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The use of ritual in occupational therapy

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ABSTRACT

THE USE OF RITUAL IN OCCUPATIONAL THERAPY

by Ruth Schallert and Cathy Shirley Shively

The purpose of this study was to determine whether occupational therapists in the United States are incorporating ritual into their practice, and if so, in which practice settings. This study also sought to determine how occupational therapists define ritual, its application in practice, and the rationale behind its use. Research methodology included questionnaires and semi-structured interviews.

The results indicated that the majority of respondents used ritual forms in their practice with minimum to moderate frequency. Therapists were most likely to use ritual forms with geriatric and pediatric populations. Mental health practice settings were often identified as appropriate for the use of ritual. Most respondents defined ritual in terms of holidays, ceremonies, celebrations or traditions. Rituals were commonly used to promote orientation, create structure, and facilitate unity or bonding among people. Caucasian and minority respondents differed in their use and definition of ritual forms.

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CHAPTER 1

INTRODUCTION

Purpose

The purpose of this study is to examine ritual and its relationship and relevance to occupational therapy. Exploration will also be made as to whether occupational therapists are using ritual as a therapeutic activity, and to discern the rationale behind its use.

Statement of the Problem & Relevance to Occupational Therapy

Anthropological studies indicate that there have been no human societies that did not have some ceremonial ways of making life cycle transitions (Fried & Fried, 1980). Rituals stabilize identity throughout life by clarifying expected roles, delineating boundaries within and outside social structures and defining rules so that all members know that "this is the way our family, group, culture, self is" (Wolin & Bennette, 1984, p.401).

Ritual disruption has been associated with the breakdown of social structures. In his introduction to Van Gennep's Rites of Passage (1960), Solon Kimbala said, "One dimension of mental illness may arise because an increasing number of individuals are forced to accomplish their transitions alone and with private symbols." Lack of ritual results in decreased delineation of roles, diminished structure of daily life, and ambiguous transitions from one developmental stage to the next. For example, in studies of rituals in families

where one or both parents were dependent on alcohol, children in ritual-protected families fared better during the transition to adulthood than did children growing up in ritual-disrupted families. Extreme ritual disruption was significantly related to the transmission of alcoholism to the children's generation, whereas ritual protection was associated with less transmission (Bennett, 1987; Wolin, 1980).

According to the developmental frame of reference, occupational therapists facilitate growth and development throughout the life span by use of purposeful, meaningful, activities and interpersonal relations (Llorens, 1991). The skilled use of ritual may assist the process of human development by providing structure, facilitating transition, and aiding in bond formation. The effects of physical, psychological, and psychosocial disabilities can lead to a sense of helplessness, hopelessness, and loss of control which leads to a decreased ability to cope with dysfunction (Frierson, Lippman, & Johnson, 1987; Pizzi, 1990).

Occupational therapists can work with people to help them restructure their roles and use their time to gain a sense of control (Clark & Jackson, 1989; Pizzi, 1990). Ritual provides structure (Campbell, 1972) and can be used as a means of reshaping life roles and use of time. Keilhofner (1983) stated, "Celebrations and rituals in their varied forms are important contexts for restoring morale, renewing commitment to values while providing continuity of experience with the past and with the world outside. They are too often absent from or ignored in occupational therapy today" (p. 168). This reported lack of ritual and celebration has not been formally studied. Moreover, there is a paucity of occupational therapy literature that describes or defines ritual in terms of occupation. Literature that directly relates

ritual to practice is also scarce. This thesis appears to be the first formal research study conducted on occupational therapists' use of ritual. This study will expand and contribute to the body of knowledge on ritual, its relationship to occupation, and its use in occupational therapy. Scholars of occupational science define the symbolic meaning of occupations as a crucial area in need of study (Clark & Jackson, 1989). Being aware of the value of ritual can enhance the practice of occupational therapy.

Objectives

The objectives of this study are to further explore the relationship of ritual and occupation, and to study the extent to which occupational therapists use ritual in practice. Investigation into how and why occupational therapists use ritual, as well as how they define ritual will be made.

Questions

The research questions are:

1. Are occupational therapists in the United States incorporating ritual into their practice?
2. In which practice settings are occupational therapists using ritual?
3. What is the relationship between years of practice and extent of ritual use?
4. Does the ethnic or cultural background of a therapist influence use of ritual?
5. How do occupational therapists define ritual?
6. If therapists are using ritual, how is it being used and what is the rationale for its use?

Definitions

Definitions of terms used in this study are:

Activity - "Productive action required for development, maturation, and use of sensory, motor, social, psychological, and cognitive functions. Activity may be productive without yielding an object" (Christiansen & Baum, 1991, p. 847).

Celebration - That which is done to celebrate anything. To observe (a day) or commerate an (event) (Urdang & Flexner, 1972).

Ceremonies - The formalities observed on any solemn occasion. Any formal act or observance (Urdang & Flexner, 1972).

Culture - "Gender, religion, socioeconomic status, sexual orientation, age, environment, illness, family background, and life experience" (Dillard, et al., 1992, p. 722).

Ethnic - Persons having a common racial, national, or cultural origin or background.

Modality - Activities with expected therapeutic outcomes.

Occupation - "Refers to specific "chunks" of activity within the ongoing stream of human behavior which are named in the lexicon of the culture, for example, "fishing" or "cooking" or at more abstract level, "playing" or "working." These daily pursuits are self-initiated, goal-directed (purposeful), and socially sanctioned. They are constituted of adaptive skills which are organized and are optimally, though not always, personally satisfying (Yerxa & et al., 1990).

Religion - "A set of beliefs concerning the cause, nature, and purpose of the universe" (Urdang & Flexner, 1972).

Ritual - Activities or occupations, which incorporate symbols, that are meaningful to an individual's developmental life stage, cultural beliefs, and value system which can serve to aid in bond formation and life transitions. Rituals usually acknowledge or commemorate a specific event, time, person, spirit, or state of being. A ritual can be as simple as lighting candles on a birthday cake or more complex, as in taking part in a religious ceremony.

Ritual Forms - A ceremony, celebration, tradition, custom, or activity of daily living which has special meaning or significance.

Spirit - "The incorporeal part of humans in general or of an individual, or an aspect of this such as the mind or soul" (Urdang & Flexner, 1972, p. 356).

Transcendental - "Being beyond ordinary or common experience, thought or belief; supernatural" (Urdang & Flexner, 1972, p. 381).

Assumptions

Assumptions held for this study were:

1) All participants in the questionnaire survey will be proficient in the written use of the English language.

2) Interview participants in this study will speak English fluently and will have the ability to articulate the purpose for using ritual in their practice.

Limitations

There is little discussion of ritual in occupational therapy literature. A limitation of this study may be that the lack of exposure to this subject matter could negatively influence therapist's response to the questionnaire. Another limitation is

that the subject matter of this research may be intimidating to therapists who have never considered the use of ritual. Therefore, only those to whom the subject is of interest may have responded. A final limitation is that only therapists who live in Central California were interviewed, thus limiting exposure to other regions of the United States.

Significance of the Study

Ritual has been an activity created by humans to make sense of and establish order in their world. Rituals are an important means by which humans maintain order, acknowledge life transitions and establish unity among individuals. Occupational therapists are concerned with facilitating the disabled person to engage in meaningful life roles, occupations and activities. Ritual is a means by which occupational therapists can assist patients/clients in making life transitions, as well as create unity and order. Many therapists may currently use ritual for these and other purposes; however, the use of ritual is not well documented in occupational therapy literature.

By establishing the significance of ritual in occupational therapy, therapists will become knowledgeable of its potential as a therapeutic modality. This research will not only describe how ritual is currently being used in occupational therapy, but also describe to what extent. It will also discern the rationale behind its use. Equally important, this study will link the use of ritual with specific occupational therapy frames of reference.

By publishing or otherwise disseminating the results of this study, it is hoped that therapists will recognize the use of ritual in their practice and

communicate to clients and other professionals the rationale behind its use, as well as its relationship to occupational therapy.

CHAPTER 2

LITERATURE REVIEW

Description of Ritual

An adequate scientific theory of humankind must include the unique capacity for producing symbols, and making life meaningful in the sense that humans view themselves as part of a larger whole (Bocock, 1974). Ritual can be viewed as an attempt to bring some particular part of life firmly and definitely into orderly control (Moore & Myerhoff, 1977). Historically, ritual has provided a formal medium in which people can be together without interacting very much, but in which their symbols can be juxtaposed in time and space to give apparent unity (Moore & Myerhoff, 1977). Although human beings may differ in race, culture, ethnicity, religious beliefs, socioeconomic status and a host of other characteristics, one aspect remains the same and that is being born, maturing from childhood to adulthood, and dying (Van Gennep, 1960). Anthropological research has indicated that all societies that are known to man have some symbolic acknowledgment of life cycle transitions (Fried & Fried, 1980). Thus, from the earliest recorded histories of humans, rituals have been found to provide a structure or framework for individuals to transform themselves and make sense of their world.

The Abingdon Dictionary of Living Religious (Crim, 1981) presents four elements of ritual. The first element, identity and transformation, affirms the participant's identity while at the same time making transformation of that identity possible. For example, a college graduation ceremony acknowledges the student's

accomplishments as well as facilitates a transition in roles from that of student to professional.

A second element of ritual as described by the Abingdon encompasses the "done", the "said", and the "seen". The "done" is one part of the symbolic intent of ritual which is expressed in a sequence of performed acts. Ritual actions are designed to reflect the process of growth and maturation whether it is of a social, cultural, spiritual, or religious nature. The "said" tells participants how and why things are as they are. The "seen" are visible objects which convey their own meaning and reinforce the symbolism of action and sound. The visual symbols in ritual can include crafts, color, numbers, shapes, food, and hosts of other combinations.

The third element of ritual is symbolic space and time. Environments take on specific importance in the ritual experience and become meaningful contexts for ritual events i.e. church, a house, a riverbank or hilltop. As one moves through linear time in the life cycle there are occasions for ritual beginnings, mergings, maturations and breakthroughs i.e. the solar year, the lunar cycles, the agricultural year with its seasons and planting, monsoon, and harvest.

The fourth and final element of ritual described by the Abingdon includes types of rituals. These types are:

(1) Corporate, domestic, personal rituals. A corporate ritual is one which is community based and serves as a means of creating or affirming a community at large. Domestic rituals usually take place within the home and have meaning to family members. Personal rituals are performed in solitude and tend to occur in places and times that are meaningful to the individual. (2) Rituals of healing are

designed to bring about wholeness. They are intended to restore health and eliminate negative or undesirable influences from the body and mind. (3) Festivals are celebrated in virtually every society at appropriate times of the year in such a way as to make those times meaningful. They can be religious or secular in nature. (4) Rites of passage are designed to enhance the significance and psychic safety of periods of change in ones lifetime, i.e. birth, entrance to adulthood, marriage, and death. In one sense, virtually all ritual can be characterized as rites of passage in so far as it permits social and personal passage from one mode of being to another.

Traditionally, anthropologists, theologians, sociologists, and psychologists have studied rituals in the context of their respective disciplines. Studies have centered on descriptions of ritual in numerous cultures and ethnic groups, definitions of ritual, the meaning of ritual, and history of ritual. Today, many healthcare professionals such as family therapists, clinical psychologists, and nurse practitioners are incorporating ritual into their practice (Bennett & Wolin, 1984; Imber-Black, 1988). Perhaps, for these professionals and their clients, ritual is an attempt to create meaning and order in an increasingly chaotic world (Beck & Metrick, 1991).

