*Chapter 4*

# BACK TO RITUAL: THE CREATION AND PERFORMANCE OF RITUALS AS A CENTRAL AXIS IN ARTS THERAPY

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## ABSTRACT

This chapter presents the concept of ritual and explores the possibility of creating spontaneous rituals as a central axis in art therapy, in drama therapy and in nature therapy in particular. With reference to the ritualistic framework, it highlights ways in which various art mediums such as Drama, Movement, Voice and Visual Arts can be incorporated into the process to expand its scope. Three examples that correlate with relevant theory and with the reflexive thoughts of the therapist will demonstrate ways in which such work can take place, while remaining within a creative, embodied experience, without verbal interpretation or cognitive processing.

**Keywords:** ritual, drama, movement, spirituality, group work

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## INTRODUCTION

As a drama therapy and nature therapy teacher and supervisor I have become more and more aware of the growing need for theories based on process, that relate to artistic and esthetic form, rather than to verbal narrative and psychological content. This type of theory concerns the generation of knowledge which is stored and processed in the deeper parts of the brain and in the right hemisphere and can help therapists to develop their clients' imagination and creative selves. The development of these theories can provide art therapists with sufficient background for creating suitable interventions, as well as inspiring them and supporting their professional identity.

This chapter aims to highlight the idea of incorporating rituals into therapy, and their use as a central axis in art-based therapy. Using two examples from practice it will show ways in which rituals can be created in the here and now to support specific process. Relating to my experience as a therapist, the examples will deal with complex issues that the creation and performance of rituals can engender, as well as with other issues the therapist should consider. With regard to the ritual's framework and concepts from art therapy, the chapter will also highlight the potential of the intermodal approach and the possibility of combining different artistic mediums in the session.

## RITUAL AS A THERAPEUTIC FRAMEWORK

In traditional tribal culture, whose orientation was essentially religious and collective, ritual was a conceptual framework used for both individual and group transitions from one stage or social status to another. It assisted in recovery from illness, physical-emotional distress and the acceptance of painful emotions. Ritual created a symbolic and creative framework within a clearly defined, separate environment known as "sacred space," thus helping the individual, and the group, to cope with a variety of phenomena associated with a loss of control or uncertainty (Pendzik, 1994; Turner, 1986). The ritual framework incorporated various art mediums: music (playing, singing, vocalizing and chanting), dance, visual arts (totem pole, idol or statue, mask…), story-telling and drama, that existed within a group matrix, with

group and community members adopting the roles of both active participants and audience. The process was based on a cathartic-artistic-creative experience and was usually led by a shaman. The shaman's role and his/her power stemmed not only from his/her role as "performer/director" structuring and leading the ritual, but also from the shaman's metaphysical and spiritual attributes, assumed on entering the role and the sacred space.

The religious-symbolic beliefs that anchored participants' experience, the use of hallucinogens, and the unique personality and training of the shaman helped him/her harness metaphysical and mystical forcesin the service of transformation and healing (Jennings, 2012; Megged, 1998; Schwarzman, 2007).

The framework of the ritual included three phases: the first focused on separation from everyday reality and preparing to enter liminal space. The second phase took place within fantastic reality and included unusual expressive-metaphysical and dramatic experiences. It allowed participants to explore relevant issues, norms, taboos and boundaries and go through a transitional and transformative process, relating to the new role, status or healing of the person and/or community. The third phase focused on integrating and internalizing the learning and processing the liminal phase into the person's everyday life, as well as reconnecting with the community (Marcow-Speiser, 1998; Oren, 2014; Van Gennup, 1960). It appears that integration of all the elements above: creative-symbolic work, the integration of the arts, the group work, the shaman and the three ritual phases provided the necessary containment and holding that allowed participants to feel safe enough to go through the complex process of change and transformation that the ritual elicited (Berger, 2009). In addition to its transformational aspects, it is important to add that the ritual also helped to create a sense of order, continuity and control in a world perceived at times as chaotic and frightening. It placed the person within the larger matrix of the community, nature and the cosmos, and provided a sense of belonging and connectedness (Berger, 2009; Megged, 1998; Schwarzman, 2007).

Many anthropologists have written about the extensive therapeutic meanings of ritual (Eliade, 1959; Levi-Strauss, 1980; Turner, 1986). There have also been many therapists who have addressed the extensive healing role that rituals play in modern psychotherapy, expressive art therapy and nature therapy, particularly their ability to help people cope with uncertainty, crisis and loss (Al-Krena, 1999; Berger, 2009; Berger & Lahad, 2009, 2013; Berger & McLeod, 2006; Jennings, 2012; Marcow-Speiser, 1998; Van der Hart, 1983). Marcow-Speiser, relates to this issue, saying that "the use of ritual in

