any last thoughts about being involved in this [research] as an exercise</p>	

Appendix 7 Viewpoints of the Ritual Object observation

ALS 1-1



ALS 2-1



ALS 3-1



Appendix 8 Scratch notes for ALS1-1 13.9.20 L, J, H and K

Am writing these before I look at the film

And have some thoughts also about Section 1 – the intro which on film will look pretty similar.

We were a group of 5 which just fitted in to the camera frame due to necessities of social distancing. I was not in all frames I don't think. Sense of people placed on large quirky chairs and sort of isolated – not the usual distance for a group conversation. Wondered if this made people take turns more although there was a small amount of talking over.

Felt good when I spoke about the Ritual Reflections note books and the idea of a choice between lined and blank pages so reflections did not have to be just words (but works). Someone grabbed book straight away – to make notes during the session – so I encouraged others to do the same and found myself sort of heartened sort of distracted that I think all had entered something by the end of the session. Had intended to give some time at the end to make a start but no need. Just asked them to write their agreed 'task'/application of the word that struck them at the end of the session and something they were going to try out.

Am pleased with the plan that they keep RR books and share with me and that I keep a photo record.

There was interest in the question 'what is in a ritual'

Did not get to negative rituals beyond how anorexia can disorder positive eating rituals and I chucked in the ritual nature of some domestic abuse practices having a ritual quality ... Group seemed to moving on the side of affirming and mystical or special nature of ritual ...

For the observation section (Ritual object exercise), had flip charted a list of questions/areas to explore and a couple of times prompted the idea of demonstrating and group trying out the physical act of the ritual. I also joined in – H said after she thought that was different – I said I thought that was the point of AR that the power to create direction is shared although the responsibility for the project remains with me.

Three contributions were about preparing therapist self for sessions – handcream for grounding and 'meditation' between; 'putting on face' for public; narrative of preparation for session and one was an example of creating and re creating special space with their child. I did 'happy birthday dear Jesus' and concentrated on demonstrating as I went and found myself a little tearful when talking about my mother. Found myself also talking about the assumptions about religion I made about my marriage and family...)

(have had thoughts about how far this research may be about me finding rituals to fully process deaths of my parents)

Thinking about how others are present and take part in the ritual and a dawning thought about processing/ conscious and unconscious meeting/ and the ritual as liminal

Did a bed spring interviewing process – interviewer interviews next person 10 min then up and stretch then interviewee interviews person on their left – others observe but sometimes made comments at the end, esp if I prompted to ‘try it out’ Several comments re covid – eg could not share the lipstick and blusher so pretended; not sure if the pretending would have happened if I had not prompted...

Just wondered about the lipstick and hand cream – had people forgotten but just used something in their bag anyway – not the case with H – coffee cup nor K who used just words ... If the former, can we ritualise any familiar object used routinely?

Noticed the rhythm of group members turning from right to left to be interviewer or interviewed ... and taking the brief break – punctuation – between interviews – standing up and turning, sometimes chair changing for the camera. Would not have been necessary without social distancing.

K’s very smiley throughout and very positive talking – not sure how open to new ideas as she repeated her description of her ritual more than once – wondered about isomorphism with the stuckness and sense of right that can occur in presentations of anorexia – the field she works in. Lucy I interviewed and she was very smiley

We accommodated the camera without question – the idea of being in the camera view a familiar part of therapy for family therapists.

Was struck by J’s hair – sort of wiry and shoulder length – not sure why perhaps as I sat next to it and looked at the back of it a lot.

Would people have shared more or less if we had sat more closely together?

Between stuff – putting on mask to leave room. Group had agreed to use no masks in the session but this may have been the reason one person left before the start.

Sense of part 2 phase – I detached for a moment and found myself thinking – this is working – people are engaged and reflecting and sharing as I hoped – put myself back in the zone – separation might spoil the engagement.

The spiral interviewing approach created a dynamic in the room – had decided not to talk in pairs as this would have necessitated a joining up phase. Is there something ritualistic about the turn and talk pattern and the observing team with a meta role around them?

At this stage am trying to recall sense of the flow – relaxed, slight excitement, some caution/anxiety around the demonstration questions. Some laughter especially in the trying out and the self – disclosures that people made. Much dynamism during the demo phases, increased energy and informal responses and talking over.

?wondered what that added to the experience -maybe experienced on a less meta and more group engaged level?

?FT are narrative practitioners in words now and avoid demo and reflection on the physical? – so was this session a challenge

Find myself more and more intrigued by the process of ritual and the liminal / transformative capacity it has ... does the doing create the unconscious phase and is that the liminal aspect.

Also read the paper 'Designing personal grief rituals.... (Sas and Cuman) 2016 and some of that is in my mind as it looks at the role of therapists in designing grief rituals

Relief that the video and audio recording seemed to work... and that I would have things to reflect on / data

Sound of the air con throughout – deadens the sound – constant back drop – as if in a airplane ??