Ritual in Health Care

In a master's thesis, The Characteristics of Woman's Ritual, by Desmarais (1987), common experiences were found among women participating in ritual groups. These experiences included feeling a sense of community and of being in a safe place, feeling in touch with themselves, feeling empowered, and thinking that they could actually make a change. During the ending stages of rituals, women in

the study reported feeling a sense of completion and transition to daily life.

Contemporary families experience the effects of rapid social change in an industrialized increasingly technological culture. As traditional social or family rituals lose their relevance to today's lifestyle, families abandon them without developing alternative ways with which to balance change and continuity in their lives (Bright, 1990). Van der Hart (1983) asserted that some families are developmentally inhibited because of a lack of rituals to help them make life cycle transitions and to maintain their sense of family continuity in this fast-paced culture. Within the field of family therapy, therapeutic rituals have been used to help families mobilize their resources for healing, growth, and change (Bright, 1990; Campbell, 1991; Imber-Black, 1988; Kiefer & Cowan, 1979; Whiteside, 1989).

People with physical disabilities are often set apart and stigmatized by society. People in a liminal or transitional condition are without clear status. In a sense, they have died in their old status and have not yet been reborn in a new one. The process of rehabilitation can be likened to a rite of passage in which the disabled person is transformed from one state of being to another (Murphy, et al., 1988). During the rehabilitation process, a therapist has an opportunity to facilitate reintegration of life roles for the disabled person. It is worth considering that ritual can be a part of this process.

Ritual can be helpful in acknowledging the value of passing roles and relationships, and thus may be beneficial to people with terminal illnesses. The effects of terminal illness can lead to a sense of helplessness, hopelessness, and loss of control leading to a decreased ability to cope with the illness (Frierson, Lippman & Johnson, 1987; Pizzi, 1990). In a study of gay men who were HIV-

infected, "active-behavioral coping was related to lower total mood disturbance and higher self-esteem, while avoidance coping was associated with lower self-esteem and depression" (Wolf, et al., 1991, p.171). Ritual is one such "active-behavioral coping" mechanism. Rituals can serve to help people feel more in control of their lives by offering a way both to structure life experiences and cope effectively with pressures of everyday living (Paddock & Schwartz, 1986). Ritual can provide a sense of control in that "as we plan and prepare for a ritual event, we are involved in the process of doing versus being done to " (Beck & Metrick, 1991).

Tomko (1985) has discussed the importance of creating access to rituals for people who are physically immobile such as those whose physical or mental disabilities prohibit them from involvement in the developmental passages or rituals of their loved ones. Involvement in such rituals help to reintegrate the individual with social groups.

From review of the literature it can be concluded that many health care professionals are incorporating ritual into their practice and believe ritual is an important aspect of human life. They are discovering the benefits of using ritual to help structure a client's daily life routines, form or maintain family relationships, and facilitate transitions from one life stage to another.

Ritual in the Behavioral Sciences

Ritual has been studied in the context of anthropology, psychology, sociology, spiritual and religious studies. Many disciplines emphasize the communication which takes place in a ritual, or the meditation and worship that occurs. Some have explored the neurobiologic effects to the body in response to a

ritual (D' Aquili & Laughlin, 1979). Sociologists have studied the social significance and meaning in rituals (La Fontaine, 1972). In contrast, psychologists have focused on the meaning that ritual has for the individual. For example, in Zegans and Zegans' (1979) article "Bar Mitzvah: A rite for a transitional age," the young adolescent Jewish boy marks his progression toward manhood by learning and speaking Hebrew and performing the act of reading from and interpreting passages from the Torah. In Erikson's terms, the Bar Mitzvah gives the boys an opportunity to identify with a task and achieve recognition for it. Although the vast majority of the literature refers to the action or activity which takes place in a ritual, few researchers have focused on the activity of ritual and its inherent value to the person or group. It appears that researchers of ritual have not viewed ritual as occupation.

Occupational Therapy Practice and Culture

The United States is becoming increasingly culturally diverse. (Statistics from the 1990 U.S. census show that the growth of racial and ethnic minorities has occurred faster in the 1980's than at any other time in the 20th century. It is projected that by the year 2080, people of color will constitute 45% of the population) (Barringer, 1991; Wattenberg in Dillard, et al., 1992, p. 721). As such, occupational therapists are coming into contact with ever increasing numbers of clients from varying cultural backgrounds. "A review of the occupational therapy literature from a variety of Western countries reveals that occupational therapy is only beginning to consider the implications of cultural differences in treatment planning and implementation" (Jungersen, 1992, p. 745).

One's cultural background, including rituals, is important to consider in any treatment setting. Literature pertaining to the Model of Human Occupation included culture as one of the four environmental layers (with social groups and organizations, tasks and objects) that influence the human system (Barris, et al., 1985). "Culture also has a pervasive influence on the volitional subsystem. During intervention, the occupational therapist's expectations may be at odds with those of the client in such areas as values regarding dressing independence or gender-appropriate activity" (Jungersen, 1992, p. 748).

Understanding and use of time also varies among different cultures. "*Daily* implies a particular way of organizing time - with time and temporal adaptation being two of the most central concepts in industrialized Western society...If the occupational therapist seeks to promote maximum competence in occupational performance, the occupational therapist needs to know what competent performance is in the context of an individual culture" (Jungersen, 1992, p.748).

Western values predominate in the practice of occupational therapy. Therapists need to become aware of their personal cultural values, and the values of those around them in order to be competent therapists in the changing years ahead. "The inclusion of significant cultural awareness in the treatment regimen can empower and validate the patient" (Dillard, et al., 1992, p. 722). By employing culturally significant rituals into practice, therapist and client alike can learn to value another's culture.

Occupational Therapy and Ritual

It is believed that ritual can be a valuable tool for use in therapy. Diasio Serrett (1991) presented a basis for the connection of ritual to the practice of occupational therapy using a systems approach. Schallert and Weiss (1991) presented a paper on the use of ritual in occupational therapy practice in the mental health field. Occupational therapists use ritual activities when they incorporate the celebration of holidays in clinical settings or design an activity which acknowledges the discharge or departure of a client from therapy.

Occupational therapy is based on the belief that purposeful activity, including interpersonal and environmental components may be used to prevent and remediate dysfunction and to elicit maximum adaptation (American Occupational Therapy Association, 1978). The use of activity as a means of providing treatment to patients has been an overriding premise of the profession of occupational therapy (Levine & Braley, 1991). Ritual is a quintessential activity and/or occupation which permeates all cultures and spectrums of human life. The components of ritual can facilitate growth and development, emotional maturity, gender, and role identification. It can allow self-expression, act as a coping mechanism, represent cultural values and beliefs, provide sensory input, aid in the awareness or acceptance of body image, effect self-esteem, facilitate self-exploration, address defense mechanisms, i.e. depression and denial, provide social interaction, and incorporate varying levels of cognitive ability. Ritual can provide continuity in that it can structure a series of tasks in a specific time frame.

Occupational Therapy Frames of Reference

The Model of Human Occupation is described as a systems cycle which utilizes input - throughput - output - feedback (Kielhofner, 1978). This cycle has the special property of organizing the human system (Kielhofner, 1978). Illness and/or disability are viewed as causing a disruption in an individual's life. Ritual can serve to reorganize aspects of the system. For example, ritual celebrations during holidays, seasons, and birthdays may help to orient the person with Alzheimer's disease to the time of the year.

Ritual can provide a sense of order in one's life. For instance, a retirement party may honor the work done in one's life and ease the transition toward a different lifestyle. Cole states that "it is through a sense of ritual that the chaotic becomes organized" (1990, p. 13). The Model of Human Occupation describes the tendency of human beings to explore and make sense of their world as obtaining mastery over the environment. "It is Man's innate urge toward exploration and mastery and his consequent ability to symbolize that makes him unique among animals" (Burke & Kielhofner, 1980, p. 573).

The Model of Human Occupation includes three subsystems; volition, habituation, and production (Kielhofner, 1985). The structure of the volition subsystem consists of values, personal causation, and interests. The habituation subsystem consists of internalized roles and habits, it functions to maintain the system's output into patterns and routines. The production subsystem consists of skills and its function is to produce output (Kielhofner, 1985).

The subsystems can be seen at work in the previously mentioned Bar Mitzvah example. The boy's volition stems from his religious and cultural values

and beliefs. Throughout their lives, many Jewish boys receive training in the cultural background and beliefs of their religion, as well as gain skill in the writing and speaking of Hebrew. The Rabbi serves as a facilitator in this learning process as the boys explore their historical roots (Zegans & Zegans, 1979). Because of the boy's values as well as expectations of significant others, participation in this ritual can be meaningful. The culmination of this training leads to participation in the Bar Mitzvah.

Habituation is evident in the organization of time spent training and participating in this ritual, as well as in the boy's internalized role expectations of manhood. The performance subsystem includes the acts he has learned and performed such as speaking Hebrew and interpreting passages from the Torah. As the boys participate in this ritual, they generate feedback. The feedback is the recognition of his success by significant others, the completion of the tasks, and the satisfaction of achieving a goal.

The throughput in this ritual process is a renewed identification with the boy's cultural value system. In doing and participating in this ritual, a moral anchor is provided for the life of the individual. It defines a concept of good and bad (Zegans & Zegans, 1979). This example of ritual can further be compared to the Model of Human Occupation in that this model describes human beings as open systems which change and reorganize themselves on the basis of incoming information. If the interaction between the system and its environment support the adaptation of the system to the environment, this interaction is considered to be a benign cycle (Kielhofner, 1980). In the above example of Bar Mitzvah, both internal satisfaction and external demands are met, thus the system (a young Jewish

boy in this instance) is in a benign cycle. This is an example of how ritual can help one to adapt and cope with the environment around them.

This example can also be understood within Llorens' developmental frame of reference. The Bar Mitzvah is an activity which is one way of facilitating the transition from childhood to future adult roles. This ceremony marks a transition toward manhood and connects him with those who have participated in this ritual before him. "It provides boys with reassurance by allowing them to identify with something much larger, more powerful, and more permanent than the individual as a vulnerable, physical creature" (Zegans & Zegans, 1979, p. 128).

Finally, ritual can be considered occupation. "Occupation provides a source of meaning at the higher levels of the human system. What a person chooses to do with his or her time has social, symbolic, cultural, and spiritual significance" (Fraser, 1987, p. 156). Depending on the individual or group, rituals have social, symbolic, cultural and spiritual significance. Rituals occur in the areas of work, self-care, and leisure. Many rituals lie within religious, spiritual or transcendental realms. Three major aspects of ritual are relevant to occupational therapy and occupational science. One is the purposeful action or activity performed in the ritual. A second is the symbolic meaning of ritual to the individual or group. A third is the therapeutic quality of ritual in creating order, acknowledging transitions and creating unity.

"Occupation refers to specific 'chunks' of activity within the ongoing stream of human behavior which are named in the lexicon of the culture. These daily pursuits are self-initiated, goal-directed (purposeful), and socially sanctioned. They are constituted of adaptive skills which are organized and are optimally,

though not always, personally satisfying" (Yerxa & et al., 1990, p. 5) For example, a Bar Mitzvah is a commonly recognized and celebrated event in the Jewish culture. While participating in the process, the boy may practice Hebrew daily or adopt a schedule of events and/or studies that prepare him for the formal celebration. The boy must learn certain skills and fulfill obligations in order to participate in this ritual. Although sanctioned by the Jewish community as a whole, this ritual may or may not be meaningful to the individual.