expressive therapy practice is predicated on the assumption that the creation of rituals in a therapeutic process is inherently healing" (Marcow-Speiser, 1998). She, as well as other writers, emphasizes the importance that the creation of rituals has today in our modern, secular and capitalist society. Rituals help people to connect with the larger-than-self, the transpersonal, the community and nature (Berger, 2009; Jennings, 2012; Knill, Levine & Levine, 2005; Kossak, 2009; Schrader, 2012; Marcow-Speiser, 1998). It is noteworthy that just as the religious-spiritual, social and ecological context of modern therapy is quite different from that of traditional cultures, so is their context of rituals. Although much of the framework remains the same, rituals in modern therapy can be created spontaneously in relation to the clients' culture and the specific aim of the session/therapy, and without a religious context or meaning. The creation and performance of rituals in therapy relates primarily to the person's or group's journey, while the connection to the larger community, to festivals or other collective or religious events, may be only minimal or even non-existent (Berger, 2008; Jennings, 2012; Oren, 2012; Schrader, 2012 ). Such rituals can contain spiritual and transpersonal aspects of traditional rituals, but without their religious context. The option of creating secular rituals in therapy is very relevant today, at a time when people are craving for a connection that supersedes the self; connections with each other, the community and nature (Berger, 2009, 2014; Berger & McLeod, 2006; Gergen, 1991; Jennings, 2012; Kossak, 2009; Marcow-Speiser, 1998; Schrader, 2012; West, 2002).

The pioneers of the expressive arts therapies were the first to refer to ritual with its entire experiential, theatrical, group and metaphysical aspects as a central axis for creative treatment, and, in many ways, as treatment par excellence. Sue Jennings, an anthropologist, and one of drama therapy's pioneers, referred to the connection between drama therapy and ritual, saying that the work of actors, anthropologists and therapists, contributes to the understanding that drama therapy as a (therapeutic) model is based on (traditional) ritual. She claimed that this model makes physical and metaphysical declarations concerning sickness and health. The model emphasizes the dialogue between various parts of the personality and the interaction between physical and metaphysical dimensions (Jennings, 1995, 2012). A similar perspective can be found in the basic concepts of drama therapy, such as dramatic reality, fantastic space and distancing (Jennings, 1995; Lahad, 2002; Landy, 1983; Pendzik, 2006). It can also be found in the general approach of drama therapy that includes rituals, and is based on a ritualistic model as its central working axis (Berger & McLeod, 2006; Grainer, 1995; Jennings, 1992, 1998; Jones, 1996). This ritualistic orientation is also

evident in other expressive arts therapies, woven into their theoretical concepts and applied models (Chaiklin & Wengrower, 2009; Knill, Levine & Levine, 2005; McNiff, 1992; Rubin, 1984; Stromsted, 2009). It is particularly evident in the expressive art therapy approach (Knill, Levine & Levine, 2005). This approach relates to performance and intermodal elements of ritual, integrating and moving from one artistic medium to another (Drama, Movment, Visual Arts, Music, and Story) while relating to the concept of integration as a central feature and aim of the process (Knill, Levine & Levine, 2005; Estrella, 2006). It is important to note that the ritualistic approach differs from verbal psychological treatment, not only in its experiential nature and emphasis on the physical-imaginative-creative approach, but also in its concept of treatment and what it believes constitutes its "healing" aspects. Art therapy focuses on questions of "artistic form" while psychology focuses on questions of "narrative content." The ritual model does not necessarily focus on processes associated with insight and awareness which are connected to the left and higher parts of the brain. It concentrates instead on the creative process itself, based on a-logical, spiral processes, related to the right side of the brain. These processes speak in the language of images, sensations, artistic forms and feelings, rather than in the language of words and cognition (Berger, 2014; Chaiklin & Wengrower, 2009; Grainer, 1995; Jennings, 1992, 1998; Jones, 1996; McNiff, 1992; Rubin, 1984). Hence, the practice of expressive arts therapy refers to and anchors itself in theories that emphasize the healing potential of creative process and creative play, and the way in which developing the imagination and connecting with the body contribute to personality development and recovery. This can be illustrated by the BASICPh model that does not focus on an attempt to solve psychological conflict or attain insight. Its approach is to develop and expand the connection with the abilities of the body, cognition, emotions, beliefs and social capacity (Lahad, 2015; Berger & Lahad, 2009; Lahad, Shacham & Ayalon, 2013). According to this approach, developing these abilities will expand the individual's overall capacity and help to give meaning to his/her life, solve difficulties and aid in coping with crisis and hardship.

With regard to the context of this chapter and to the ritualistic "art as therapy" approach it presents, it is important to emphasize that research in the field of trauma reveals that a considerable part of a person's memory is stored in the deeper parts of the brain; parts that talk the language of images, symbols, sensations, feelings and metaphors (Lahad, Shacham & Ayalon, 2013; Meir 2014; Tal, 2014). To access, process, release and heal them, one must speak their non-verbal language (Lahad, Ayalon, Kaplansky & Leykin,

2010; Ross, 2008; Meir, 2014; Tal, 2014). This understanding emphasizes the great potential of the expressive arts, embodied work and the integration and transition between various artistic media in treatment. This new evidence about the importance of the incorporation of various artistic mediums in the process, as well as the transition and movement between them, validates the rationale for using the intermodal approach, as well as the use of rituals in therapy.

## SETTING THE SCENE

The following examples will illustrate how the ritualistic model can constitute the basis for structuring and maintaining processes of change and development through creative experience and embodied work, and through the combination of various artistic mediums, i.e., the intermodal approach (Berger, 2014; Knill, Levine & Levine, 2005; McNiff, 1992). In light of the aims of this chapter and space limitations, they will focus on the work that took place within the liminal phase and within fantastic and dramatic reality; the spontaneous parts of the work that were created and evolved during ritual work. Two examples relate to sessions that took place during courses of three-year, Body-Focused Psychotherapy training at the Shiluv Center – Haifa University. The course aims to teach methods that integrate non-verbal and a-logical, spiral process with a verbal and more linear process. All the participants who attended the course were women, aged 30-60. Some were social workers, some were psychologists and others were art therapists, all working as therapists with different populations and in various organizations.