Appendix 9 Ethnographic observation of Ritual Object exercise

I took a participant observer position for the Ritual Object exercise which occurred during the first session of each ALS. The exercise was intended to facilitate exploration of a self chosen object associated with ritual for each individual participant, via an interview another participant in the ALS, which was observed by the rest of the group. I was the only participant who attended all three ALS and I part facilitated/ and participated in the exercise each time. I had asked participants to bring an object they associated with ritual and that they were prepared to talk about (see appendix 18 email)

I made brief scratch notes of the Ritual Object exercise at the end of each ALS session then watched the video recording of that exercise shortly after, making more detailed descriptions of patterns of observed movement, talking, ritual ideas, I collated the ethnographic account below of the three exercises some time later. (ALS 1 was face to face; ALS 2 and ALS 3 were via zoom on line platform).

Participants in all three ALS seemed happy to try the exercise and I found myself giving less instruction and reassurance moving through the sequence of ALS. I felt embarrassed about the amount of talking I did around this exercise in ALS 1, but this talking reduced over time as I felt more confident that the exercise would 'work' as it had done the previous session.

Noticeable was the difference in observer position between the face to face and online ALS. Observing from within the session then through a camera view in ALS 1-1, I noticed the hugeness of my back view in front of the camera when adjusting the speakers, obscuring the participants and then I disappeared out of shot for much of the session. In the former, the participants sat in a socially distanced open semi circle in a newly refurbished meeting room in an NHS trust building -there were quirky but very comfortable chairs, pale, 'proper' carpet, windows and the constant hum of a cold air conditioning system. There were notes about wearing masks and hand washing prominently on the walls with hand gel and masks provided. The distanced chairs meant that I was not always 'in shot' for the video recording although there was some movement of participants between chairs for the exercise but I could see everyone when 'live' in the session itself. The distanced chairs seemed slightly too far apart for comfortable conversation. The participants were white females, aged between 30 and 50 (I guessed) and they all sat with crossed legs throughout the session except when they got up to try out each others' ritual performance. There was toe tapping and ankle circling from all of them at different times, but the most noticeable movement were participants' arms. For this exercise they interviewed each other in pairs and when talking, they almost always used both hands and arms to gesticulate in similar ways when confirming, expanding, explaining or asking questions. When not speaking, arms were usually still and in laps. The interviewer did supportive nodding when the interviewee was talking. The rest of the group (three of us including me) paid attention to the interview, but looked down or away from the discussion at times. There were several instances of laughter, and participants almost universally lolled heads on the backs of chairs.

There was striking synchronicity amongst the group when they took up the invitation to perform each other's rituals, especially when enacting J's lip stick applying ritual and the dance-like weaving among each other when the group was trying out my ritual involving lighting and carrying an imaginary Christmas pudding. A movement pattern established when interview pairs changed, where most participants got up, turned around, took a drink of water and swung their chairs to a new position. It was striking how quickly patterns of movement in the room were established and how arm movements were replicated; however it is likely that the participants apart from me were used to the room and similar activities.

When observing the zoom groups, all participants were positioned in a similar sized rectangle, head and shoulders usually showing, or at least head, arms occasionally visible when head leaning on hands or participant was holding their ritual object to the screen or demonstrating their ritual actions with it. My view of them was the same on the video recording as during the session itself, except if someone left or after a break when the order on the screen changed. Most movement involved moving heads closer to screen or away in order to accommodate variability in sound or signal. Backgrounds were different for all participants – most were at home or domestic setting, some were in work offices – in both situations, I found myself wondering about their work or home lives as these contexts were in view ; I was distracted at times by background such as a large dolls house and at least two dogs one of whom joined her owner on screen for a while. Indeed at one point, one participant asked another where she got her cushions. It was never easy to be sure of the focus of each participant, especially as screen or nearby window glare obscured the eyes sometimes of those wearing glasses; the issue of engagement and eye contact had to be left to trust

My first impression after all three sessions was that participants had shared mainly everyday ritual objects such as teapots (2), coffee pots, mugs, and that this would render my findings somewhat mundane. Viewing recordings changed that significantly.

Talking about the ritual object and associated ritual frequently led to deep emotional reactions in both the person presenting the object and observing members of the group. This seemed particularly true when the narrator went into detail about the performance/embodied aspects of their ritual. These detailed descriptions often led to connections being made 'in the moment' of the session, to childhood experiences that were related in some way, and often unrecognised. J's morning make up ritual shared with her daughter led to her connecting to a TS Eliot poem with the line 'putting on a face to cope', because 'we cannot always be authentic' ; realising the deep significance of the mother daughter protected time - 'we've fallen into a ritual we have not consciously created'; connecting this to daughter's recent serious illness and her wish to protect her and suddenly feeling tearful when she thought of daughter soon departing for university for the first time. J's skill in applying her lipstick in the session without a mirror was admired and comments from another person 'there is something relaxing about just watching you'.

Connected perhaps to the manifestation of emotion in the sessions was a theme of spirituality. In ALS 2 particularly, each of the 8 participants explicated their ritual experience to the point of naming a spiritual element to it. N, the only male in the group noted the thread of spirituality in all our examples. The first person to present their ritual object described their ritual of prayer, value it as spirituality more than formal religion, which may have set a precedent for connections in the rest of the group. S brought a dog lead and described the increasing importance for her of her 'morning alert' to the transformative experience of walking in woods with her dog where 'pausing and being' creates a calmness to face the day ahead and connects to memories of a carefree phase in her childhood. She said she was 'just realising' she had not spoken of the 'embodied' aspect of ritual before today's conversation. Similarly, G presented her walking boots, headlined 'these boots are made for solace' and described walking as a way of looking after herself. K's ritual object was a candle, which she lit then blew out, and which she said represented 'hospitable welcoming' to her home and to her therapy space and a maxim that she holds to from her childhood that it is better to light a candle than to curse the darkness. E associated using her ritual object bar of soap with the washing her hands with her mother against Covid, bathing in a tin bath with her sister as a child, new thoughts of 'spiritual cleansing' and being 'soothed by water'.