Literature Summary

The importance of ritual to all human societies through the course of history has been reviewed in this literature. The Abingdon Dictionary of Living Religious (Crim, 1981) was used to define the qualities and elements of ritual.

The use of ritual in health care was shown to be valued in marking transitions and managing daily life routines. Ritual was also presented as an activity that can offer a sense of control and provide ways to structure life and cope with the pressures of everyday living.

Literature was found to be scarce regarding the relationship of ritual to occupational therapy. The literature reviewed, however, shows ritual to be an activity which fits within the basic tenets of the profession; the belief that activities used in therapy should be meaningful and purposeful to the client. Many components of ritual are akin to goals within the practice of occupatonal therapy, i.e. role identification, sensory input, and social interaction, to name but a few.

Ritual within the practice of occupational therapy was related to the Model of Human Occupation. The input-throughput-output-feedback cycle and its

properties of organization were compared to similar properties within ritual. Ritual as an activity for aiding in transition was described within Llorens' developmental frame of reference. From an Occupational Science perspective, ritual can be viewed as an occupation that "provides a source of meaning at the higher levels of the human system" (Fraser, 1987, p. 156). Literature on ritual can easily be found within the disciplines of anthropology, psychology, sociology, spirituality, and religious studies. Its relationship to occupational therapy has yet to be explored.

CHAPTER 3

DESIGN AND METHODOLOGY

Design

The purpose of this study was to explore whether occupational therapists are using ritual as a therapeutic activity, and to discern the rationale behind its use. The research method used was survey using questionnaires and interviews. The questionnaires produced both qualitative and quantitative data. A semi-structured format was used for interviews.

Subjects

Distribution of questionnaires was determined by a preselected computerized list of mailing labels obtained from the American Occupational Therapy Association. This list contained a random sample of 1,000 therapists from across the United States. The sample was drawn from the approximately 30,380 members of the American Occupational Therapy Association. The therapists were informed of the purpose of the study. They were also given a definition of ritual in relation to occupational therapy practice. Three hundred and eighteen questionnaires were returned, 300 of which were sufficiently completed to be of use in this study.

Interview subjects were chosen from contacts with registered occupational therapists in the San Francisco Bay Area who were known to use ritual in practice.

Research Methods

The research for this thesis was conducted in two phases. The first phase consisted of collection of data by a written questionnaire sent to 1,000 registered occupational therapists. The second phase of research was a semi-structured interview with five therapists in the California Bay Area.

Instruments

Questionnaire

An original questionnaire was constructed to elicit data needed to respond to the research questions (see Appendix A). The research questions were:

1. Are occupational therapists in the United States incorporating ritual into their practice?
2. In which practice settings are occupational therapists using ritual?
3. What is the relationship between years of practice and extent of use of ritual?
4. Does the ethnic or cultural background of a therapist influence use of ritual?
5. How do occupational therapists define ritual?
6. If therapists are using ritual, how are they using it and what is the rationale behind its use?

The use of a survey questionnaire in this study was chosen in order to obtain a broad overview of the extent of incorporation of ritual into the practice of occupational therapy in the United States. The initial section of the questionnaire covered the demographics of respondents. This portion of the questionnaire provided information for research questions number four and five.

Research questions number one and two were covered in a series of questions in which the respondent was asked to rate the frequency of use of various types of ritual. Therapists were also asked to give an example of its use. The types of ritual included in the survey were determined by aspects which related to the stated definition of ritual given to all therapists who received the questionnaire. Questions on the use of ritual were formulated based on ritual forms in the areas of transition, bonding, and the creation of order. Also addressed were areas of individual and group use of ritual, as well as whether information was gathered on the importance of participation in ritual in individual client's lives. Therapists were also asked to rate the frequency of use of ritual in their personal lives.

Research question number three was addressed using both quantitative and qualitative questions, with therapists being asked to define populations with whom ritual was used most frequently. Research question number six was explored by asking therapists to give their definition of ritual and their view of its relationship to occuptional therapy practice.

Interview Questions

Questions for interview were designed to provide information on how and why ritual is used in occupational therapy practice. Research questions two, three, and six were explored in this portion of the study. Interview questions came under the following four categories: 1) Description of ritual; 2) Rationale; 3) Outcomes; and 4) Extent of use (see Appendix B).

This semi-structured interview was used to gain information from therapists who were known to use ritual forms in occupational therapy practice. The intent of

the questions was to discover the types of ritual that therapists are using, and to what extent they are aware that particular activities have characteristics of ritual forms. Therapists were asked to define ritual and its relationship to occupational therapy theory. Also explored was the perceived benefit of the use of ritual with clients, and how this benefit was translated in terms of documentation. Finally, this portion of the study sought to determine the extent to which these therapists are using ritual, and how it could be utilized more widely, particularly with diverse ethnic and cultural populations, in the practice of occupational therapy.

Under the first category of description of ritual, therapists were asked the following: 1) Describe a ritual you have incorporated into therapy which you feel has been successful; 2) What were the characteristics of the participants? (age, gender, number of participants); and 3) What were the practice areas and settings in which you have used ritual.

Category number two, rationale, included the following questions: 1) Do you think ritual fits within the realm of any particular occupational therapy frame of reference?; 2) How do you define ritual?; and 3) How is ritual different from habit?

Questions for the third category, outcomes, were: 1) How do you think the use of ritual benefits your clients?; and 2) How do you document your use of ritual (ie. for reimbursement, medical charts)?

The final category, extent of use, included the following questions: 1) How often do you incorporate ritual into your practice?; 2) Do you think the use of ritual can aid occupational therapy practice in a culturally diverse community? If so, why?; and 3) Do you think ritual is a modality that could be used more widely in

occupational therapy practice? If so, how do you think it could be used?

Procedures

Questionnaire

A draft of the questionnaire was pilot-tested with ten registered occupational therapists who were not a part of this study. Feedback from the pilot study resulted in revised wording of several questions and the addition of two questions to the survey. The final questionnaire was sent to 1,000 American Occupational Therapy Association members during the second week of June 1992 with a requested response date of July 1, 1992. An addressed, stamped return envelope accompanied the questionnaire.

Interview

A list of therapists in the San Francisco Bay Area known to use ritual forms in occupational therapy practice was compiled through personal contacts. Therapists on this list were contacted by telephone. The purpose of this study was made known to these therapists with a request for an interview regarding their use of ritual forms in occupational therapy practice.

Of the therapists on this list, five agreed to be interviewed. Upon scheduling of interviews all therapists were sent a copy of the survey questionnaire, as well as a list of interview questions. Questionnaires were sent to interviewees to provide further explanation of the purpose and extent of this study. Questionnaire responses from interviewees were not included in the survey results. Interview questions were provided in advance in order to give each therapist time to reflect on

the nature of questions to be asked.

The first interview was administered with both researchers present. This was done to ensure a similar format in the execution of interviews by both researchers. The remaining four interviews were divided among the two researchers and completed on an individual basis.

Data Analysis

Questionnaire

Questionnaires returned by August 15, 1992 were considered for use in this study. Of the 318 questionnaires returned by this date, 300 were used. The remaining eighteen responses were from therapists who had retired or were no longer involved in direct paitient care. Responses to returned questionnaires were entered into a data base which gave the number of responses to each frequency rating on each question, as well as the average rate of frequency for all responses to each question. Responses were tabulated for the overall number of respondents, as well as separate tabulations for responses from minority and Caucasian therapists. Correlations were made regarding overall frequency of use compared to years in practice, and the rate of use of Minority compared to Caucasian therapists.

Interview

All interviews were audio recorded with written permission from interviewees. The audio tapes were transcribed to written form and analysis was made of recurrent themes for use of ritual within the five interviews. Correlation to information obtained from survey questionnaires was also made where appropriate.

CHAPTER 4

DATA AND RESULTS

The first section of this chapter presents the results of the survey portion of this research. Information covered includes: demographics of respondents, therapeutic uses of ritual, practice settings and client characteristics, relationship of years in practice to use of ritual, and the difference between therapist's cultural backgrounds and their use and definition of ritual.

The second section contains the presentation of interview results. Included in this section are: characteristics of occupational therapists who use ritual in their practice, their definition of ritual, and a description of a ritual or ceremony used in practice. This section goes on to report the perceived benefits of ritual, the relationship of ritual to occupational therapy frames of reference, and how therapists document use of ritual. Finally, the use of ritual with culturally and ethnically diverse clients is explored, as well as potential uses for ritual in the practice of occupational therapy.

Section I: Presentation of Survey Results

Demographics of Respondents

In order to learn the extent of use and understanding of ritual by registered occupational therapists, a questionnaire was sent to 1,000 randomly selected members of the American Occupational Therapy Association (AOTA) who are living in the United States. Three hundred and eighteen questionnaires were

returned, 300 of which were sufficiently completed to be of use in this research. The questionnaire and cover letter are included in Appendix A.

Survey Demographics

Demographics of respondents covered four areas: 1) years in practice; 2) age; 3) gender; and 4) ethnic background. 1000 questionnaires were mailed, 300 therapists responded for an overall response rate of 30 %. Of the 300 respondents, 38 (13%) had been in practice one to three years; 77 (25.6%) had been in practice four to nine years; 128 (42.5%), 10 to 20 years; and 57 (18.9%), over 20 years. Table 1 illustrates the range of years in practice of therapists responding to this survey.

The findings on age range were determined from the 297 responses given in this area. There were no therapists under the age of 20 who completed this questionnaire. Sixteen therapists (5.4%) were 20-25 years of age, 53 (17.8%) were 26-30 years of age, 85 (28.6%) were 31-36 years of age, 86 (29%) were 37- 45 years of age, 25 (8.4%) were 46-50 years of age, and 32 (10.8%) were over 50 years of age. Table 2 illustrates this age distribution.

Findings on gender are as follows: distribution of therapists registered with the AOTA in 1990 was 94.3% female and 5.7% male. Gender distribution of respondents was similar, with 96% female and 4% male.

Inquiries into the ethnic background of the respondents produced the following findings. Caucasian therapists represented 89% of respondents, and Minority therapists made up the remaining 11 percent. The distribution of Minority therapists was as follows: 1% African American; 4.3% Asian; 2% Hispanic; 2.7% Native American; and 1% other.