The third example highlights the possibility of creating rituals in individual therapy and combining nature in it. It is taken from work which was done with a boy who came to therapy in my clinic.

### Example 1: A Song Is Born

Eighteen women, aged 30-60, therapists, attending the first part of the course *"From the Word to the Body and from the Body to the Word,"* Shiluv Center – Haifa University. As I observe the participants' behavior and body language at the beginning of workshop, I wonder how to start. Most of them are standing near the buffet table, drinking and chatting. Others are sitting on

chairs near the walls. Several are lying on the ground or doing some form of bodywork. I can sense hesitancy in the dynamics, and decide to change my plans, forgo the opening talk and start by asking participants to walk around the room, with Dema Preval's Indian mantras playing in the background. I invite them to greet each other, without words, using only the body, in gestures and contact. Slowly but surely, chattering ceases and the greetings become an encounter between fingers and palms, heads and shoulders, hands and stomachs. I instruct them to go on meeting themselves in movement, to review all parts of their bodies and say: "hello, how're you doing?" I ask them to imagine their hands, soles of their feet, heads, and behinds as large paintbrushes dipped in paint; each movement leaving an impression or painting on the floor, in the air or on a friend. This image helps them loosen up and enter creative-movement space. As they enter fantastic reality, their movements become larger and freer. I invite them to close their eyes and dance their first dance of the day. Some of them dance with large gestures. For others the dance is smaller, more internal, almost invisible. I invite them to add voice to their dance following the mantra's lead, joining in the recurring melody over and over again. Some of them join in loudly, others more quietly. As the mantra ends, I invite them to continue on their own to find their own authentic voices. Little by little, the space fills with voices, each woman and her own voice, together forming a huge choir. The effect is moving and powerful. I sound a gong that signifies the end of the dance and of the session. Recess.

After recess, we meet in a circle for discussion. I share my goals and the working methods I will use in the workshop, and ask them for their impressions of the morning. Ofra says that she had an odd experience. "It took me quite some time to find and hear my voice, and when I did, I didn't recognize it. It sounded foreign, as if it wasn't my voice." I ask her if she could sound it now. She makes an attempt: ah, ah, ah… I laugh; it reminds me of a baby babbling for the first time, excited at the discovery. "Mazal Tov" (literally 'good luck'), I say.

## INDIVIDUAL AND GROUP: PAST, PRESENT AND FUTURE

The next day, after an opening session of movement and voice that continued the session of the previous day, we meet once again in the circle for

sharing. Ofra says that since yesterday she hasn't been able to stop singing and humming childhood songs she heard from her grandmother.

Gesturing with her hands, she says that her partner had laughingly said to her, "So… a singer has been born, has she?" I think about the Gestalt concept of the cycle of experience (Kepner, 1987; Zinker, 1977), and ask Ofra if she would like to try a five-minute experiment. Maybe it can clarify or open up something. She agrees. I ask a group member to sit behind her, to join in and expand upon her hand gestures while she repeats the story. As the hand gestures expand, so does Ofra's voice. It turns from thin and inaudible into a full voice that fills the room. The experiment ends and it seems that at the experiential level something has been achieved. It would have been possible to end there, but I decide to ask if she would like to try another experiment. With her recently acquired confidence, she agrees. I ask her to don a chain of bells on her hands and feet and to enter the circle. She panics. "I've never been in the center," she says. The group members help her put on the bells and enter the circle. "Wonderful," I say, and ask her to sing the song "*How is a Song Born?"* (A well-known, Israeli song)… She closes her eyes and begins…

"How is a song born… Like a baby… at first it hurts, then it comes out… And everyone is happy and suddenly, so wonderful… it's walking on its own… how is a song born? Like a baby…"

The group joins in like a chorus. I conduct the dynamics of the song, at times quieting the group voice and letting Ofra remain as a soloist with the group backing her up, and at times letting her voice join in the choir. We add on more bells, cymbals, gongs… a celebration.

A few minutes later, when energies begin to wane, and this stage of the experiment ends, I ask four women to hold and drape Ofra's head, neck, heart and stomach, while the singing fades and her voice withdraws. At the same time, I ask another participant to slide the gong the length of Ofra's back and to end with a loud, long tone above her head. Spiraling movement is created in Ofra's body, from the pelvic region to her head and back. A whispering voice, from a very deep, seemingly distant place, is heard. I ask her to whom she is singing. With eyes closed, she smiles and continues the melody. "I'm singing to my grandmother, or maybe, she's singing to me..."

I ask her to walk around the circle and look for her grandmother's melody. "I don't remember"… she says, "So make it up"… I say. The circling leads to a voice that turns into a melody and then into a song… "Oitzer, oitzer mine, ah-ah-ah-ah-ah, Oitzer, oitzer mine" (Yiddish: literally 'treasure'). I ask all the grandmothers in the room to replace the four women who have been holding Ofra's head, throat, heart and stomach, as she walks around the circle singing.

