

Leave-taking Rituals in Mourning Therapy

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Abstract. *Therapeutic leave-taking rituals are a short-term strategic form of mourning therapy. These rituals consist of three phases: a) preparatory-in which the therapist explains how performing a ritual might help in taking leave of the deceased; b) reorganization-in which the client carries out certain tasks, such as writing daily entries in a 'continuous letter' to the deceased; and c) finalization-which is divided into a leave-taking ceremony, a cleansing rite, and a reunion ritual which symbolically expresses the client's most important relationships in his or her new stage of life. This directive approach is especially relevant in treating clients with a conflicted grief syndrome.*

One of the various factors that may lead to complications in the mourning process is the absence of well-developed traditional burial and mourning rituals. Traditionally, mourning rituals to a certain extent help survivors to fulfill their mourning tasks, providing them with a socially accepted framework in which they can, even must, temporarily direct all their attention to the person who is no longer there, thereby affirming the person's death and accepting its consequences. Mourning rituals are of limited duration and are a substantiation of the phases of recovery (1, 2). This is perhaps most clearly expressed in traditional Jewish mourning rituals, in which the year of mourning is divided into four parts: up to three days of grief, seven days of mourning, thirty days of gradual readjustment, and eleven months of remembrance and recovery, during which the survivor gradually emerges from his or her temporary isolation, taking on increasing personal and social responsibilities until once again the survivor can take his or her place in the community (3-5).

Where there are no such well-developed rituals, many survivors, left to their own devices in mourning and in adapting themselves to their altered circumstances, do not succeed in bringing their mourning processes to a satisfactory resolution (1, 2, 6-8). When traditional

mourning rituals are either absent or inadequate for a satisfactory process of working through, therapeutic leave-taking rituals can give a client an opportunity to resolve his or her grief. This is primarily true for a *conflicted grief syndrome*, but also for an *unexpected grief syndrome*, as distinguished by Parkes and Weiss (8).

Therapeutic Leave-taking Rituals

The example that motivated us to work with therapeutic leave-taking rituals is described by Palazzoli et al (9). A 2 ½-year-old girl had not been told by her parents that a seriously handicapped baby brother had been born, or that he had died six months later. She, however, showed some reactions to this, one of which was to stop eating. The therapists instructed her parents to tell the girl about her brother and his death, and, together, to bury some of his clothes in the garden and plant a tree on the grave. This therapeutic ritual turned out to be a moving experience, not only for the girl but for the parents as well, and as a result her symptoms ceased immediately.

With the idea that this method may very well work with adults, too, we started systematically applying rituals in mourning therapies for the clients of a community psychiatric service unit; usually for those clients who suffered from diverse psychiatric complaints that turned out to be related to unresolved chronic grief (10, 11). In this approach, mourning is seen as a form of leave-taking. The leave-taking rituals are formalized symbolic acts by means of which the survivor can take leave of the person no longer there.

Most forms of grief therapy are necessarily intensive treatments, often consisting of several sessions per week (12, 13). In contrast, therapy involving leave-taking rituals starts out with at least one session per week with the therapist, but subsequently, the emphasis is placed on homework to be done by the client and the therapeutic sessions can thus serve more as evaluations of progress and consultations.

Therapeutic leave-taking rituals consist of three phases: 1) preparation, 2) reorganization, and 3) finalization. A memorial ceremony may follow later. As in other therapeutic approaches, thorough assessment and diagnosis must precede grief therapy or therapeutic leave-taking rituals as the treatment of choice. A preliminary contract for treatment must be agreed upon.

Assessment

The choice of the ritual form of therapy must, of course, be based on an adequate assessment of the ailments of the client, as well as of his/her social environment, such as partner and family. Following is a very brief sketch of some contours of the assessment phase preceding treatment.

It is important to establish whether the client is the only member of the family with mourning problems or whether the entire family is suffering from the unresolved grief. In the latter case, family therapy-in which rituals also have a place (14) is more appropriate. If there are other tensions in the family, whether related to the unresolved loss or not, we will, as a rule, first focus on 'the past'-the unresolved grief-and ask the partner and/or family for support and cooperation in this

regard. This is also an indirect way of exerting a favorable influence on 'the present', that is, on the strained relations (15).

The existence of a social support network for the client is of the utmost importance in grief therapy. The assessment should indicate also to what extent the family members may be able to act as 'standbys' (16).