Table 1

Variance of Years in Occupational Therapy Practice of Survey Respondents (N=300)

Years	Number	Percentage
1-3	38	13.0%
4-9	77	25.6%
10-20	128	42.5%
20+	57	18.9%
Total	300	100%

Table 2

Age Distribution of Therapists Responding to Survey Questionnaire (n =297)

Age	Number	Percentage
20-25	16	5.4%
26-30	53	17.8%
31-36	85	28.6%
37-45	86	29.0%
46-50	25	8.4%
50+	32	10.8%
Total	297	100%

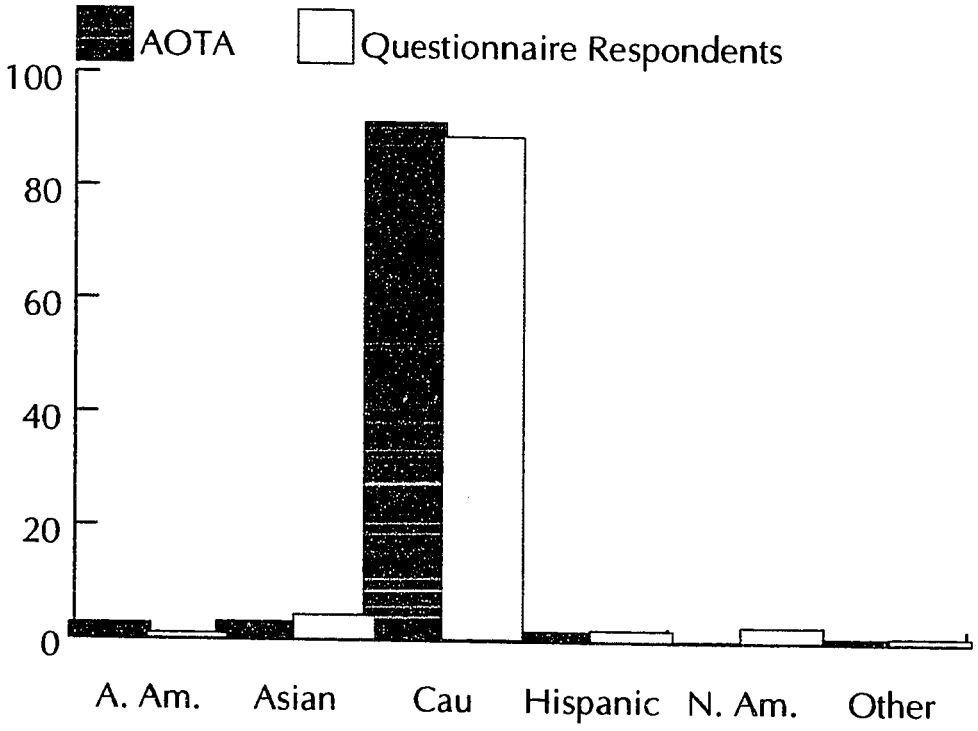
The ethnic make-up of occupational therapists across the United States is overwhelmingly Caucasian. Of all therapists registered with AOTA in 1990, 91.5% were Caucasian and 8.5% were from minority groups. The ethnic makeup of respondents to this survey was similar, with a slightly higher response rate for therapists from minority groups. The 8.5% of AOTA membership recorded as belonging to a minority group are contrasted to the slightly higher rate of 11% of respondents to this survey classifying themselves as belonging to minority groups.

The percentage of AOTA members and respondents for each ethnic category are as follows: African American - 2.7% AOTA, 1% survey; Asian - 3.1% AOTA, 4.3% survey; Hispanic - 1.7% AOTA, 2% survey; Native American - 0.2% AOTA, 2.7% survey; other - 0.8% AOTA, 1% survey. A comparison of the ethnic background of AOTA members to that of respondents is illustrated in Figure 1.

Summary

The majority of respondents to this survey were between the ages of 31-45 (57.6%). Almost half of the therapists who returned the questionnaire (42.9%) have been in practice from 10-20 years. The ratio of Caucasian therapists registered with the AOTA to minority therapists was 11:1. The ratio of Caucasian therapists to therapists from minority groups who responded to this survey was 8:1.

Figure 1. Percentage of therapists of various ethnic backgrounds registered with AOTA as compared to percentage of therapists responding to this survey.



Therapeutic Uses of Rituals, Ceremonies, and Celebrations

This section addresses research question number one: Are occupational therapists in the United States incorporating ritual into their practice? The questionnaire used in this survey included ten questions on the frequency in use of various types of ritual in therapists' practice and private lives. Frequency was rated on a scale of one to five, with one denoting very frequently used and five denoting never used.

Questions five through fourteen on the questionnaire (Appendix A) addressed the extent of use of various types of ritual. Table 3 illustrates the frequency of use of ritual forms inquired about on the questionnaire.

Figure 2 is a histogram of Table 3 illustrating the five most frequently reported uses of ritual. This figure shows a comparison of the frequency with which respondents use ritual in their personal lives as compared to the frequency with which therapists reported using various types of ritual in occupational therapy practice.

The most frequently used ritual form in occupational therapy practice was ritual intended to create order in clients lives, ie. orientation to time, place, or person, with a frequency rating of 2.96. The next highest frequency was incorporation of celebrations such as birthdays and holidays (2.99), followed by gathering information on clients' established rituals (3.57), and designing activities to assist a client through a transition (3.67).

Ritual forms that were seldom used in occupational therapy practice are not illustrated in Figure 2. These ritual forms include the areas of family traditions

Figure 2. Reported frequency of use of various ritual forms in occupational therapy practice.

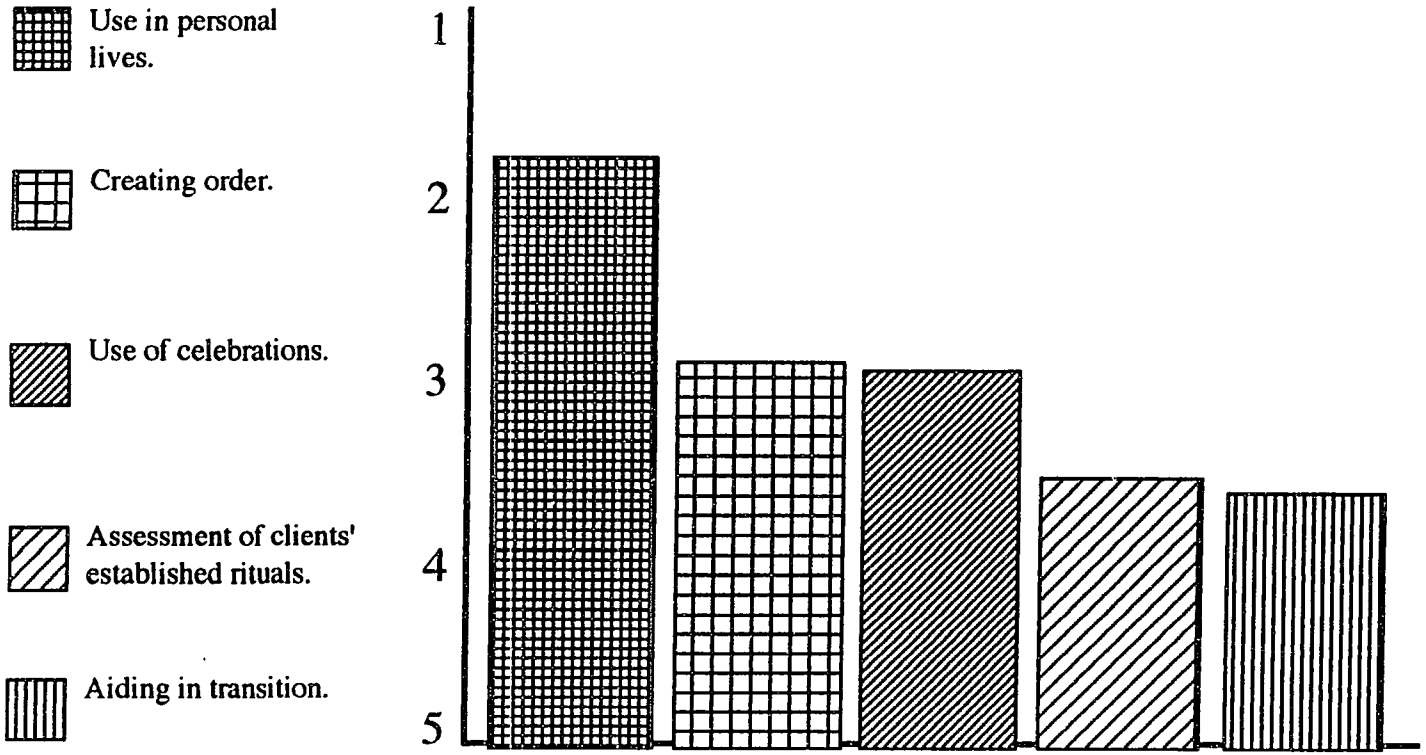


Table 3

Frequency of Use of Various Ritual Forms by Therapists Responding to Survey. (n=294)

Question	Ritual Form	Frequency Rating
14	Use of ritual in respondent's personal lives	1.83
10	Creating order	2.96
5	Use of celebrations	2.99
13	Gathering information on client's established rituals during assessment process	3.57
9	Aiding in transition	3.67
6	Establishing or resuming family rituals	3.88
7	Use of cultural activities	3.94
8	Establishing group bonding/unity	3.97
11	Spiritual, emotional, physical healing	3.98
12	Enabling clients to participate in established rituals	4.00

(3.88), ethnic and cultural activities (3.94), creating bonding/unity within a group (3.97), healing (3.98), and the practice of aiding a client in the participation of an established ritual (4.00).

Practice Settings and Client Characteristics

This section addresses research question number two: In which practice settings are occupational therapists using ritual? Respondents to this survey were asked to give the particular characteristics of the client groups with which they had used ritual most frequently. Responses were categorized into age range (pediatric, less than one year to age seventeen; adult, age eighteen to age sixty-four; geriatric, age sixty-five and older) and diagnosis. Diagnoses reported were grouped into the following categories: attention deficit disorder, cerebral vascular accident (CVA), chemical dependency, dementia, developmental disability, head injury, learning disability, orthopedics, psychiatry, and spinal cord injury.

Therapists reported using ritual with various population groups with the following frequency: pediatric - 39.7%; adult - 19.6%; and geriatric - 40.7%. Therapists reported using ritual with persons with various diagnoses with the following frequency: attention deficit disorder - 18%; CVA - 22.7%; chemical dependency - 1.2%; dementia - 6.1%; developmental disability - 19%; head injury - 13.5%; learning disability - 8%; orthopedics - 8.6%; psychiatry - 16.6%; and spinal cord injury - 2.5%.

The use of ritual by therapists in geriatric and pediatric settings was nearly equal, with 40.7% of therapists reporting its use in geriatric settings, and 39.7% of

therapists making use of ritual with pediatric populations. Therapists working with adult populations reported the most infrequent use at 19.6%.

The diagnosis with which ritual was reported to be used most often was one which would most commonly be found among geriatric populations, with 22.7% of therapists reporting its use with patients with cerebral vascular accidents. The next most frequently reported diagnosis would fall into the pediatric realm of practice with 19% of therapists reporting the use of ritual with persons with developmental disabilities, and 18% with attention deficit disorder.

Psychiatric (16.6%) and neurological, particularly head injury (13.5%), diagnoses were frequently mentioned as appropriate areas in which to incorporate ritual into treatment. All other diagnosis were mentioned by less than 10% of therapists.

Summary

Geriatric and pediatric populations were the most common groups with which therapists have used ritual. Adult populations in the early and middle years were subjected to ritual with nearly half the frequency of these two groups. Diagnoses with which therapists most frequently incorporated the use of ritual included cerebral vascular accident, developmental disability, attention deficit disorder, psychiatric diagnosis, and head injury.

Relationship of Years in Practice to Use of Ritual

The following discussion continues to look at the therapeutic use of ritual in occupational therapy practice while narrowing the focus to address research

question number three : What is the relationship between years in practice and extent of use of ritual?

Therapists who indicated frequent use (a rating of one or two) on six or more of questions five through fourteen were determined to be overall frequent users of ritual in practice. The following percentages refer to the number of therapists in each age range that were determined to be frequent overall users of ritual. Therapists in practice one to three years: 20.5%; four to nine years: 13%; 10- 20 years: 16.4%; and 20+ years: 15.7%.