They rejoin the larger circle and continue singing. Na'ama enters the circle and holds Ofra's hands. She begins to caress and knead them. Something happens in the intimate sensory encounter between them. Wordlessly, the singing gets louder and fills the room. Suddenly, I'm not sure exactly how, it seems as if we are all in a village or a small town in Poland. It's as if we can hear the horses harnessed to a wagon, passing by and selling milk. We can smell the Sabbath challah rolls (special Sabbath bread) and see them on the window sills. Thousands of people throng the room, from Poland, Germany, Ukraine and Austria. The songs our grandparents sang us are all there: the Sabbath chants and prayers, in Hebrew, Yiddish, Polish and Russian. I too, remember my grandmother and pine for her.

The song becomes a prayer that empowers and infuses the ritual. At times it sounds like Kaddish (a prayer of remembrance for the deceased) for the six million Jews, and at other times it sounds like a lullaby. Past, present and future seem to converge in the village, the ghetto and the Western wall; an encounter of life and death. Chants from the Diaspora and prayers from the Siddur (prayer book) give way to songs in Hebrew; new, more modern prayers. We go on to sing songs about the end of war and incipient peace; songs of reverence for our children. We lock hands, we hold each other and we are held.

The trans-personal experience creates a sense of sanctified wonder. We don't know quite what to do next; should we part, and if so, how? I exit the circle and go through the pile of discs for something to help me collect and finish the ritual. I find the song that ended yesterday's session and put it in the player. The circle dances to a familiar voice singing: "hush now, it's all right now…" We dance together and each participant contributes her own voice. The ritual is over: a song, a woman and a group has been born.

## FROM THE BODY TO THE WORD

This example illustrated the way in which ritualistic perspective and method can be used to create, structure and hold a therapeutic process, while remaining within the realm of the physical-creative experience, within fantastic reality. It presented the way in which this framework can provide a clear and flexible framework that allows movement between polarities and gives participants the confidence they need to "trust the process." Referring to this work as a playful and curious experiment allows the moderator and the

participants to take risks, to enter and remain confidently in the "here and now" of fantastic reality, i.e., in ritual, liminal space and time. Doing so, the participant as well as the entire group connected to spiritual dimensions, as well as to the sense of community and collective. The individual can be held by the group that is going through a parallel process with him/her.

## Example 2: Burying the Cat…

The second unit of the course: *From the Word to the Body and from the Body to the Word*. Like the previous unit, the first day opens with a movement sessions that seeks to allow each participant to "arrive, connect and be" with and within her own body; present and moving in space. In the first phase of the ritual it aims to help participants make the transition from an ordinary everyday environment to experiential space of the workshop, to get ready and prepare to enter liminal, fantastic space. At first there is minimal physical movement that gradually increases and fills the room. Once again, it's nice to see voices supporting movement and vice versa; physical anchoring supporting presence. We continue an exercise in pairs, in which one participant lays a hand on her partner and joins her in moving around the room. In a corner of the room I can see Sara curled up on the floor, with Judith placing a hand on her back. Sara is moving with irregular gestures of contraction and expansion, in a curled-up position. I come closer and hear a wail or a whispered sob accompanying this movement. I place my hand on her and join in with movement and voice. I can see that Sara is connecting with me and is able to control her movement and her voice. In witnessing this movement and the voice that seems to return to Sara's body, the exercise ends and the day goes on…

The next morning, after another physical warm-up, we process and conceptualize the session from the previous day. I ask if anyone would like to "work" today… Susan says she is ready to work on the issue of "asking for help," with no further elaboration. Sara joins in and says she'd like to work on the issue of "the cat." She says, "it is something distressing that has accompanied me for years, and has been present with me here since yesterday." After lunch break both of them are still eager to work. Once again, through playful activity and voice-work in the circle, we create a group and warm up our bodies and our creativity. Using the Chace approachI join the movement in the group (Chaiklin & Schmais, 1993), give it expression and intensify it. We dance a Horah (an Israeli folk dance), and play hide-and-seek. After lunch, I invite anyone who wants to work to enter the circle, tell her story and persuade us that it's worthwhile. The group will choose the story to

work on. In the spirit of psychodrama, Sara enters first and says, "I'm a cat, meow… I'm a pregnant cat… I've gone into the closet to give birth and suddenly this little girl opened the closet, while I'm right in the middle of… help… meow… there's so much blood… I want to scream but nothing comes out… meow." Susan enters the circle after her and says, "I want to work on the issue of help." As an observer, I'm not quite sure whether Susan means helping Sara or herself. Before I can give further instructions, Sara, as the cat, takes up more space in the circle, evident in the intensity of her emotional and physical energy, and the passion of her "meow." Her "cat" grows and grows and becomes threatening, baring its teeth… I invite Susan and Sara to conduct a dialogue. Susan tries to pacify the cat by caressing her, but this only agitates the cat, who becomes more ferocious. The cat aggressively removes Susan's soothing hands and pushes her outside the circle. Susan and the cat struggle in classic form: there's a victim and there's a persecutor… The cat bites Susan, who yells out "enough," at which point I stop the game. I can see that for Susan the boundary has been blurred between a playful experience and a real one, in which she is the victim. I can see that she's frightened, as are several other participants who guard the circle. I stop and ask Susan to leave the circle. I check on her emotional state and on Sara's. Sara is able to detach from the figure of the cat in dramatic space, and talk to me realistically. I understand that the situation is complex, and that, nevertheless, Sara's reality check is normal. She can enter and exit the role, regulate emotional intensity and remain connected to the other participants and to me. I ask her and the group if they want to continue, and they agree.