For example, two people presented tea pots with different stories about the traditions around tea making and drinking in their respective families and families of origin. For both, the leaf tea in a pot ritual signified there was 'time' to talk or listen to family or friends and there were particular times in the week where this can happen and times when it cannot. One spoke of a 'pause' being created where full attention would be given to a person who needed it. However for each there were significant and very fixed differences in the ritual itself – one warmed the pot before adding tea and water and the other did not; both turned the pot three times to stir; one was milk in first the other milk in last. One used many pots for different occasions the other used just one. The person with just one pot kept it in respect of a treasured aunt who bequeathed it to them. For both, their tea making and drinking rituals created connection to the cultural practices in their original communities and for one enabled them to 'feel located in myself'. Everyone smiled when we tried out pretending to swirl and swish the tea in the pot. For one participant, they saw little significance in the process of their 'ritual' of making coffee with freshly ground beans with a stove top pot, only the coffee itself mattered with the drinking experience described as 'dicing with danger' and 'kick starting a drug kick'. That ritual represented a gateway to 'getting on with my day'. For all the participants, it seemed difficult for them, when asked, to easily vocalise the physical feeling the performance of the ritual created in them.

Appendix 10 – Phase 4 clustering codes to themes

WHAT HAPPENS WHEN A RITUAL HAPPENS.

WHEN IS A RITUAL

RESEARCH(ER) + RITUAL

RITUAL IN THERAPY / THERAPIST

Coding notes
9/22

A1	Ritual and protocol
Q	Ritual and covid
R	Ritual around death of Queen 2022
C	Ritual as bringing up something dormant or forgotten
W	Talk about ritual leading to new thinking
S	Absence of ritual
X	Ritual as harmful
U	Ritual as meaning - what does doing it do? Transition / liminal
V	Ritual as honouring as
P	Ritual as honouring as
K	Ritual as created, discovered, adapted
T	Position of participants and ritual
F	How to conjure a ritual
B	How symbols are implicated in ritual
A	How body is implicated in ritual
E	Ritual as something mystical/outlandish
J	Emotional content in ritual
M	Ritual and culture
D	When is a ritual a ritual - what is in it
L	Routine pattern ritual
I	Repetition, refrain, routine
H	Research data collection as ritual
Z	Theme of ritual in connection to the researcher
Y	Ritual and on line context
O	Place of ritual in family therapy practice/practitioner
G	Relationship between family therapy and ritual
V	Ritual and self of the therapist

Other notes on page:

- yellow
- blue grey
- pink
- red
- orange
- blue

Appendix 11 – Collage of Ritual Reflections notebook covers



Appendix 12 – Email confirmation for ALS participants and request for Ritual Object

Dear everyone

I am very pleased that you have confirmed your participation in :the research project :

Ritual as a therapeutic vehicle in family therapy: an action research project to explore and develop practice.

Should the use of ritual in family therapy be revitalised and if so how?

In preparation for the first session on Wednesday 9th September, please email me the signed **consent form** attached again to this email. There will also be hard copies available for signature at the first session if you prefer.

Please also bring with you an **object of significance for you with regard to ritual** that you would be happy to talk about and share with the group - this is for the second exercise of the session.

I am very excited to work with you all next week.

Please contact me if you would like to discuss anything before the first session

jolliriich@aol.com
07958809681

Best wishes

Carol Jolliffe

Appendix 13 – Email confirming place in ALS

Thank you again for taking part in a two part, action learning set for my doctoral research project within the Professional Doctorate in Advance Practice and Research: Systemic Psychotherapy at the Tavistock Centre and University of Essex:

Ritual as a Therapeutic Vehicle in Family Therapy: an action research project to explore and develop practice. Should the use of ritual in family therapy be revitalised and if so how?

The project focuses on finding out if and how family therapists use ritual currently in therapeutic interventions and how practice in the use of ritual can be developed. Also, I am exploring the experience of partaking in ritual and how this can inform our understanding of therapeutic processes.

I am writing to confirm your participation in two face to face sessions on **Wednesday 9th September 2020 from 2.00 - 4.30 pm and Wednesday 30th September 2020 from 2.00 - 4.30 pm**

Total CPD hours: 5

A CPD certificate from the Tavistock Centre will be sent shortly; in the mean time, this email is sent to confirm your participation and CPD hours.

Many thanks again.

Carol Jolliffe
Consultant Systemic Psychotherapist
Researcher Professional Doctorate in Advanced Practice and Research:
Systemic Psychotherapy

Appendix 14 – Email invitation to potential participants

Invitation to family therapists to participate in an action research project

Title: Ritual as a therapeutic vehicle in family therapy: an action research project to explore and develop practice. Should the use of ritual in family therapy be revitalised and if so how?