The last inquiry on the questionnaire was a qualitative question asking therapists if they found ritual to be an effective modality within the practice of occupational therapy. Answers were clustered into the following three categories: "No," "Yes, conditionally," and "Definitely yes."

Examples of "No" responses included such statements as: "Ritual is not a true modality, it is an accent to an established therapeutic program;" "No - it's difficult to document measurable results"; "I am unable to connect the positive aspects you describe with my concept of ritual"; and "No, the field of occupational therapy must become more scientific."

Responses classified as "Yes, conditionally" were such as the following: "Yes, but one has to be careful to make sure one can justify its therapeutic value to insurance companies"; "It can be, HOWEVER, the ritual must be pertinent and meaningful to the client"; and "Yes, but I lack time to follow through."

The following are examples of "Definitely yes" responses: "Ritual can be an excellent modality if therapists were more aware of the positive benefits in defining 'self' of a disabled person"; "Yes. It provides motivation and increases

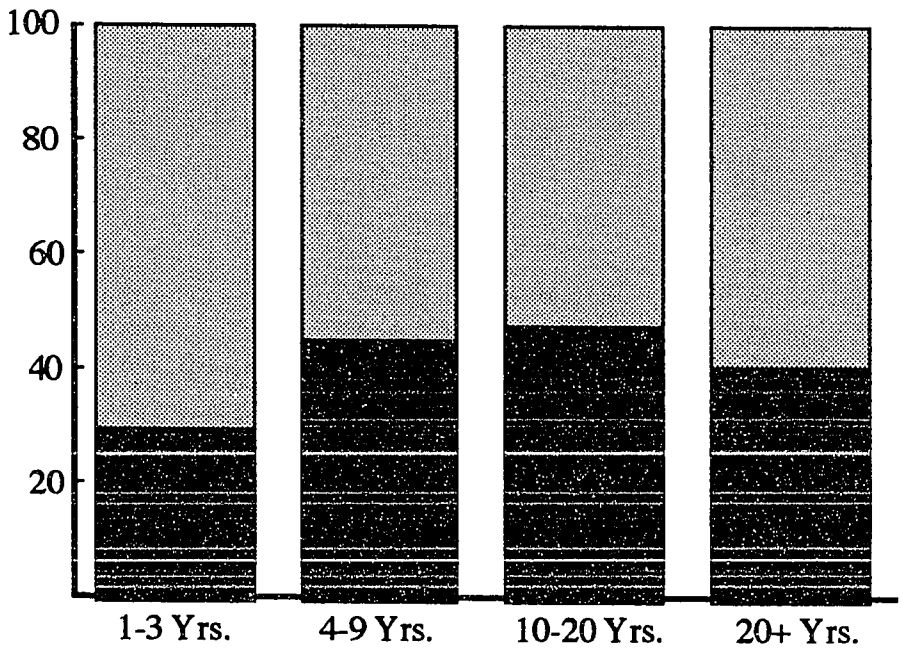
patient involvement in activities; gives meaning to life"; "Yes, it aids with orientation and organization in one's life. It also assists in the client's ability to cope with changes", and "Rituals are a part of everyone's life. To ignore them is to pass by an important life skill. They certainly must be considered if we truly are to impact the 'life work' of our clients."

Of therapists in practice from one to three years, 71% of responses fell in the "definitely yes" category, 23.7% "yes, conditionally," and 5.3% "no." A "definitely yes" response was registered for 55.5% of those in practice four to nine years, with 40.3% saying "yes, conditionally," and 4.2% "no." Of therapists in practice 10 - 20 years, 51.8% said "definitely yes," 43.7% "yes, conditionally," and 4.5% "no." Those with 20+ years of practice had a "definitely yes" response rate of 60.4%, 28.3% "yes, conditionally," and 11.3% "no." Figure 3 illustrates this distribution of responses.

Therapists who stated that they did not find ritual to be an effective modality for use in the practice of occupational therapy seemed to have difficulty with it being an activity that is not easily defined or measured. Some did not like the idea of referring to ritual as a modality.

Those who answered "Yes, conditionally" had concerns such as whether or not the therapist's values would be imposed on a client with the use of ritual. Many stated that it would depend on the setting and population, with long term settings being more favorable because of the opportunity to establish a trusting relationship with the client.

Figure 3. Relationship of years in practice to therapist's view of ritual as an effective modality.



Therapists categorized as saying "definitely yes" to ritual being an effective modality in the practice of occupational therapy.

Therapists categorized as saying "yes, conditionally" to ritual being an effective modality.

Therapists categorized as saying "no" to ritual being an effective modality.

Therapists who mentioned pediatrics often expressed concern or reluctance over the use of ritual with this population. This concern stemmed from the view that ritual is connected with religion or spirituality. The personal nature of ritual, along with the current emphasis in society on the separation of church and state, was a commonly mentioned aspect of apprehension concerning the introduction of ritual to a pediatric population.

Those who answered "definitely yes" cited the beneficial attributes of ritual and how they fit within the foundations of the profession of occupational therapy, i.e., treating the whole person. Ten percent of all respondents remarked that they had never thought about this treatment form prior to receiving the questionnaire, but were going to give further thought to the use of ritual within their treatment setting. The following are examples of their comments:

> "It is something that I have not really thought about but I suppose it would be important."
>
> "I hadn't really thought about if before, but yes, it is an effective modality and one that I could easily incorporate into my practice."
>
> "Although I have not thought much of it, this questionnaire has sparked my interest and given me insight. I will begin to incorporate more ritual into my treatment. Thanks for planting the seed."
>
> "I've definitely overlooked it as a modality to be used regularly or even thought of regularly, but it is a very meaningful and purposeful activity and an integral part of what we represent as occupational therapists."
>
> "I hadn't thought of more than just the basics until now."
>
> "Therapists should be more aware of this modality."

Summary

Ritual forms most frequently used in occupational therapy practice were found to be celebrations and activities intended to create order in clients' lives. Survey results indicate that most of the ritual forms inquired about in this study are seldom used. Although ritual was moderately to seldom used in practice, over three-fourths of therapists reported using it frequently within their personal lives.

Also, 57% of all respondents to this survey indicated that they felt ritual was definitely a useful tool in the practice of occupational therapy. Ten percent of all respondents wrote comments that indicted that they never or rarely thought of using ritual; however, after reading the questionnaire they have a better understanding of ritual forms and would consider using them in occupational therapy practice.

Therapists who have practiced for one to three years were found to be the most frequent overall users of ritual in occupational therapy practice with one-fifth of all therapists in this category using ritual often.

Differences between Therapists' Cultural Backgrounds and their Use and Definitions of Rituals, Ceremonies, and Celebrations

This section addresses research question number four, "Does the ethnic or cultural background of a therapist influence use of ritual?", and question number five, "How do occupational therapists define ritual?".

Minority therapists were found to use ritual slightly more frequently than Caucasian therapists in all forms of ritual included in the questionnaire. This section, however, will cover only those ritual forms in which the rating difference was greater than .30. A rating difference exceeding .30 was found in questions

five, six, seven and ten. The average rate of use by minority and Caucasian therapists for these four questions are illustrated in Table 4.

The largest difference in frequency of use was in the incorporation of traditional ethnic and/or cultural activities into practice. Caucasian therapists had an overall use rating of 3.94 in this category, indicating that this ritual form is seldom used. Minority therapists had an overall use rating of 3.46 which leans towards moderate use.

Questions number five and ten, regarding the incorporation of celebrations and orientation of clients to time, place or person, remained the most frequently used forms of ritual for both minority and Caucasian therapists. For question number five (celebration) minority therapists had an overall use rating of 2.58, Caucasian therapists, 2.99. Question ten (creating order) had respective use ratings of 2.63 for minorities and 2.96 for Caucasians. This indicates that in all use of ritual forms, minority therapists show a slight preference for use of celebrations. Minority therapists showed a higher rating than Caucasian therapists in use of both of the above mentioned ritual forms. Caucasian therapists had their highest use rating for rituals which incorporate orientation to time, place, or person. However, the difference between this ritual form and that of celebrations is not one great enough to show a significant preference for one over the other.

Table 4

Difference in Average Rate of Use of Various Ritual Forms by Caucasian and Minority Therapists.

	Rating		
Question	Caucasian	Minority	Difference
#5 - Celebration	2.99	2.58	.41
#6 - Family rituals	3.88	3.51	.37
#7 - Cultural activities	3.94	3.46	.48
#10 - Creating order	2.96	2.63	.33

Practice Settings

The fields of practice in which minority and Caucasian therapists within this sample have used ritual were evenly distributed. For both Caucasians and minorities, 39% of therapists have used ritual forms in a pediatric setting, 19% and 17%, respectively, with adult patients, and 40% and 43% with geriatric populations.

The use of ritual by Caucasian and minority therapists with various patient diagnoses is illustrated in Table 5. Again, these diagnoses include: attention deficit disorder, cerebral vascular accident, chemical dependency, dementia, developmental disability, head injury, learning disability, orthopedics, psychiatry, and spinal cord injury.

The favored diagnosis of minority therapists with which to use ritual was developmental disabilities, 28% as compared with 18% of Caucasian therapists, using ritual with this population. Ritual was used by 21% of minority therapists with psychiatric patients and 16% of Caucasian therapists.

Caucasian therapists reported their most frequent use of ritual with patients having cerebral vascular accidents, with 22% indicating its use with this population. Minority therapists used ritual with CVA patients at nearly the same rate with 21% reporting its use. Fourteen percent of Caucasian therapists use ritual with head injured patients, while minority therapists reported its use with half the frequency at 7%. The remaining diagnoses had a similar frequency of use by both minority and Caucasian therapists.

Table 5

Percentage of Minority and Caucasian Therapists Using Ritual With Various Patient Diagnoses (N = 163)

	Minority		Caucasian	
Diagnosis	Therapists	Percentage	Therapists	Percentage
Attention Deficit Disorder	0	0%	3	2%
Cerebral Vascualar Accident	3	21.5%	34	23%
Chemical Dependency	0	0%	2	1.3%
Dementia	1	7.1%	9	6%
Developmental Disability	4	28.6%	27	18.1%
Head Injury	1	7.1%	21	14.1%
Learning Disability	1	7.1%	12	8%
Orthopedic	1	7.1%	13	8.7%
Psychiatric	3	21.5%	24	16.1%
Spinal Cord Injury	0	0%	4	2.7%
Total	14	100%	149	100%

Definitions of Ritual

In the qualitative portion of the survey therapists were asked to give their definition of ritual. Themes throughout the definitions given were put into ten categories. Each definition was reduced to a numerical form with each definition being assigned the numbers of all categories included in the definition. The ten categories and their corresponding abbreviations are as follows: 1) Cultural, religious, spiritual (CRS); 2) Cyclical, routine, repetitive (CRR); 3) Ceremonies, celebrations, traditions, rites of passage (CCTP); 4) Meaningful, purposeful, value (VMP); 5) Structure, control, stability (SCS); 6) Bonding, social interaction, cohesiveness (BSCI); 7) Transitions, adjustments (TA); 8) Roles, identity, self esteem (RI); 9) Self expression, emotion (SEE); and 10) Symbolic activity (SA). Calculations of categories included in each definition of minority and Caucasian therapists were made. A comparison of the number of times a category was included in the definitions of minority and Caucasian therapists is illustrated in Table 6.