The cat returns without difficulty. It is larger, more agitated and more ferocious than before. It moves in the circle with nervous movements, sounding voices and loud, terrifying wails.

Sara says she wants to remove the cat from inside. "It's hurting me and is no longer pleasant and agreeable," she says. The women in the group encircle her more closely and begin to knead her body. The cat calms down for a moment, but then continues to wail loudly. Sara says that what they're doing is helpful but… not enough… the group continues supporting her, but she says that it's still not enough.

I am aware of the complexities that working within catharsis process can produce (Orkibi 2014; Meisiek 2004), of the group limits of physical and emotional containment, as well as of time constraints. I remember exorcism rituals I've attended in India, and reports of such cases described by Schwarzman and Turner from their work in Africa (Schwarzman, 2007; Turner, 1986). I ask group members to relax their grip on Sara little by little,

and ask her what else could help her. Once again, I'm happy to see she can detach from the figure of the cat and dramatic space, and converse with me "here," in concrete reality. She says that if touch does not help, then maybe voice will. "I constantly hear its voice inside; I want to hear it on the outside." The group stands around her and, inspired by her previous "meows," they try to echo and sound cat voices. This develops into screaming and yelling, until Sara identifies one of them as precise. "Yes, that's it, that's exactly the way the cat sounded." Her eyes are closed and I know that it's the sound I'm making. I intensify the sound until it becomes screeches and a wail… very powerful screaming. Sara starts crying and yells "take it out of me… take it out of me…"

This continues and I can see that the conflict is not being resolved; the cat is not leaving… The tension is rising in the group and also within me. I sense and understand the complexity of the moment, including the potential it contains for healing and transformation as well as for reactivation of a traumatic memory. Relating to principles of expressive art therapy, while looking for ways to desensitize the experience, I decide to change directions and shift from the dramatic-movement medium to another medium; to the visual arts. This will allow the externalization of the caricature and issue and will hopefully allow for more distancing and separation between Sara and the issue. To promote this change and also to give it physical representation, I move the group to another side of the room and give them large sheets of paper, oil pastels and charcoal. Once again I ask the group to surround Sara in a circle and I ask her to draw the cat; to put it out there on paper. I think of the drama therapy principle of distancing and hope it will create an inner experience of distance from the cat, thus leading to separation. Maybe at long last, the cat will come out…

She begins by saying, "it's impossible, it's too big"… We give her another sheet of paper. Her drawing goes on and on, in a kind of obsessive frenzy, incessant vomiting … Black scribbles cover the entire page and start to turn red as well. She recites a text about the Holocaust and about a child who died; slivers of sentences that I can't hear very well. Her ecstasy continues and it seems that in the time and space at our disposal she won't find resolution. I call out to God… Maybe he can help…

Sara overrides my attempts to use the language of belief (BASICPh model, Lahad, 2002, 2015), saying "there is no God." She continues to scribble furiously.

I remember a series of rituals I attended in the Indian Himalayas, in which the shaman worked with the individual, time after time, to rid his body of the

demon. Each time there was some relief, but the third time, in a huge ceremony accompanied by all members of the village, after the man (or maybe the demon) had been baptized in the river, the demon finally emerged. I understand that "Sara's demon" may not come out today. What is needed is containment and a "sense-making" way to end the session if he doesn't, or, at least to soothe him, and to find a place where he can reside within the body in relative tranquility. In an attempt to bring partial resolution or closure I try to summon up another scene that will lead to a beneficial ending…

I bring candles and call everyone to gather round for the cat's funeral ceremony. Against background murmuring, I count back and signal all participants to convene… Sara stops chattering, stands still, looks at the pages and breathes. "Just a minute," she says, and rips the page into shreds. "That's it, now he's dead." Her crying subsides, she takes a step back, enveloped and held by the group members, watching observantly…

I can see all the group members with Sara, identifying with her plight. I wonder what position to take and choose to work from within the characters and within the scene. I begin speaking in the first person, in the voice of a 5 or 6-year-old child. "I wanted to invite you to a funeral… my mother says…" I'm making up the story as I go along. It seems to be working… I invite anyone who wants to, to light a candle. "Just a minute," says Sara "I want to stand over him." She steps foreword and stands over the "grave." She says something about the Holocaust and about a nephew killed in the war. Then she stops and looks directly at me. Her breath is more regular and her gaze is focused. Someone else asks to light a candle, mentioning her grandfather who died as a partisan fighting the Nazis. She never met him and is now encountering him. She lights the candle and says Kaddish (a prayer of remembrance for the deceased). The group and Sara join in… I go back to the character of the child and continue the story…"after the funeral, we're all going home, Mommy is making burekas (a pastry snack) and we're all going to eat…" We all move to another section of the room, and begin to sing. Prayers and chants fill the room. I exit the circle and observe this amazing group of women. I go to the CD… looking for a song that will help to conclude the ceremony. Once again my fingers discover Riki Gal singing "hush now… it's all right now…" The hugging circle sings with her, crying and laughing, letting their voices be heard. Little by little, the circle opens and the group-embrace turns into a dance; alone and together, bodies, voices, movement, song. I breathe a sigh of relief… phew! ...It's all right!