Dear Family Therapists,

My name is Carol Jolliffe and I am a semi-retired family therapist and supervisor who has worked in children's mental health settings for 20+ years. I am currently undertaking a professional doctorate in systemic psychotherapy at the Tavistock Centre and am seeking help from qualified family therapists for the next stage of my action research project.

I would like you invite you to take part in a socially distanced, Covid compliant, continuing professional development (CPD) two-part workshop focusing on use of ritual in family therapy. My hope is to explore current ideas and practice in the use of ritual in family therapy with family therapists practising in a range of services in the public and private sectors. Whilst the workshop is a key part of my doctoral research project I hope that it will also provide a useful learning experience and reflective space for participants that will contribute to developments in practice. 5 CPD hours will be credited to participants who complete both sessions.

I am organising an action research project where 3 cohorts of up to 8 participants will work together with me to reflect on current practice, generate ideas and try out approaches to using ritual in therapy. The first cohort will meet in September in [REDACTED] (already filled), the second cohort will meet in [REDACTED] (October/November 2020 - dates and location to be finalised) and the third cohort will meet in London (January/February 2021 - dates and location to be finalised)

Each action learning set workshop will each be delivered in two linked sessions, each lasting 2.5 hours, and the invitation is for you to attend both sessions.

Please click on links below for the Participant Information Sheet and the Participant Consent Form.

If you are interested, would like to discuss or have any questions, please contact me:

**Carol Jolliffe
email: jollirich@aol.com
mobile: 07958809681**

I look forward to hearing from you.

Appendix 15 – amended by AFT invitation email text

Invitation to family therapists to participate in an action research project

Title: Ritual as a therapeutic vehicle in family therapy: an action research project to explore and develop practice. Should the use of ritual in family therapy be revitalised and if so how?

Carol Jolliffe is a semi-retired family therapist and systemic supervisor who has worked in children's mental health settings for 20+ years. She is currently undertaking a professional doctorate in systemic psychotherapy at the Tavistock Centre and is seeking help from qualified family therapists for the next stage of her action research project.

She invites you to take part in a face-to-face, but socially distanced, COVID-compliant, continuing professional development (CPD) two-part workshop focusing on use of ritual in family therapy. Her aim is to explore and develop current ideas and practice in the use of ritual in family therapy with family therapists practising in a range of services in the public and private sectors. Whilst the workshop is a key part of her doctoral research project she hopes that it will also provide a useful learning experience and reflective space for participants that will contribute to developments in practice. 5 CPD hours will be credited to participants who complete both sessions.

Carol is organising an action research project where 3 cohorts of up to 8 participants will work together with her to reflect on current practice, generate ideas and try out approaches to using ritual in therapy. The first cohort will meet in September in Surrey (already full and in process). The second cohort will meet at Aylesford Community Centre, 25 Forstal Road, Aylesford ME20 7AU on Thursday 12th November 2.00 - 4.30 pm and Thursday 3rd December 2.00 - 4.30 pm. The third cohort will meet in London (January/February 2021 - dates and location to be finalised)

Each action learning set workshop will be delivered in two linked workshops lasting 2.5 hours and spaced 3 - 4 weeks apart. The invitation is for you to attend both sessions of one action learning set workshop.

Please see the Participant Information Sheet and the Participant Consent Form.

If you are interested, would like to discuss or have any questions, please contact Carol Jolliffe email: jollirich@aol.com, mobile: 07958809681

The email newsletter is due to go out to members on Friday by the way.

Best wishes

Louise Norris
AFT Publications Manager & Advertising Sales
The Association for Family Therapy & Systemic Practice
01457 872722
www.aft.org.uk

Appendix 16– Participant consent form

The Tavistock and Portman 
NHS Foundation Trust

Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

<https://tavistockandportman.nhs.uk/>

Consent to participate in an experimental programme involving the use of human participants

Name of researcher: Carol Jolliffe

Title of research project: Ritual as a therapeutic vehicle in family therapy: an action research project to explore and develop practice. Should the use of ritual in family therapy be revitalised and if so how?

1. I have read the Participant Information Sheet dated 10.8.20 relating to the above programme of research in which I have been asked to participate and have been given a copy to keep.
2. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved.
3. I understand that my participation in this research project is voluntary and that I am free to withdraw at any time without giving any reason, without any legal rights being affected.

4. I understand that my involvement in this study, and data from this research, will be anonymised. Only the researcher involved in the study will have access to the original data. The data collected will be used in the process of completing a Professional Doctorate degree, including the thesis and any related future publication.
5. I understand that it will not be possible to withdraw consent for use of data that has been processed from the action research workshops
6. I understand that all personal data will be held and processed in strict confidence and in accordance with the Data Protection Act and GDPR (General Data Protection Regulation) 2018.
7. I agree that the action research workshops will be video-recorded and transcribed and understand these records will be destroyed at the conclusion of the project.
8. I understand that participation in action research workshops will limit the level of anonymity that is possible.
9. I understand that all written feedback on the findings of the research project, including names and quotations, will be anonymised and not identifiable, for possible use in the final thesis.
10. I understand that confidentiality is limited where any imminent harm to self or others is disclosed.
11. I hereby fully and freely consent to participate in the study which has been fully explained to me.

Participant's name (BLOCK CAPITALS)

.....

Participant's signature

.....