Minority and Caucasian therapists had similar definitions of what ritual meant to them; however, there was a different emphasis on certain aspects of the definitions between the two groups. For example, 48.5% of minority therapists included in their definition of ritual that it must be meaningful, purposeful, and reflect the values of the person engaged in the ritual activity. Comparatively, 28.9% of Caucasian therapists included this aspect of ritual in their definition. Another common element included in minority therapists definition of ritual was that it reflects one's cultural, religious, and spiritual background, with 42.4% mentioning this in their definition. This was followed with 39.4% including

Table 6

Frequency of Inclusion of Various Aspects of Ritual in the Definitions of Minority and Caucasian Therapists. (n=278)

	Minority	Caucasian
Cultural, religious, spiritual:	42.4%	32.3%
Cyclical, routine, repetitive:	30.3%	37.6%
Ceremonies, celebrations:	39.4%	46.2%
Meaningful, purposeful, value:	48.5%	28.9%
Structure, control, stability:	30.3%	18.0%
Bonding, social interaction:	12.1%	11.7%
Transition, adjustment:	6.0%	6.0%
Roles, identity, self esteem:	6.0%	3.7%
Self expression, emotion:	3.0%	4.8%
Symbolic activity:	3.0%	4.5%

ceremonies, celebrations, traditions, and/or rites of passage. Definition of ritual as being cyclical, routine, and/or repetitive was included in 30.3% of definitions. Provision of structure, control, and/or stability was also mentioned by 30.3% of therapists. Bonding and social interaction was mentioned by 12.1% of minority therapists.

The most commonly mentioned aspects of Caucasian definitions of ritual were ceremonies, celebrations, traditions, and/or rites of passage with 46.2% including these in their definition. The next most common aspect at 37.6%, was that ritual is cyclical, routine, or repetitive, followed by 32.3% defining it as having cultural, religious, or spiritual qualities. Eighteen percent viewed ritual as providing structure, control, and stability. Bonding and social interaction were mentioned by 11.7% of Caucasian therapists.

The remaining aspects of ritual that were mentioned were included in less than 7% of both minority and Caucasian therapists' definition of ritual. The largest difference between the two groups among these remaining ritual forms was in the area of role identity, with 6% of minority therapists mentioning this aspect, as compared with 3.7% of Caucasian therapists.

Summary

Minority therapists reported use of all forms of ritual included in the questionnaire slightly more frequently than Caucasian therapists. This difference in use did not appear to be a factor of treatment settings, as both minority and Caucasian therapists were evenly distributed within the fields of pediatric, adult and geriatric occupational therapy.

Minority therapists who responded to this survey were the most frequent users of celebrations/holidays as ritual forms. These same therapists were most likely to define ritual as an activity that has meaning and purpose to an individual, reflecting cultural, religious, or spiritual values, and having characteristics of a ceremony, celebration or tradition.

Caucasian therapists were nearly equal on their use of celebrations and of activities geared towards creating order in clients' lives. These therapists were most likely to describe ritual as a celebration, ceremony, or tradition that was cyclical, routine, and repetitive, and having cultural, religious, or spiritual significance.

The findings reported here on the difference in definition of ritual by Caucasian and minority therapists cannot be generalized to all therapists in the United States without further analysis.

Section II: Presentation of Interview Results

Five registered occupational therapists were interviewed in order to answer the following research questions: In which practice settings and areas are ritual forms used ?; How do occupational therapists define ritual ?; and How do therapists use ritual in their practice and what is their rationale for its use ?

A semi-structured interview format was used (See Appendix B). Interview questions were categorized into four sections: 1) Description of ritual; 2) Rationale; 3) Outcomes; and 4) Extent of use.

Responses pertinent to the research questions will be quoted and common themes will be summarized from each of the four categories. These data will be

presented in the following four parts of this thesis. First, a description of the interviewees will be given.

Interviewees were selected on the basis of geographic convenience as well as through personal contacts. All therapists were Caucasian, four were female and one was male. Two therapists were between the ages of 31 and 36, and three between the ages of 37 and 45. One therapist had practiced occupational therapy less than one year, two between 4 and 9 years and two therapists between 10 and 20 years. All therapists lived and practiced occupational therapy in the San Francisco Bay Area. All five interviewees have used ritual forms in mental health settings and three in physical disability practice areas. The names of the therapists are confidential. Therapists will be referred to as Therapist A, B, C, D, and E. The following are brief descriptions of the settings and populations within which each therapist has used ritual forms.

Therapist A

This therapist described rituals, ceremonies, and celebrations used in private community workshops and in an acute hospital setting. Clients were both disabled and abled-bodied. Primary participants in these forms were adults with physical disabilities.

Therapist B

Rituals, ceremonies, and celebrations were described by this therapist as used in a women's psychiatric hospital and a community vocational re-entry program for adults with mental illness. Primary participants in ritual forms have been adults with mental illness.

Therapist C

This therapist described rituals, ceremonies, and celebrations used in a partial-hospitalization program for people with mental illness, as well as a rehabilitation hospital for people with physical disabilities. Primary use of ritual has been with adults with mental illness.

Therapist D

This therapist described rituals, ceremonies, and celebrations used in a Hispanic day treatment center primarily for people with physical disabilities but some with mental illness.

Therapist E

Rituals, ceremonies, and celebrations were described by this therapist as used in a community life skills center for people with chronic mental illness. This therapist also used rituals in a hospital day treatment program for people with mental illness.

Description of Ritual

Interviewees were asked to describe rituals which they have incorporated into their past or current practice in order to answer research questions two and six; 2) In which practice settings are occupational therapists using ritual? and 6) How is ritual being used and what is the rationale for its use? Types of ritual forms, their

purpose for being used in therapy, as well as practice settings and client characteristics were ascertained from interviewees descriptions of rituals. Therapists' descriptions of rituals will be presented followed by a summary of the data.

Therapist A.

A ritual, which was part of a two day workshop, was designed by a therapist with an extensive background in dance. The workshop was held in a community where her work in dance, particularly with people who are disabled, was well known. Women of varying cultures and ethnic backgrounds were interviewed and selected to participate in this self-exploratory workshop. Participants were disabled and abled-bodied. The therapist stated that she "wanted people who could be really focused, who really wanted to attend the ritual, and would take a lot of responsibility for creating their own story."

The workshop focused on roles women have throughout their life span: childhood, adolescence, adulthood, and old age. Through sight, sound, movement, and touch women were able to reflect and express what each developmental stage and life roles meant to them. Participants identified and created symbols that represented these stages and roles. The symbols were sewn, painted, drawn, or glued onto round shields which were premade hoops with canvas stretched over them. The workshop was held during summer solstice because as therapist A stated, "...for a lot of people, that is a very significant time to gather, review life, leave old passages behind, and embody new passages and new journeys." The following is the therapist's description of the workshops' purpose.

> I wanted to bring disabled and nondisabled women together so they could identify their core process of living in the world as a female. Also, to provide a chance for women to get in touch with the feminine as a common link between all women. I wanted to figure out a way that people could be involved in an artistic form, in an audible form, in a storytelling form. Shields, in Native American cultures as well as in many other cultures and religions, tell stories. You create shields to identify a certain part of yourself or to mark time in your life. There are death shields, burden shields, and so on. Shields are a way of identifying self, a deeper sense of self, and identifying ones place in the world.

Therapist A also described smaller, less complex, rituals she has used in her classes as well as hospital settings.

> There can be smaller rituals. There is ritual just in the way people introduce themselves. Often, for me, in a class situation, I pick a way of introducing ourselves that is repeatable so that every time somebody comes back to the class - every week, every two days, etc., there is a familiar way of introducing themselves. So that, in itself, becomes the ritual of the class. There have been a few times when I forgot to do that and people would come and say 'You know, we forgot to do that opening thing.' or 'We didn't close with that song, I really missed that.' It's a way of allowing people to enter fully into the experience that is before them and then allowing them to close the door and go on with their life. So, I think it's a beginning and an ending.
>
> Even working with individual patients right now in the hospital, I find myself doing rituals. Like, there's a certain greeting I always give this one patient, a certain place I always touch him. For another patient from India, there's a certain way I walk into the room and a certain hand signal that I realized I was using and he does it back to me. It's sort of like this little thing we've created at the beginning and end of our session, with one of the patients, I did it consciously because I felt that I needed a beginning as a therapist. I needed a way to ground myself and begin working. But, ritual can begin unconsciously.

Therapist B.

Therapist B described a ritual ceremony that was held regularly at a women's psychiatric hospital. "In the women's hospital I worked at, we usually had a farewell ritual when people were getting discharged that was incorporated into daily community meetings." Participants would form a circle and one by one

clients would say something to the person being discharged such as their good-bye, what they wished for them, or thought of them. Next, the client who was leaving would walk around the circle to each individual and say their farewell. Often, clients would exchange or give favorite objects such as stuffed animals or stones. The therapist described the purpose of the ritual:

> The ritual was symbolic of 'I've been here, here's where I've come from, here's where I am now, I've changed a lot while I've been here with all of you here to help me change and now I'm transitioning outside of the hospital and kind of to a new life. So, you have all been significant in my life and you're probably going with me.'

According to Therapist B, "The ritual created comfort and safety in a knowledge of what happens in the hospital." People who were recently admitted to the hospital could witness the friendships that had formed and positive experiences many clients had been through. Therapist B concluded that, "It usually was a very warm and often emotional experience for people because they had very significant ties or bonds with each other that they had established while in the hospital."

This therapist, in the same setting, led a ritual in a self-sufficiency group. She stated:

> I'd do things like ask people to write down all the negative things you say to yourself and write down all the positive things you say to yourself. But, there was an action related component. They would have to burn, bury, tear up, or throw away the negative and carefully tuck away, put in a safe place all the positive.

In an art therapy group led by Therapist B, she would ask clients to draw or portray a family ritual. The clients were then given an opportunity to share and discuss their art work and ritual forms with the group.

Therapist C .

Therapist C currently works in a partial-hospitalization program at a psychiatric hospital. The therapist described an awards ceremony that honors and acknowledges a positive or pleasurable event in a client's life. The ceremony is held after a guided imagery exercise in which clients recall a "sense memory" of the event. The recalling of "sense memory" is based on the theory of neurolinguistic programming. Clients share their memory with the group and describe in detail the sights, sounds, feelings, and textures of the positive event. Participants are not aware of the awards ceremony until after the sharing is completed. Participants are non-psychotic adolescents, adults, and elders. The therapist further described the group:

> We usually set up some kind of podium by stacking boxes. Then, a staff member starts the ceremony by presenting the first award to a client "a la" academy awards style: "In honor of the fact you used to swim in swim meets, we give you this diploma!" The client is presented with his own diploma that he has made. Then, that client presents the next client's diploma and so on until the last person receives his award.
>
> The most depressed, noncommunicative, unexpressed people will "click" into this ritual. They go right up to the podium, they stand behind it, they make little speeches, sometimes the words don't come out very well, but you can tell by the manner in which they behave they are in a role, playing a game, and participating.
>
> Because the notion of receiving an award is such a common accepted universal phenomenon in our culture, the clients are able to respond to it where as if you said "I want you to role play", they would "lose it" or say "I can't do that" or "That's not me."