## THE DAY AFTER

The next day, the last day of the course, after a physical-movement warm-up, we sit down to talk about yesterday; to share, to process and conceptualize. Sara tells the group that she benefited from the work. She released a feeling of suffocation she has carried since childhood. She tells us about the cat, who gave birth and attacked her, about her feeling of helpless loneliness when her parents didn't help her. She speaks about her nephew, who died in the war and other stories from the Holocaust. She says she finds it hard to contain the evil and alienation that surrounds and closes in on her, but she also thanks the group for their support and their ability to contain the chaos she introduced yesterday, and the unfamiliar aspects of her personality. Laughingly, she says that it was very significant for her when I spoke like a child, and told us about Mommy giving us burekas to eat after the funeral. It helped her feel a sense of communal "togetherness" and support. She opens up a packet of burekas she has brought in and says "in our house there was no one to bake burekas and no one to eat them either, thank you…"

We continue working and this time help a woman who is hoarse and claims she can't sing, sing a solo in the center of the circle - yet another ritual. The workshop ends with a session of authentic movement that collects and brings closure using a non-verbal, ritual format. We embrace and I remind the group of the final paper to be submitted, the integration of the process and learning that took place in the workshop, and in everyday life - the third stage of ritual…

In the final paper, Sara writes, "the authentic movement and the vocal work was the most significant part of the process for me, maybe because I was able to control the process… without the help of cognition… I let the physical movement lead me; my shoulders and my chest were released.

Afterwards, I stood by the window and used the same physical vibration, accompanied by voice, to release my breath. I finished the workshop with full, quiet breathing…"


## RETURNING FROM NEVER LAND – CONCEPTUALIZATION

This example illustrates one of the most complex therapeutic processes I have ever led. It included moments during which I didn't know the best way to proceed. While leading the group I was plagued by thoughts about my ability

as a therapist and about the limits of my responsibility. This account does not present an ideal model of creative therapy. Despite its success it included complex moments that may well be controversial. However, and perhaps for this very reason, it is a good example of the therapeutic potential of the ritual and the intermodal approach, and the ways that the incorporation of and transition between different art mediums can advance the work (Knill, Levine & Levine, 2005). It can also alert therapists to complexities that the use of rituals can generate, in particular those that go through a catharsis process.

The example focused mainly on the second stage of ritual, the liminal phase, highlighting ways in which dramatic and fantastic reality can help the person explore complex and frightening issues that could not be expressed and explored in everyday reality. As an island of imagination within "real" life, fantastic reality can hold and contain complex, polarized and paradoxical issues, allowing the client to explore subjective experiences in a safe and protected place (Lahad, 2014; Pendzik, 2006). The process and integration of the experience and learning take place through the dialogue between the two hemispheres of the brain, moving from bodily and creative experience to conversation; from doing to being. Processing and integration take place in the third stage of the ritual, using both cognitive elements like verbal sharing and writing, as well as artistic elements such as authentic movement. The example and the sharing of my subtext as therapist illustrated the way in which the ritualistic can be used to channel chaos into a sense of order, continuity and control.

## Example 3: Killing the Monster

Ron, a 7-year-old boy, came to therapy after experiencing a traumatic event and ongoing stress caused by war and terror. He suffered from nightmares that interrupted his sleep and he was afraid of being without his parents during the day. He also had digestion difficulties and behavioral problems at school. He was a shy boy, using few words. After a few month of EMDR treatment, which reduced the symptoms but did not solve the problems, his EMDR therapist suggested to his parents to combine the therapy with art-based sessions that would allow Ron to share his story, and work on it in a creative, non-verbal way. Since Ron loved being in nature they contacted me as a nature therapist.

The assessment we did at our first encounter, using the Six Story method based on ideas from the Hero's Journey and the BASICPh model (Lahad,

2015), brought up the image of a frightening monster that threatens to kill and eat Ron, who does not have the strength to confront it, fight it or chase it away. In the following sessions, we used drawing and sculpting to give shape to Ron's inner strength that could then confront the monster and hopefully defeat it. From this work an image of a warrior emerged, a warrior who learned how to fight and kill dragons and monsters.

Following Jennings' EPR model (Jennings, 2011), and Lahad's concepts of a healing metaphor (Lahad, 2014; Berger and Lahad, 2013), we dramatized the story and the drawings, connecting Ron to his inner and physical strength and to his creative self. We gave him the option to be active, to move from the experience of being a victim to being an active defender and warrior. We also created a mask for the warrior, one that gave Ron special powers. After 3-4 months Ron began drawing the monster. He began on a small piece of paper using markers and proceeded to bigger pieces of paper using water colors and gouache paints. During this process a ritual was developed. The first phase was drawing the warrior and then drawing the monster, or putting on the warrior's mask and then drawing the monster. Then in the second phase the warrior jumped on the monster (drawing) and tore it to pieces (killed it). In the third phase Ron collected the remains of the monster and put them in the garbage. This ritual, which took place 3-4 times, helped Ron express his inner felling and reach some kind of catharsis – fighting and killing the monster. Yet, he was still afraid that as the monster had magical powers it would collect itself from the garbage, heal, come back to life and threaten him again.