Using the distinction made by Parkes and Weiss (8), the therapeutic leave-taking ritual as mourning therapy can be considered primarily in the cases of conflicted grief syndrome or unexpected grief syndrome. Clients with a dependent grief syndrome generally are unable to deal with the weighty task of a therapeutic ritual, which in large part should be conducted independently. In this case, the relationship to the therapist must be a primary focus of treatment; ritual or symbolic actions are not appropriate until a later stage.

It should be investigated whether the client cherishes certain material remembrances of the deceased, and what function they serve. These key symbols, or linking objects (13), help the survivor to preserve the illusion that the deceased is still present (13, 17) thus insuring that the past lives on in the present. Sometimes, it is appropriate at the beginning of the treatment to ask the client to give the therapist one or more key symbols for safekeeping (13, 18, 19). This sets the mourning process in motion. After therapy is completed, the objects now stripped of their magic qualities--can be returned to the owner.

The assessment phase is formally concluded with a preliminary contract for treatment, confirming the agreement between therapist and client with regard to the goal of treatment. The next phase--preparation--can be concluded with a definitive contract which also mentions the specific form the therapy will take.

Preparatory Phase

In this phase, there is little structure in the way the client discusses his/her loss with the therapist. Here, too, the therapist explains how performing a leave-taking ritual might help the client to resolve his or her grief. It is important to make sure that the client is well-motivated for the ritual, as it will require a great deal of effort on his/her behalf and will be an arduous emotional task. Not only can it unleash vehement emotions towards the deceased, and perhaps towards those responsible for his/her death, but the client also can be torn between feelings of hope and despondency.

The family, whose assistance and support is elicited, should be informed of these matters. During this phase, family members also can be stimulated to talk to each other about the loss, perhaps under the guidance of the therapist. The preparatory phase is concluded with a definitive contract for treatment which specifies what therapist and client have agreed on in terms of the design of the leave-taking ritual and the nature of their joint work. Once the client takes on this task, he/she must have at least one session with the therapist per week. Furthermore, it must be impressed upon the client that he/she may telephone the therapist if the need or wish arises. Working in a community psychiatric service also offers the possibility of receiving emergency help in a crisis.

Reorganization Phase

The greatest part of working through the grief and other traumatic experiences takes place during this phase. Once this process is set in motion, almost every client reports an increasing number of dreams about the deceased and the past. As a rule, the process reaches a clearly recognizable low point in terms of the client's perceptions and state of mind. The client experiences a state of deep despair and depression as he/she realizes that he/she can no longer derive the meaning of his/her existence from the deceased, and will have to let go of the ties that bind them together, or at least give the deceased person a less central place in his/her life. As there is no new perspective or new object from which meaning can be derived, the client's desire to put an end to his/her own life, often already in the background, may predominate. Extra support from the therapist, in the form of more frequent contacts, explanations of the process and the course it may take, and sometimes medication, is often needed to enable the client to break through this impasse without undue harm.

During this phase, the client may observe certain rules delineating the mourning period from 'normal life'. These rules, originating in Jewish tradition (3, 20), can be beneficial to others as well. For instance, the client may light a candle every day or evening, abstain from alcohol and meat, refrain from participating in parties or festivities, and forgo various luxuries or enjoyments such as taking a bath for pleasure, sexual relations, going to the hairdressers, etc.

To set the mourning process in motion or to further encourage it, the therapist can ask the client to collect any objects symbolic of the client's relationship with the deceased. These key symbols were mentioned previously in connection with the assessment phase; one or more of them may already have been given to the therapist for safekeeping. The client is now urged to deal with the objects differently; for example, to give them a more prominent place, literally and figuratively. A picture in an album could be framed and put on the sideboard. Dealing differently with these symbols implies a change in the conscious experience of the client with respect to the deceased.

The client can create things, such as drawings, paintings, sculptures, poems or stories, to serve as key symbols, or find them in nature, such as a piece of wood, shells, fruit, possibly working on or altering them to increase their resemblance or connection to the deceased. The search for symbolic acts and objects is not so much a question of the therapist's ingenuity, as discovering what the client feels is fitting and meaningful.

The Continuous Leave-taking Letter.

The most common way of creating a symbol of the relationship with the deceased is by writing a continuous leave-taking letter. This task is extremely well-suited to clients with a conflicted grief syndrome, who thus have an opportunity to express and integrate their ambivalent feelings regarding the deceased. If leave must be taken from more than one person—both parents, for instance—the client writes a separate continuous letter in a separate notebook to each person. After the client has written to one person for a while, he/she often discovers that he/she still has something to say to other people from

the past. The recent grief has reactivated the grief over an earlier loss. In this way, different mourning processes can take place simultaneously. The use of separate notebooks is one way of differentiating them. The client thus can become aware towards whom certain feelings-sorrow or anger, for instance-are directed.