Researcher's name (BLOCK CAPITALS)

CAROL JOLLIFFE.....

Researcher's signature

.....

Date

Appendix 17 Participant information sheet

The Tavistock and Portman 
NHS Foundation Trust

Directorate of Education & Training

Tavistock Centre

120 Belsize Lane

London

NW3 5BA

<https://tavistockandportman.nhs.uk/>

Participant information sheet 10.8.20

Ritual as a therapeutic vehicle in family therapy: an action research project to explore and develop practice. Should the use of ritual in family therapy be revitalised and if so how?

Introduction

My name is Carol Jolliffe and I am a family therapist working in children's mental health services and in private practice. I am undertaking a professional doctorate research project within the Professional Doctorate in Advance Practice and Research: Systemic Psychotherapy at the Tavistock Centre and University of Essex. This research project has been given formal approval from the Tavistock Research Ethics Committee. This is an invitation to become involved in this action research project.

Purpose of the research project

The aim of the research is to explore and develop the use of ritual in family therapy practice. I am interested in finding out if and how family therapists use ritual currently in therapeutic interventions and how practice in the use of ritual can be developed. I want to explore the experience of partaking in ritual and how this can inform our understanding of therapeutic processes.

Participants role

I am inviting you, as a qualified family therapist currently working in the public or private sector, to become involved in this research. I am aiming to recruit three groups of 8 family therapists from the south east of England. Each group of 8 family therapists will take part in a set of two linked workshop sessions, that I will facilitate.

The workshop sessions will last 2.5 hours and be spaced 3-4 weeks apart. The groups will remain with the same participants and you are asked to attend both sessions as a key part of the research process. Each set of linked workshops will take place in different locations in the south east and you will have some choice about which to attend. Workshops will be compliant with the Coronavirus guidance applicable at the time and full details of arrangements will be given in advance.

You will also be invited to complete a reflexive log about your experience, which will be shared with the researcher and retained by yourself.

If you are interested in participating, I am available for further discussion and to answer any questions. (see contact details below)

What will happen if I take part

If you wish to join a set of two linked workshop sessions, you will be in a group of up to 8 participants.

One set of two linked workshop sessions, held at [REDACTED], was completed in September 2020.

The second set of two linked workshop sessions will be held at [REDACTED] on Thursday 12th November 2020 from 2.00 - 4.30 pm and Thursday 3rd December 2.00 - 4.30 pm.

The third set of two linked workshop sessions will be held at the [REDACTED] in January and February 2021 (dates to be finalised, but both will take place 2.00 – 4.30 pm on a weekday afternoon),

The sessions all run from 2.00 to 4.30 pm on a weekday afternoon. The sessions will be divided into three sections, first section will be reflection; second section will involve an interactive exercise and third section will be for planning how to use the experience and learning from the session in practice. You will be invited to use a reflective diary between sessions to share with the researcher.

The workshop sessions will be video recorded and transcribed then analysed. The video recordings will only be seen by the researcher for the purpose of transcription and data analysis.

Your right to withdraw

You can withdraw your consent without giving a reason, at any point. It will not be possible to withdraw your processed data once you have participated in the workshops as you will have taken part in a group discussion and your data will be combined with that of others.

Confidentiality

The workshop sessions will be video-taped, transcribed and analysed. All names, teams and workplaces will be rendered anonymous and unidentifiable. The data will be shared only in the context of the research academic community at the Tavistock Centre in supervision, peer discussion and final assessment of the doctorate. During

the research all data will be kept in accordance with the University of Essex and Tavistock Centre data protection policy. All electronically held data will be password protected and only accessible by the researcher. Any hardcopy data will be held in a locked cabinet only accessible by the researcher. The video recorded data and transcriptions will be destroyed when the doctorate is completed and all other data will be held securely as before for up to 10 years in accordance with normal academic practice.

The confidentiality that is possible within the workshop group may be limited as it depends on all group members being equally attentive to this. Group members will be reminded of the guidance on confidentiality from Association for Family Therapy (AFT) Ethics Code of Conduct.

Risks and benefits

As the participants will all be family therapists, the requirements of the research project are all within the realms of normal practice, (such as reflecting, interactive exercises, planning) so no serious risks are anticipated. It may be that issues discussed or experiences in the group touch you personally or cause you to review your practice. You may wish to reflect on this in your clinical supervision. Any disquiet or distress that may result from participants' experiences will be processed as far as possible in the group and I will be available to follow up individually with participants if required. Government guidelines around managing the Coronavirus pandemic will be adhered to throughout.