Therapist C thinks the group has been successful because many clients have given specific feedback that they have found the group to be valuable. The therapist has led the imagery group without the awards ceremony and has found that it is

much less significant to the participants. Therapist C described the purpose of the group:

> Participating in this ritual seems to access a variety of skills. They get to color, cut, glue, and share materials which is, in some cases, a challenge. The self-made diploma becomes a symbol of their life experiences which have been positive and pleasurable. When they look at the diploma I want them to remember that they, as an individual, have wonderful stuff to access.

Therapist D.

Therapist D works in a Hispanic day treatment center. The majority of clients have physical disabilities such as cerebral vascular accidents, head injuries, and orthopedic disabilities. A few clients have been diagnosed with depression. Therapist D described a ritual that was discovered when tortillas were made by clients as part of a cooking group. The description of the group follows:

> The women really take pride in being able to do it. It's kind of like proving their femininity. It touches on gender and cultural identity. It's very primitive in its origin. They feel really good about being able to do this. Men do not make tortillas. The women use their hands, they have to use their hands to feel how everything is coming along. During the time when they are mixing the flour, they don't talk at all. It's kind of like "do or die", they are so intense, they really concentrate. They do it by feel and don't use measuring cups. They pick the larger dough balls apart and make little balls. Once the balls are made they start to talk and laugh as they are rolling them out. They can relax and have fun. The process takes about two hours and they talk about how they've been doing this ritual all their lives.

Therapist D explained the purpose of the activity and how she facilitated the group:

> I stand back and watch for safety and make sure people are not over doing it or losing their balance. I try to look at it from the therapeutic aspects. I'll encourage them if they are not using both arms to use them

> aspects. I'll encourage them if they are not using both arms to use them but, they pretty much do it when they are participating in this activity. They use everything they can use. I call it their performance ceiling, the full potential of what they can do of their abilities, for that reason alone I like it. From a psychosocial perspective, I think it's just connecting with people again, feeling like you are part of something again.
>
> The activity is different from a craft group or other cooking activities because in a craft or cooking activity, they are critical of the product and worry about what other people think. But, when you involve them in a ritual type activity they are never critical of it, they walk away happy.

Therapist E.

Therapist E has used ceremonies and celebrations primarily in psychosocial settings. The following are her descriptions and rationale for these forms:

> I worked at a living skills center which was a community based program for chronic psychiatric patients, many of whom had been institutionalized for years. Most lived in board and care homes. We celebrated all of the holidays like Halloween, Christmas, Thanksgiving, and Easter with all of the seasonal activities. We did Christmas caroling, Thanksgiving dinner, we went out to pumpkin fields and got pumpkins to carve. I think these were sort of normalizing activities for our clients. It was something that was familiar to them. A lot of our clients didn't have family or friends to get together with so we became a place for them to connect with during the holidays. Otherwise, it would have been a real void in their lives.
>
> We would involve clients in making decorations and in planning the meals, in cooking, some of them would do the shopping. We made it into a living skills activity as well as a holiday celebration.

Therapist E currently works in an adult day treatment center at a community hospital. Holidays and celebrations were secondary to treatment in this hospital setting; however, issues involving holidays, traditions, or ceremonies were frequently discussed. The therapist described how these issues were addressed in occupational therapy.

> We've done things like problem solving transportation also, problem solving on how to cope with going to a family celebration. If it's going to be difficult for them, we'll help them figure out different ways they can cope with it. We even have people role play how they're going to talk to

> their mother or sister or whoever it is. We encourage people to either set their own limits or start new rituals of their own. The holidays and family traditions don't simply go away because our clients want them to. So, we do a lot of work on coping with holiday seasons.

In summary, four types of ritual use were identified. First, the incorporation of traditional holidays and ceremonies into the treatment setting, such celebrations included birthdays, Christmas, Halloween, Cinco De Mayo, Black History Month, St Patrick's Day, etc. Various therapeutic activities are incorporated during the celebration of these events. Ritual forms were usually familiar to clients and served to orient as well as motivate participants. Such events provided an opportunity for clients to interact socially.

A second type included activities of daily living that had special meaning to the participant. For example, bathing could become a ritual if it had special meaning and purpose to the individual, particularly, if it is done in a special manner or structure. An example cited by Therapist D was Hispanic women preparing tortillas. Occupational therapists may not realize that a seemingly ordinary activity is a ritual until after the client has performed the activity.

The third type was purposefully designed to accomplish a particular therapeutic goal. Ritual forms of this kind were unique and often created by the therapist who tailored the event to a particular setting, need, client or group. Therapists were invested and involved in planning and processing the ritual, ceremony, or celebration with clients. Examples included a shield ritual created by Therapist A, a farewell ceremony mentioned by Therapist B , and an awards ceremony,which recognized positive life events, created by Therapist C.

A final type of ritual use, by Therapist E, addressed issues that involved or were related to ritual forms. Examples included: problem solving for

transportation to a religious ceremony, discussing alternatives to unhealthy rituals, and providing community resources for clients who were interested in participating in or attending local celebrations, ceremonies, or rituals. Therapist E was consciously aware of these forms in her clients' lives and sensitive to different meanings that ritual forms may have to individual clients.

Ritual was used for a variety of purposes which included establishing normal routines and familiarity and creating bonds, unity, or connection with a person, group, or spiritual state of being. In addition, ritual was used to honor or acknowledge life stages, roles, or specific life events. These forms were also used with clients to provide transition from one setting to another, to improve or maintain functional skills, increase motivation, and as a means to provide pleasurable experiences.

Interviewees cited adults, ages 18 through 65, of varied ethnic and cultural backgrounds as participants of ritual in occupational therapy. People with mental illness and women were most frequently mentioned as participants.

According to the interview data, ritual forms were used most often in the area of mental health and in hospital settings. Other settings and practice areas mentioned were community based.

Four different types of ritual forms and interviewees' rationales for the use of these forms in occupational therapy practice were identified. Client characteristics, practice areas, and settings were also summarized. Section B will address research questions two and six which continue to focus on therapists' rationale for the use of ritual as well as how therapists define ritual.

Rationale

The second category of interview questions were designed to answer research question number five: How do occupational therapists define ritual? Therapists were asked to identify their personal definition of ritual and differentiate it from habit. In addition, they were asked to identify frames of reference which could be used in accordance with ritual forms. Finally, interviewees described how the use of ritual forms relate to occupational therapy.

Rituals, ceremonies, and celebrations have been studied reported, and utilized in many academic fields such as theology, anthropology, psychology, and sociology. To examine how these forms are relevant to occupational therapy, interviewees were asked to give their personal definition of ritual and how ritual differs from habit. One therapist reported, "Ritual has a symbolic element in the practice of it and it is something we connote with a certain time in your life or certain period of events happening in your life that can symbolize emotions." Another interviewee stated, "Ritual is prescribed behavior in a specific place and time, there's an element of repetition and it usually has common significance among participants." A third therapist said, "Rituals are repeated actions or activities that have some kind of meaning or significance. Ritual usually involves other people but you could have personal rituals."

Next, interviewees differentiated ritual from habit. According to one interviewee, "Ritual needs to have meaning, it needs to have consciousness and awareness. For example, you can take a bath just to get clean, you just do it, it's a habit. Then, there is taking a bath to relax: you got a candle, your special soap,

loufah sponge, it becomes this thing!" A habit was described by one therapist as "drudgery, self-maintenance kinds of things." "A habit is personal behavior which is repeated that has no particular meaning on any other dimension other than the very practical", explained Therapist C.

Therefore, according to the interviewees, common components of ritual included certain life events that were symbolic in nature and had an element of repetition or familiarity. According to interviewees, ritual forms have special significance and meaning to a group or person involved. In contrast to this, therapists stated that a habit was an activity or action that is repeated with little thought, feeling, meaning, or significance.

Next, interviewees were asked to identify frames of reference in which the use of ritual could be explained. Two therapists thought that the use of ritual could be applied to the Occupational Performance frame of reference. An interviewee reported that, "As occupational therapists we look at our patients in the realms of work, self-care, and leisure. We can look at where ritual fits into those areas and how a patients' disability disrupts established rituals. How can you as a therapist re-establish a ritual? Rituals are involved in all performance areas. The things we do with our families and friends often relate to various rituals."

One interviewee used Claudia Allen's Cognitive Disability frame of reference in her practice. She stated that,"I do an activity analysis and try to fit the ritual to the participants' cognitive level of functioning."

Two therapists believed that ritual could be used in accordance with the Model of Human Occupation. One of the interviewees stated, "Ritual is a modality that unifies the three subsystems. For example, Hispanic women making tortillas

involves the performance, habituation, and volitional subsystems." "Being involved in ritual forms can unify it all because you are using your abilities, motivation, plus your roles and habits," stated Therapist D. Therapist A, who used the Model of Human Occupation, reported "In this particular model a lot of reference is made to exploration, which ritual certainly addresses. It's self-exploration and exploration of the environment. It's the most holistic model that incorporates this deeper sense of life."

All five interviewees stated that the use of ritual forms was congruent with the founding philosophy of occupational therapy. For example, one therapist stated, "It's an activity that promotes well being." Another interviewee said, "I think rituals, ceremonies, and celebrations give meaning to life and that's what occupational therapy is all about."

In summary, rituals, ceremonies, and celebrations are meaningful occupational forms that can be religious, spiritual, or secular in nature. Ritual can be used in accordance with the Occupational Performance frame of reference because rituals can be part of work, self-care, and leisure performance areas. Ritual, ceremonies, and celebrations can be used as therapeutic activities in order to restore, and maintain function, and prevent dysfunction in these performance areas. These forms are culturally and environmentally dependent , thus they are part of one's life space.

These forms can be analyzed and adapted to a client's cognitive capacities, then used to gain information about their cognitive functioning. Consequently, Allen's Cognitive Disability frame of reference could be applied to ritual use.

These forms of activity are congruent with The Model of Human Occupation frame of reference because ritual can incorporate the performance, habitual, and volitional subsystems as well as address the exploratory nature of human beings.

Therapists agreed that ritual forms are meaningful, purposeful activities and if used appropriately, can help to restore, maintain function, and prevent dysfunction. The idea of using meaningful, purposeful activities as therapy has been a fundamental concept in the field of occupational therapy.

The following section will continue to explore therapists' rationale for the use of ritual by addressing how ritual forms benefit clients and how interviewees have documented its use in occupational therapy.

Outcomes

The third category of structured interview questions asked therapists how they thought the use of ritual benefitted clients and how they documented their use of ritual. Therapist A stated:

> Ritual helps people identify one's role and sense of empowerment in the world, self-exploration, sense of self, also how they are connected to a larger community. It's empowerment. People become empowered through insight. If you can allow somebody to gain insight, that empowers them in the world. I think that is what ritual allows people to do.

Therapist B said:

> Rituals allow people to be more expressive and spontaneous. It helps them reflect on themselves and their abilities to think of themselves in a self-sufficient manner and it helps them realize their bond and potential uses of relationships.

Therapist C explained:

> I believe that some of the directly therapeutic results of ritual are repeated, comfortable behavior which a person in some kind of recovering state can embrace and participate in without being threatened. If you know that through ritual, the other person is having the same experience that you are, there is a bond at least implied if not explicitly created. Ritual also creates structure for people for whom structure is a very difficult process.