A useful variant developed by Ebbers (15) employs a separate writing pad or notebook for each theme. Several notebooks might be needed for the person from whom leave must be taken. If the material surfacing from the writings is overwhelming, the therapist can help the client to put it in order, literally, by working out what belongs in which notebook. Once all or most of the writing has been completed, the therapist can discuss with the client what is to be done with the respective themes and/or notebooks.

The client should write every day, or three times a week, at a fixed time and place, and for at least 45 minutes to an hour; less if the tension becomes too great. The fixed time and place lend the writing a ritual character, providing a framework in which the client can express and work through his/her emotions. The place may be marked by certain symbols-such as a picture of the deceased-which perhaps can be put away after performing this daily task. This can help the client to obtain some perspective on his/her mourning tasks and, after a while, to participate in everyday life again. Prescribing a fixed time is designed also to prevent the client from writing only when he/she feels like it, thus perhaps allowing only one side of his/her ambivalent feelings to emerge.

The best way for the client to start writing is by re-reading what has already been committed to paper. The subsequent writing need not necessarily be new material: apparently, certain messages need to be repeated several times. If, at a certain point, the client does not know what to write or is unable to put anything down on paper, he/she must still remain seated. Although nothing should be forced, the client should not be allowed to walk away either, unless, of course, the tension becomes too great.

Particularly in the case of a conflicted grief syndrome, it is important that the client write down everything he/she still has to say to the person of whom leave is being taken. The client should express not only the positive or negative feelings, but the 'complete message' (21). Here, the client may require special assistance from the therapist, and the therapist may need to read the relevant passages in the letter in order to help. Terminating the letter writing is best done in consultation with the therapist; if the client makes this decision on his/her own, he/she risks stopping too soon, thus avoiding some painful experience. Signs that the process is coming to an end are a less intense preoccupation with the past, dreams that 'imply taking leave of the deceased, and a growing interest in people and things in the present. At this stage, it is time to discuss with the therapist conducting a ceremony for taking leave of the letter(s).

Finalization Phase

When it is clear that the reorganization phase has come to an end, the finalization phase may begin. This phase consists of a leave-taking ceremony, a cleansing rite and a reunion rite. The client bids a solemn farewell to the symbols that were created and collected by means of a leave-taking ceremony, which often takes the form of a burial, or of

first burning and then burying the objects. Sometimes, this is also the appropriate occasion to clean and sort out the closets with clothes and other belongings of the deceased. Certain objects can be given away in order to reduce or end contact with these symbols. The intention is to reduce the preoccupation with the deceased and is often accompanied by the realization that the performance of the ritual has 'set something straight' with respect to the person or persons of whom leave is being taken. Sometimes different things must be 'set straight' with regard to different members of the family. More justice can be done to these differences if the leave-taking ceremony attends to each person separately.

It may also be important to keep certain key symbols, but to relate to them differently. For example, a widow could remove the picture of her late husband from her bedroom and place it in the living room. The objective certainly is not to remove all existing symbols, nor to erase the memory of the deceased from the client's consciousness.

After the leave-taking ceremony, the client can perform a cleansing ritual, such as taking a long shower or bath. This marks the exit from the transitional phase. Subsequently, the client can celebrate his/her entry into 'normal life' with a reunion ritual, which often takes the form of a special dinner with the partner, members of the family or friends. The reunion ritual is the symbolic expression of the most significant relationships in the new phase of the client's life and its importance cannot be stressed enough.

Follow-up

After the leave-taking ritual has been completed, the therapy can turn to other topics. If this is not necessary, it may be appropriate to conduct follow-up sessions with the client. During these sessions, the subject of a possible memorial ceremony might be raised. Even after all the client's mourning work during the leave-taking ritual, certain dates will bring back some of the sorrow—the date of death or birthday of the deceased, for instance (22). In fact, it should be pointed out in advance that this is quite befitting, and that the client expresses him/herself in a private ritual (23).

A Case History

This case differs from most because the leave-taking ritual lasted longer and the phases of the ritual were not clearly distinguishable.

The client, R, was a 39-year-old widow whose husband, D, died suddenly 14 years ago. They had been married for six months when, before her eyes, he was hit by a car. He died three days later.