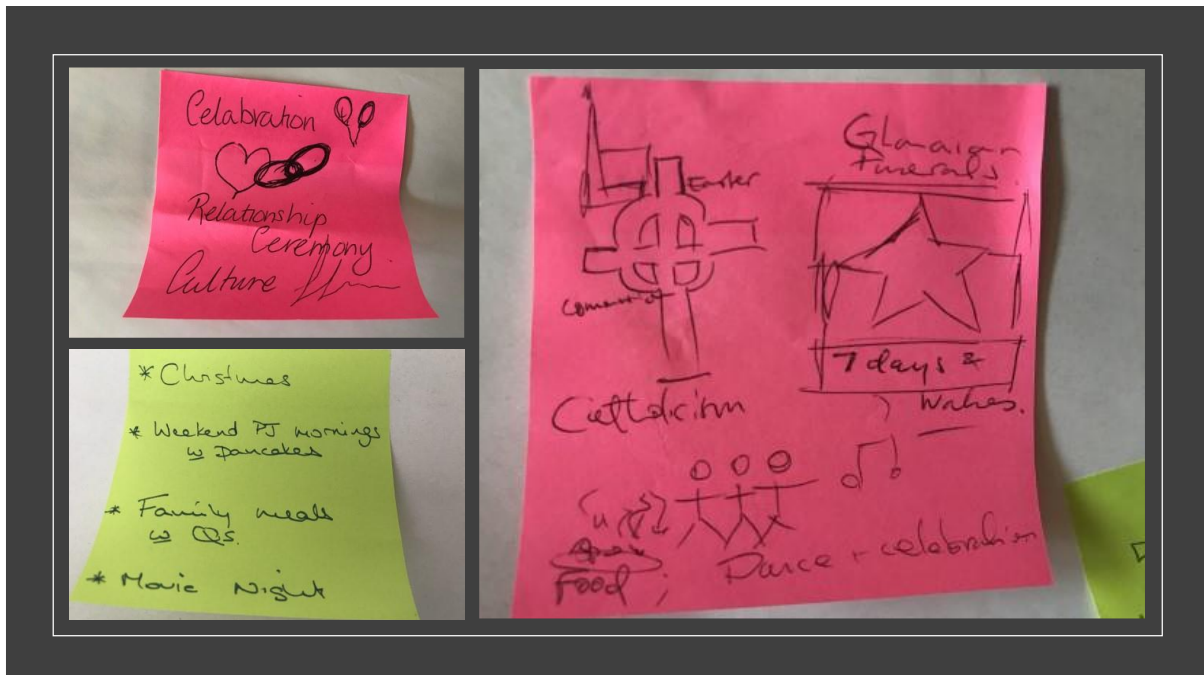
I hope that the ideas that are generated through the workshops and the action learning experience may resonate with you and encourage you to try out new ideas and promote development of your practice both individually and as part of your team.

Contact details

Please contact Carol Jolliffe (jollirich@aol.com or 07958809681) for further information and if you are interested in taking part.

Please contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk) for any other queries or concerns about this research or the conduct of the researcher.

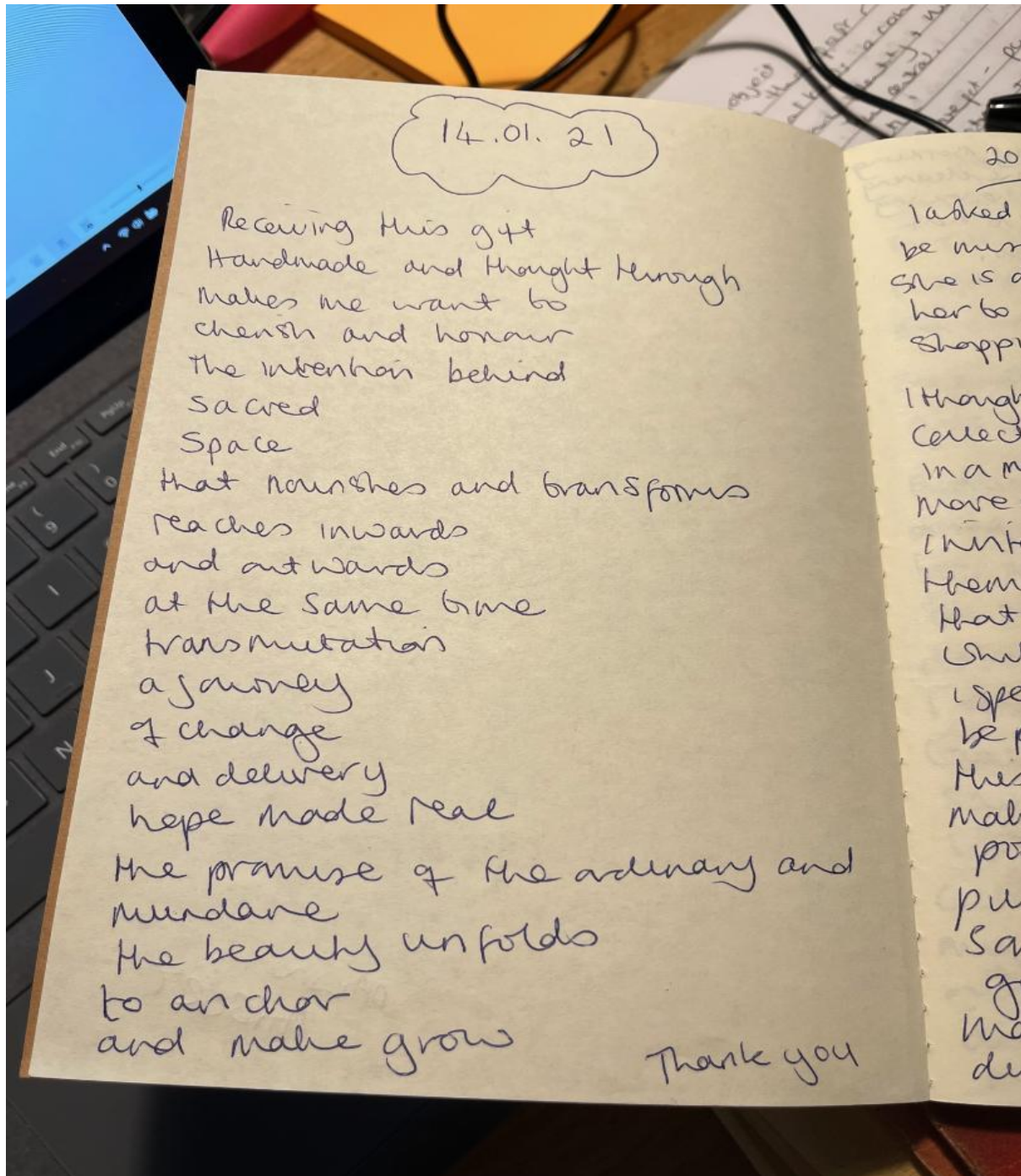
Appendix 18 – Selection of post it notes from keynote lecture