At this point, I suggested to Ron to go outside, to the nearby Banias river. There we conducted a ritual in nature. I suggested he should expand the fighting and killing phase by burning the remains of the monster in a bonfire we made in a circle we created (which was our sacred space), and then throw the monster's ashes in the river. In this way, we would not only make sure it was dead by burning it, but would also be certain its remains were taken far away by the river. This ritual worked like magic. That evening Ron asked his parents if he could go back and sleep in his room and slept there for a full night. His digestion problems reduced dramatically, as did his fears of being alone during the day. For the first time in a long timehe slept the whole night in his bed. A week later, at our next session, Ron told me that he feels fine and does not need to continue our meetings. We conducted a closing ritual and said goodbye.

## Conceptualization

Ron's story is an example of the way that rituals can be created and performed in individual therapy. It shows the potential of the intermodal approach, combining different art mediums and moving between them. Is also demonstrates a way that elements from nature therapy can be integrated in art-based therapy process, to advance and support it (Berger, 2014).

## DISCUSSION

With references to relevant theory, examples from practice and reflexive sharing of the therapist, this chapter presented ways in which ritual can serve as a central axis for the construction, maintenance and development of a creative and intermodal process. It highlighted ways in which the different arts can be incorporated into the work, as well as the impact on the process of the transition from one medium to the other. The examples presented an approach that takes place within fantastic reality, with primary emphasis on the creative process and a-verbal work rather than on verbal, insight-oriented processes, connected to inter-personal relations and transference. This approach does not contradict other types of therapeutic approaches or group work. However, it questions the balance of elements that should be included, emphasized and encouraged in training programs, continuing education programs and supervision for arts therapists. Should the emphasis be on verbal, insight-based approaches or should it develop the imagination, the body and the emotions? The latter approach is a package of healing qualities connected to right brain processes. What is the implication of these choices for the development of therapy professionals and the profession they practice and represent?

Personally, as a drama therapy and nature therapy teacher and supervisor with a background in dance and improvisation, and as someone who uses an inter-modal approach influenced by post-modern and Gestalt and Transpersonal theories, I am a firm believer in the inclusion of, and shift between all kinds of therapeutic elements, connected to both right and left brain. The inter-modal format allows us to address the "whole" individual, with his/her multi-faceted channels. Ultimately, it is an enriching experience that fosters integration.

I hope the chapter will encourage therapists who find this approach appealing to continue working from within the creative experience itself. The metaphors, physical gestures, archetypes, voices and shapes that emerge from

the work will provide images and ideas necessary for the ongoing development of the healing process inherent in the rituals themselves.

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## REFERENCES

Al-Krena, A. W. (1999). An overview of rituals in western therapies and interventions: Argument of their use in cross-cultural therapy. *International Journal for the Advancement of Counseling*, 21(1), 3-17.

Berger, R. (2008). Turning interpretation to action and work within the experience. *Psychoactoalia*. April Vol: 20-26 (Hebrew).

Berger, R. (2009). *Nature therapy – Selected articles*. Israel: The Nature Therapy Center.

Berger, R. (2014). *Arts – The Heart of Therapy*. Kiryat Byalik. Ach Publication (Hebrew).

Berger, R. and Lahad, M. (2009). A Safe Place: Ways in which nature, play and creativity can help children cope with stress and crisis – Establishing the kindergarten as a safe haven where children can develop resiliency. *Early Child Development and Care*, 2009. 1-11.

Berger, R. and Lahad, M. (2013). *The healing forest – Nature therapy and expressive therapy as a treatment for children who have experienced trauma*. London: JKP.

Berger, R. and McLeod, J. (2006). Incorporating nature into therapy: A framework for practice. *The Journal of Systemic Therapies*, 25(2), 80-94.

Berger, R. and Tiry, M. (2012). The enchanting forest and the healing sand - Nature therapy with people coping with psychiatric difficulties. *The Arts in Psychotherapy*, 39, 214-216.

Chaiklin, S. and Schmais, C. (1993). The Chace approach to dance therapy. In: S. Sandel, S. Chaiklin and A. Lohn (Eds.), *Foundations of dance/ movement therapy: the life and work of Marian Chace*. Columbia, MD: Marian Chace memorial fund of the American dance therapy association. (pp. 75-97).

Chaiklin, S. and Wengrower, H. (2009). *Dance/movement therapy. Life is dance*. New York: Routledge.

Eliade, M. (1959). *The sacred and the profane*. New York: Harcourt Brace Jovanovich.

Estrella, K. (2006). Expressive therapy: An integrated arts approach. In: C. Malchiodi, (Ed.), *Expressive Therapies*. 183-210. New York: Guilford Press.

Gergen, K. J. (1991). *The shattered self: dilemmas of identity in modern life*. New York: Basic.

Grainer, R. (1995). *The glass of heaven.* London and Bristol: Jessica Kingsley Publishers.

Hazut, T. and Segev-Shoham, E. (2004). The power of creation in "the work of hope." *Therapy Through the Arts.* Vol. 3, Number: 2. pp. 27-44 (Hebrew).