R still felt guilty about his death. Until she married, she had been having an affair with someone else. Her husband was suspicious and questioned her about it repeatedly. She continually denied the affair. When she was sure that D was the man she wanted, she told him. This made D even more suspicious. After they married, he continued doubting her. Despite the positive aspects of their relationship, the situation became almost unbearable. At a certain point, D told her that he was convinced that should he no longer be there, she would have another man within six months, and that she would be better off with someone new. R vehemently denied this.

A month later, they had a heated quarrel just before they went out to visit some friends. As they were crossing a street on their way, D. tripped and was run over by a car. R's first reaction was to hope that he would have to spend some time in hospital, so that she could have a little peace and quiet. She did not absorb that the doctors in the hospital immediately recognized that D's condition was grave.

When he died she felt very guilty and wondered whether he had stepped under the car. Before she had met D, she had had many setbacks and now felt that she could not allow herself to be crushed by this loss.

Shortly before their marriage, R had begun psychoanalysis. During the analysis, which lasted ten years, her mourning troubles came up only briefly and indirectly. Her relationship with D and the unsuccessful relationships she had had before their marriage and after his death were attributed to Oedipal problems and the fear of making a commitment.

Fourteen years after D's death, she still had a feeling of impending doom which she wanted to shake off. Over the years she had had several relationships, none lasting longer than a year. Her desire to have a lasting relationship and children had not been fulfilled. R associated this with her need to disprove R's assertion that she would have another relationship within six months. A recent dream revealed that she 'still has an unresolved relationship on her mind'; this was her reason for seeking help.

Contract. In the opinion of the therapist, R exhibited both a conflicted and an unexpected grief syndrome. They discussed several possible treatment approaches and R elected the continuous leave-taking letter to D. The therapist advised her to keep paper on hand for writing to other persons as well.

The Reorganization Phase. *Initially, writing was easy for R. It became more arduous, however, when her feelings of love, loss and sorrow regarding D grew stronger. The difficulty was exacerbated by her conscious perception of the differences between then and now. The therapist advised her to allow both past and present feelings to run their course. When she wrote, she sat in D's chair: a key symbol. The therapist thought that this was necessary for her but that later she probably would be able to sit in her own chair. R had taken out and re-read the letters of condolence she received. She decided to answer several of them now. Among the letters, she found an unpaid bill for flowers, which she paid. She decided, together with the therapist, to tell her friends and acquaintances that she was presently working through her grief for D.*

R had taken out several key symbols of D. This confrontation made her sad. She had a picture of him framed and put it in a prominent place in the living room. She took a close look at a tiny piece of art D. had made, which had been standing on the bookcase for years. It resembled two coffins side by side, one box containing the picture of a man and the other of a woman: two people who have stopped living. This was a great shock to R, although she must have been subconsciously influenced by the symbol all along.

She could not part with the boxes immediately. First, she needed to discover the exact cause of D's death. She felt that her recent

isolation had been a symbolic punishment. When she looked at D's picture, she imagined a triumphant look in his eyes. One day, three months after beginning therapy, she decided she had had enough. She wrote this to him. Then, playing a record of Mozart's Requiem, she burned the pictures from the boxes with a candle, pulverized the ashes and threw them away. This, however, did not relieve her as she expected; instead, she became aware of how much she identified herself with D. She derived her sense of self-esteem from him, and now faced the task of finding it within herself.

In the meantime, she finished taking leave of her last boyfriend. She returned his love letters. She also attended to her relationship with her mother, whom she still could not approach as an adult, and wished to improve contacts with her father, to whom she had not spoken for a long time.

Together with the therapist, she set the date for the leave-taking ritual for D-in one month-and initial ideas about its form and content were raised. Many things remained to be done: she was determined to find out the exact cause of his death; she wanted to have a film of them together, that was still in the camera, developed; and she wanted to talk to her former psychoanalyst, whom she accused of not realizing the seriousness of her loss at the time. She talked about D. with friends who knew him and she wanted to see the film with them.

For a while, R. became very despondent, desperate and suicidal. She felt entirely left to rely on her own resources. At this point, she called in sick. She wanted to postpone the leave-taking ritual for a month as she still had so much to do. The therapist agreed. Viewing the film was a major encounter: she seemed very happy in the film. The marriage meant more to her than her analyst thought, and when she told him this during a conversation at his home, he acknowledged his mistake. After this talk, R wrote more about the positive aspects of their relationship in her letter to D.

The leave-taking ritual was discussed in detail with the therapist. One of the risks was that, by performing an incomplete ritual, R would not really take leave of D. She had asked her brother and his girlfriend to be present at the ritual. Shortly before the agreed date, she postponed the ritual another week as she still was not ready.