Appendix 19 – Phase 2 – Initial codes

Identifier	Codes
A	How body is implicated in ritual
B	How symbols are implicated in ritual
C	Ritual as bringing up something dormant or forgotten
D	When is a ritual a ritual – what is in it
E	Ritual as something mystical / outlandish
F	How to conjure a ritual
G	Ritual as bringing up something dormant or forgotten
H	Research data collection as ritual
I	Repetition refrain routine
J	Emotional content in ritual
K	Position of participants and ritual
L	Routine pattern
M	Ritual and culture
N	Ritual and protocol
O	Place of ritual in family therapy practice / practitioner
P	Ritual as honouring – honouring as ritual
Q	Ritual and covid
R	ritual around death of Queen Elizabeth II Sept 22
S	Absence of ritual
T	Ritual as created, discovered, adapted
U	Ritual as meaning – what does 'doing it' do? Transition / liminal
V	Ritual and self of the therapist
W	Talk about ritual leading to new thinking
X	Ritual as harmful
Y	Ritual and on line context
Z	Theme of ritual in connection to the researcher

Appendix 20 – 'Teresa's' poem – written in her Ritual Reflections notebook



Appendix 21 – Clustering codes to themes

Coding and themes

(my analysis in italics; otherwise examples are quotes from transcript)

Theme 2 - What happens when a ritual happens

Key

C – ritual as bringing up something dormant or forgotten

W – talk about ritual leading to new thinking

S – absence of ritual

X – ritual as harmful

U – ritual as meaning – what does ‘doing it’ do – transition/liminal

P – ritual as honouring/honouring as ritual)

Below are all the examples through ALS 1,2,3 that I identified and extracted

ALS 1 – 1

Example 1

C - dormant

H:

Well, I know you Carol, so there's part of it, that I've seen the journey, but I also was incredibly interested, the minute you took on this topic, **because ritual is something that's so embedded in the history of family therapy, in terms of how we work. We often talk about culture within our work, but very rarely do we hone it down to really thinking about the place of ritual, and what ritual means for us as therapists working in an organisation under a professional title, but also what ritual means for us all individually and culturally.**

H putting her supervisor relationship to me in her headline – was thinking about position of teacher/supervisor/pupil; my own roles in other settings as teacher/tutor etc and what this might facilitate or constrain in creativity or engagement or the development of the therapist or lecturer. H being a lead for her group and a supervisor to me.

Hester positioning ritual in family therapy as dormant – in the sense that it is embedded in culture and she raises idea of ritual as (perhaps) different for family therapists as professionals and as individuals. ‘Honing (culture?) down to ritual suggests ritual is fundamental to culture and her comment implies ritual may need to be used differently now to how it was used in early development of family therapy.

Also offering an expert position – is she ‘teaching’ at this moment and I was part grateful for this affirmation of the importance of my topic and partly challenged by the expert position underpinning H’s comments.

Again the experience of immediate engagement with the topic of ritual which can be participants being supportive, being engaged, suddenly realising or bringing to mind that ritual has meaning for them and aha moment.

‘about ritual’- place of ritual, meaning for therapists in prof role, for ind therapists culturally and individually.

Example 2 (ALS 1-1 screen 16)

P – Honouring; C - Dormant

K:

That's lovely J, because that's exactly, when I started thinking about it on Sunday, that was exactly the conversation I was having with my partner because I was thinking, well, there are things that I do, **but ritual implies something quite special and conscious, to make the habitual action, what you're doing have extra meaning.**

That's where I started to think, actually, **I don't know if I would have called what I do ritual**, but then I got curious about why not, or could I, what's the word, **go forward in terms of honouring what I know helps me prepare for sessions, and debrief after sessions** that could actually create something to do with self-care, or to do with, well, **honouring the process**, but also acknowledging how the process has left me, or how I am approaching the process. Already, **I'm feeling terribly excited about something that was not actually within my conscious grasp**, that I think **Carol is inviting us, me, to connect with, which is actually feeling rather special.**

There's something about, **it's like naming the processes around what you do, perhaps, that perhaps is sort of bringing, or brought into consciousness a bit, or something.**

Ideas about what is happening – touching on the process of ritual creation as connected to ‘doing’ – sense of action and embodiment also derived from ‘things that I do’ (anyway?) or is the thinking also a kind of doing/conscious action

‘habitual action’ so a repeated action; sense of compulsion or unconscious factor – is there a continuum between unconscious and compulsive that habitual action moves nearer and further from between action, habit and ritual

‘extra meaning’ – what is the meaning? Is it extra intense, extra conscious or has it something additional in it? Does it create pause for reflection? K talks about ‘naming’ or ‘bringing into consciousness’ as possibly significant actions

Idea of ‘honouring’ as a factor or position that helps to create a ritual from a habit? (in this case, preparatory action). J seems to be talking about ‘how process has left me’ or ‘how I am approaching the process’

Example 7 (ALS 1-1)**W – ritual talk and new thinking**

Carol: I'm interested in what is happening as you talk about it.