Orkibi, H. (2014). Positive psychodrama with adolescents. In: R. Berger (Ed.), *Creation – the hart of therapy* (pp. 274-316). Kfar Bialik: Ach books.

Jennings, S. (1992). *Dramatherapy - theory and practice*. London: Routledge.

Jennings, S. (1995). Code of practice and ethics. In: S. Jennings, A. Cattanach, S. Mitchell, A. Chesner and B. Meldrum (Eds.), *Historical Background and Overview of Dramatherapy. The Handbook of Dramatherapy* (pp. 212-213) (Appendix 3). London: Routledge.

Jennings, S. (1998). *Introduction to Dramatherapy*. London: Jessica Kingsley Publishers.

Jennings, S. (2012). Theater of resilience: Ritual and attachment with marginalized groups – We are all born dramatized and ritualized. In: C. Schrader (Ed.). *Ritual theatre - The power of dramatic ritual in personal development, groups and clinical practice* (pp. 200-216). London: JKP.

Johnson, D. R. and Emunah, R. (Eds.). (2009). *Current approaches in drama therapy* (2nd Ed.). Springfield, IL: Charles C Thomas.

Jones, P. (1996). *Drama as therapy, theater as living.* London: Routledge.

Kepner, J. I. (1987). *Body process: A Gestalt approach to working with the body in psychotherapy*. New York: Gestalt Institute of Cleveland Press.

Knill, P. Levine, E. and Levine, S. (2005). *Principles and practice of expressive arts therapy.* London: JKP.

Kossak, M. (2009). Therapeutic attunement: A transpersonal view of expressive arts therapy. *The Arts in Psychotherapy*, 36, 13-18.

Lahad, D. (2002). *Creative supervision*. London: Jessica Kingsley Publishers.

Lahad, M. (2015). The BASICPh model and its use in art based therapy and assessment. In: R. Berger (Ed.). *Observing the Arts – Seeing the Soul*. Kiryat Byalik. Ach Publication (Hebrew). pp. 27-72.

Lahad, M. Ayalon, O. Kaplansky, M. Leykin, D. (2009). Imagination as a cure for trauma. *Psychoactualia*. October: 12-20 (Hebrew).

Lahad, M. Farhi, M., Leykin, D., Kaplansky, M. (2010) not in text Preliminary study of a new integrative approach in treating post-traumatic stress disorder. SEE FAR CBT. *The Arts in Psychotherapy*, Vol. 10 (3), 175, 391-399.

Lahad, M. Shacham, M. and Ayalon, O. (2013). *The BASIC Ph – Modle of Coping and Resiliency*. London. JKP.

Landy, R. (1983). The use of distancing in drama therapy. *The Arts in Psychotherapy*, Vol. 10(3), 175-185.

Levi-Strauss, C. (1980*). Myth and meaning*. London: Routledge.

Marcow-Speiser, V. (1998). Ritual in expressive therapy. In: J. Rubin (Ed.), *Therapeutic presence*. pp. 204-218. London: JKP.

Meisiek, S. (2004).Which Catharsis Do They Mean? Aristotle, Moreno, Boal and Organization Theatre. *Organization Studies*; 25; 797.

McNiff, S. (1992). *Art as medicine*. London: Shambala.

Meir, D. (2014). Creative Imagination - A Short-term therapeutic model with adults who have experienced trauma integrating childhood photographs, guided imagery and visual art. In: Berger, R. (Ed.). *Arts – The Heart of Therapy* (pp. 274-316). Kiryat Byalik. Ach Publication (Hebrew).

Megged, N. (1998*). Portals of hope and gates of terror. Shamanism, magic and witchcraft in south and central America*. Tel Aviv: Modan.

Pendzik, S. (2006). On dramatic reality and its therapeutic function in drama therapy. *The Arts in Psychotherapy*, 33, 271-280.

Pendzik, S. (1994). The theatre stage and sacred space. *The Arts in Psychotherapy*, 21, 25-29.

Ross, G. (2008). *Beyond the trauma vortex into the healing vortex*. Israel: Nord Publications.

Rubin, A. J. (1984). *The art of art therapy*. New York: Brunner Mazel.

Schrader, C. (2012). *Ritual theatre – The power of dramatic ritual in personal development, groups and clinical Practice*. London: JKP.

Schwarzman, O. (2007). *White doctor, black gods*. Tel Aviv: Aryeh Nir Publishers.

Stromsted, T. (2009). Authentic movement: a dance with the divine. *Body, Movement and Dance in Psychotherapy*, 4(3), 201-213.

Tal, M. (2014). STREAM - Movement and listening to life: A Dance-movement therapy model for people coping with trauma and stress. In: Berger, R. (Ed.). *Arts – The Heart of Therapy* (pp. 235-273). Kiryat Byalik. Ach Publication (Hebrow).

Turner, V. (1986). *The anthropology of experience*. Evanston, ILL: Illinois University Press.

Van der Hart, O. (1983). *Rituals in psychotherapy – Transition and continuity*. New York: Irvington Publishers.

Van Gennup, A. (1960). *The rites of passage*. Chicago: University of Chicago Press.

West, W. (2002). *Spiritual issues in therapy: Relating experience to practice*. New York: Palgrave.

Zinker, J. (1977). *Creative process in Gestalt therapy*. New York: Brunner.

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