The Finalization Phase

Leave-taking. The evening before the leave-taking ritual-after 15 sessions spread over more than six months-R gathered and packaged all the things she wanted to throw into a canal near her home-town. She did not include her continuous letter to D. This she wanted to keep. She put some heavy objects in the package to weight it down. Early Saturday morning she proceeded to the canal. The package did not sink, so she divided it into two parcels. Only one of these sank, and she left the other in a nearby garbage dump. Afterwards she felt strained and not very relieved.

Cleansing. *R did a few hours of gardening at the home of friends. Afterwards, she took a long shower.*

Reunion. *That evening, she went out for dinner with friends and spent the next day with them in a pleasant atmosphere. Among other incomplete tasks, she realized that she still had to write to D about the three days he was in hospital, and that now she must express the feeling that she was incapable of handling at the time. She wanted to*

write to him about how she would act now, if she had the chance to do it over again. This was a necessary step for her in order to take leave of him properly. Finally, she wrote to him about an intimate wish she had at the time: she very much wanted to have his child. This being done, she felt very good; she was once again ready to have positive experiences with others, and to think about what she wanted to do with her own life.

Follow-up. *R no longer accepted invitations from men she did not sincerely like. She was not yet ready for a steady relationship, and although she often enjoyed being quietly alone at home, sometimes she experienced intense loneliness. She was keenly aware that not having worked through D's death resulted in 'lost years', years during which she was not living fully and was deprived of the possibility of a husband and children.*

Before the end of the year of treatment R parted with a few more of D's things, as well as with the leave-taking letter. D's picture now had a place in the living room and on his birthday she put a bouquet of white flowers in front of it.

Four months later, R moved to a larger house where she had more room. Just before moving, she suddenly panicked and felt despondent, afraid of the definitive break with the past that the move implied. Once she had moved, however, she had completed the mourning therapy after 21 sessions over one-and-a-half years.

Discussion

This case history is a good example of how laborious and complex the process of using rituals to work through grief can be. There were numerous discouraging moments in the course of treatment, but the therapist continued to believe in the client's ability to bring the ritual to a successful conclusion and would deal with the various experiences that discouraged her, for example, by redefining them as signs that she still had more work to do. In this case, the therapist did not attempt to prescribe the leave-taking ritual as a 'benevolent ordeal' (24), which is another way this treatment might effectively be used (25).

Sorrow over the 'Lost Years'. As demonstrated in this example, after performing the rituals in the finalization phase, the client sometimes feels sad rather than relieved. Only at this point can the client become aware of the 'lost years', the years after the death of a loved one. Caught in the unresolved grief, he/she has been unable to build a satisfactory life-with a new partner, for instance.

Therapeutic Leave-taking Rituals Are Not an Exclusive Approach. The therapeutic leave-taking rituals described here were presented as a therapeutic approach which allows the mourning process to take place, and as specific symbolic acts that the client can perform. Leave-taking and related rituals can also be performed as symbolic acts in other, differently oriented therapies, or can serve as an important supplement to these therapies. Gelcer (14) described a family therapy, the aim of which was to work through the grief over the mother's death seven years earlier. Talking about the loss was not sufficiently effective. The impasse was overcome only when the father and his second wife performed a transitional ritual. At the instigation of the therapist, they held a solemn ceremony of furnishing their home, during which leave

was taken of many of the deceased's belongings and the wedding gifts which the present couple had received some six years previously were finally unwrapped.

The structure of therapeutic leave-taking rituals, however, also leaves leeway for techniques from a variety of theoretical frames of reference. One example is the use of hypnosis during the reorganization phase in order to work through traumatic experiences. In the unexpected grief syndrome, such a trauma frequently consists of the moment when the client saw his or her loved one die, or had to identify the mutilated body of the deceased.

Homework. A specific characteristic of the directive approach described here is homework which the client performs alone, such as writing a continuous leave-taking letter. Apart from saving time for the therapist and possibly saving costs for the client (the case described here involved 21 sessions over one-and-a-half years), there are other advantages. One is that the client him or herself, working at his/her own pace, can determine the contents of the therapeutic process through the homework. Thus, the client learns to be more open to inner, and sometimes subconscious, processes that he/she might not allow to surface in a session with the therapist (26). During the sessions, the therapist can make suggestions, based on the client's insights, to promote or facilitate the homework. Experience has shown that this provides for an optimal development of a functional, positive transference (27) which allows the client to accept the advice of the therapist, as though it were given by a sympathetic and protective parent.

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