K: I feel quite emotional, actually, Carol.

Carol: Yeah, [unclear].

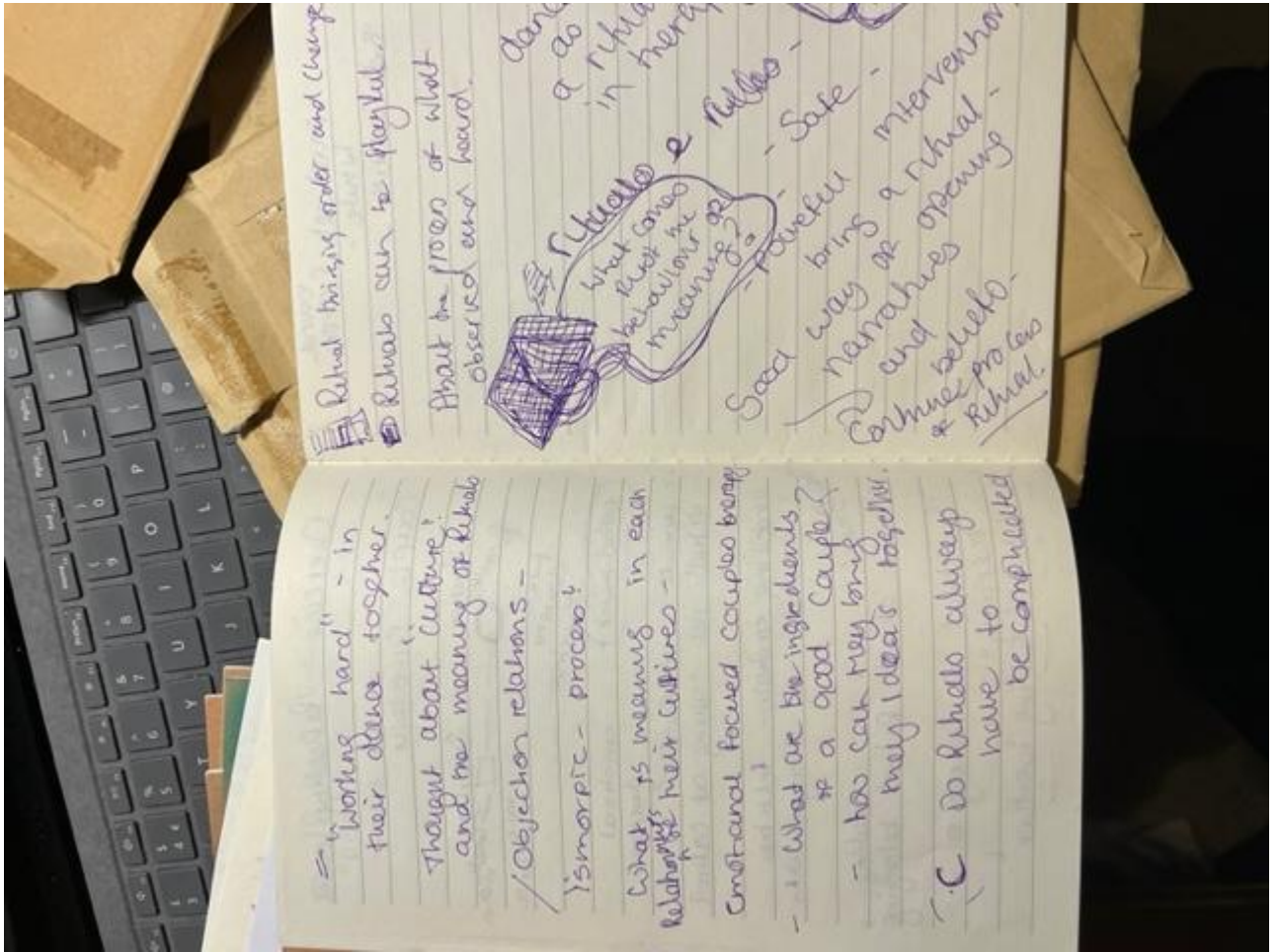
Simply an example of the phenomenon of ritual talk activating an emotional response.

Is 'ritual talk' related to the idea of liminal in that it holds and reflects on the space when ritual happened

My inclination to encourage or name the emotional or embodied processes in therapy, teaching etc and a wish to 'hold' the response ...

I was thinking at the time that this was a named pivotal moment for Kerry and for the group and for me – I had co-created something 'new'

Appendix 22 - Examples of Ritual Reflections notebook entries



Appendix 22 Examples of Ritual Reflections notebook entries