Therapist D stated:

> I think it's the one form of activity that will bring people true happiness, true peace, and true satisfaction. It can tune them in with their spirituality and their higher power. It helps them reach the full potential of what they can do with their abilities. In ritual, clients are taking the lead. They are truly involved, attentive, and in control. It's just connecting with people and feeling like your a part of something again. It gives you a sense of who you are and how you fit in.

Therapist E reported:

> When clients participate in a holiday celebration, I think they become more animated, more involved, and participate more. I think it gives them a sense of togetherness or belonging. It gives clients something to look forward to, motivates them, and gives them a sense of continuity and structure. Also, it's pleasurable and fun.

All five therapists stated that ritual "connected" people to a group, community, or higher order. Common words and phrases were "bond," "unity," "a part of something," and "fitting in." Ritual, ceremonies and celebrations help form cohesive groups and may help clients feel like they are not alone.

Another benefit interviewees identified was self-discovery and self-identity. Rituals provide a "sense of who you are" and "development of self-identity." These occupational forms can foster unity while at the same time allow for and acknowledge individual differences.

A third common theme was "structure," "orientation" and "familiarity." Many clients found "comfort" and "peace" in the repetition, structure, and familiarity some of these forms provided. An additional theme two of the five therapists mentioned was that ritual, ceremonies, and celebrations allowed clients to be more spontaneous, creative and explorative. Rituals and celebrations usually have specific purposes, frameworks, or structures. However, participants can personalize, create new dimensions, symbols or forms within a familiar ritual framework.

Three therapists reported that ritual, ceremonies and celebrations, motivate clients or encourage initiation. Some common words and phrases used to describe this aspect were: "clients work harder," "take the lead," "get more involved," "look forward to," "participate more," and "more attentive." If used appropriately, these occupational forms are meaningful, purposeful, and often provide comfort and pleasure.

Finally, interviewees believed ritual helped to establish trust between clients and staff as well as among clients themselves. Two therapists thought that ritual, ceremonies, and celebrations help clients "get in touch with" or "express" their spirituality.

Next, interviewees were asked how they documented the use of these forms in client's records. In addition, interviewees were asked if they had written protocols or plans for rituals, ceremonies, and celebrations. All five interviewees stated that they documented functional changes which may have occurred as a result of clients participation in ritual forms. For example, after clients had been involved with preparing tortillas, Therapist D stated that she would document "independence

in cooking," "safety in cooking," "client initiation," "increased endurance," or "cognitive or perceptual changes." Therapist B stated: "I would document the contact I had with all my clients. I would chart that they had participated and if it was relevant, what we did and what was happening with them in the activity." Therapist E said, "I would document things about holiday coping skills being taught and participation in a holiday related activity."

Interviewees did not have group protocols for ritual per se; however, ritual forms were incorporated into existing groups. For instance, tortilla making was an activity in a cooking group and a client farewell celebration was included as part of a social skills or self-awareness group.

Two therapists had written activity descriptions or analyses of ritual forms they had led. One therapist compiled a resource file with articles and information on holiday coping or survival skills.

Therapist E explained:

> One of our focuses with our clients is getting them going in the community again. I will bring in information for people who want to participate in community holiday rituals, cultural celebrations, or seasonal festivals. I often bring in newspaper clippings of what is coming up and we might problem solve about planning transportation, money, time management, whatever needs to be considered for the client to participate in the event.

Therapists documented functional changes in their clients charts. The word "ritual" was seldom used in documentation, instead, therapists used words such as "tradition," "celebration," "party," or named the specific activity . Ritual forms were included as part of existing group protocols. Therapists varied in their methods of writing descriptions of these forms. Some therapists wrote activity

analyses, activity descriptions, or maintained resource files for rituals, ceremonies, and celebrations while others did not.

This section reports the perceived benefits of ritual and discusses how therapists documented these forms. The following section addresses the extent of ritual use.

Extent of Use

Category four of the interview questions asked interviewees how frequently they incorporated ritual into their practice. Questions included how the use of ritual could aid occupational therapy practice with culturally and ethnically diverse people, and in what ways could ritual be used in occupational therapy.

The frequency of ritual use varied among interviewees. One therapist stated, "I use it all the time. I always use it in openings and closings." Another said, "Once a month at the most." According to a third interviewee, "It's done on a irregular basis depending on the composition of the group and the time factor and what the needs are." Another explained, "Consciously, not very often, but unconsciously I think it does come in with all the seasonal activities." The frequency of use seemed to depend most on the therapists' experience with and awareness of ritual forms, the type of setting, and the characteristics and needs of the clients.

The meaning, purpose, and significance that people attach to ritual forms depends, to a large extent, on their ethnic, cultural, and/or religious backgrounds. Interviewees were asked if they thought the use of ritual, ceremonies, and celebrations could aid the practice of occupational therapy with people of different

ethnic and cultural backgrounds. All five interviewees thought that ritual forms could be successfully incorporated into practice with diverse ethnic and cultural groups.

One therapist stated, "Ritual is not identified with just one culture, it is culturally rich. Every culture and ethnic background uses ritual. Each one is different. It's a wonderful way to learn about a different culture. You can learn about the world and differences in the world, and the beauty of what each culture and ethnic group brings to the world, honoring one's own culture too." Another therapist said, "Occupational therapists could certainly aid in helping people make a community and reinforce their culture." Therapist D, who works primarily with people who are of Hispanic descent, reported:

> Occupational therapists need to learn to not only value their own traditions and rituals, but also research what other cultures value and incorporate that into whatever population you are working with. Especially older culturally diverse people, they really need it. In our setting we have about 50% Hispanic people, then the rest are Black, Asian, and White. Everybody has learned to value each others cultures.

Incorporating culturally relevant rituals, ceremonies,and celebrations into practice settings may encourage understanding and appreciation among clients and staff as well as promote self-esteem for the person or people whose culture or ethnic background is being acknowledged and honored. All five therapists thought that these forms were beneficial in helping culturally diverse clients feel welcome and comfortable in a western medical model. As one therapist stated, "It humanizes the hospital environment."

Finally, in order to explore the possibilities of how these occupational forms could be used in practice, interviewees were asked how ritual forms could be used in therapy. Interviewees identified a variety of ways and purposes ritual forms could be used in the practice of occupational therapy. Primary uses included acknowledging clients transitions from one setting to another, honoring ethnic and cultural differences, recognizing staff's work roles in the therapy process, addressing human spirituality, and establishing or re-establishing meaningful ritual forms in client's lives. All interviewees mentioned that occupational therapists could enhance their practice by becoming more aware of these forms in their clients lives as well as by using ritual forms more deliberately. Therapist A stated:

> I think it could be used with people who are entering or leaving a hospital setting to ease and acknowledge that transition. Also, in group activities either honoring peoples ethnic backgrounds or a certain day of the month or time of the year like the 4th of July, Hanukkah, whatever it might be.
>
> It could be used with staff, to bring staff together and open up communication, and allow staff to process emotionally about what their work is and to honor their work roles.
>
> I think it could be used to bring patients back to the hospital so that they can visit again and have a chance to say, 'Wow, this is where I was and this is where I am now.

Interviewees indicated that therapists, in general, do not give the use of these forms much thought. Therapist B said, "I think it could be used in a more creative way. Therapists usually think of it in terms of the superficial; making cookies for holidays. I could see where it could be used in a much deeper way."

Therapist C stated: "I think that therapists could become more conscious of the significance of ritual - culturally, socially, and then take that consciousness and have it inform our work. Like analyze our use of ritual for example, incorporate it

into a treatment plan or write an activity analysis. I think it would enrich our own personal experiences as therapists and would enrich the programs we create. That's my hope, that's my goal. That's what I'm trying to do now. Your project helped me to crystallize in my mind some of my thoughts about rituals."

Therapist D thought that aspects of spirituality could be addressed. "I think it could be used in connecting people with their higher power or spiritual sense. I don't mean actively praying or anything. Spirituality, like when you feel happy, and at peace, you believe in yourself more, you feel connected to the universe, you feel you have more purpose."

Therapist E, who works in a psychiatric setting, thought that ritual could be addressed directly with patients, as suggested by the following statement: "I would want to discuss with my patients what rituals are important to them. I could see adding it to an initial assessment when you're gathering information about what's meaningful to a client . Its not something I've seen on assessments before, but I could certainly see adding a question about that. Therapists could work to re-establish a ritual that a client cannot participate in due to their disability. I think these are things that would be a real good addition to occupational therapy practice."

In summary, interviewees thought that ritual forms could successfully be used with clients of diverse ethnic and cultural backgrounds, as suggested by the examples cited. Therapists identified many unique and different ways in which ritual could be used in occupational therapy. Interviewees indicated that frequently therapists who used ritual forms did not give much thought to their therapeutic purpose and many therapists do not realize the value of incorporating these forms into practice.

CHAPTER 5

DISCUSSION, CONCLUSION, AND IMPLICATIONS FOR FURTHER RESEARCH

This chapter is divided into two sections. The first section, divided into six parts, will relate key findings from the questionnaire and interviews to the research questions and relevant literature. The second section will discuss implications for further research.

SECTION I - DISCUSSION AND CONCLUSIONS

Incorporation of Ritual into Occupational Therapy Practice

The first research question inquired as to whether occupational therapists incorporated ritual forms into their practice. It was found that occupational therapists in this study have used ritual forms, the frequency of use is minimal to moderate. According to Kielhofner (1983), "Celebrations and ritual in their varied forms are important contexts for restoring morale and renewing commitment to values while providing continuity of experience with the past and with the world outside." While this sample reported minimal to moderate use, questionnaire respondents and interviewees cited factors that limited their use of ritual. These factors included: lack of knowledge or awareness of ritual forms and how to incorporate them into practice; insufficient amounts of treatment time with clients; and lack of insurance reimbursement for ritual forms.

Another reason questionnaire respondents cited for their lack of use was that both clients and therapists had negative perceptions of ritual, mainly, that it is associated with religious or spiritual beliefs and therefore inappropriate to use in a therapy setting. Kinebanian and Stomph (1992) stated:

> In Western society, medical care is almost completely separated from spiritual and religious concerns. Spiritual or religious concerns are dealt with by members of the clergy; these problems do not belong to the domain of medical professionals. For most immigrants, however, spiritual or religious matters dominate the perception of illness. Occupational therapists have to learn about the role of religion and traditional healing methods in these cultures.... (p.753).

Certainly many ritual forms are based on religious beliefs, however, it is the intent with which the therapist facilitates or incorporates these forms that may be perceived as harmful or negative.

As suggested by Kinebanian and Stomph (1992), it would behoove therapists to become more aware of the role and meaning that religious and spiritual rituals play in people's lives, particularly when working with clients of non-western cultures. As occupational therapists who are interested in the way people live and who work with people for whom religion is a large part of daily life, incorporating or facilitating a meaningful spiritual or religious ritual may be an appropriate and beneficial form of practice.

Practice Settings and Client Characteristics with which Ritual is Used

Research question two inquired about the practice settings in which occupational therapists are using ritual. Respondents to the questionnaire and interviews were asked to give particular characteristics of the client groups with

which they had used ritual most frequently. Responses from the questionnaire indicated that ritual was used most frequently with geriatric populations, 65 years or older. Low (1987) postulated that the use of ritual with elders may aid in acquiring new rhythm, traditions, and roles that can give self-worth. This seems to validate Keri and Michels' (1991) findings that "elderly residents indicated that they would like opportunities to create meaningful rituals for death and loss" (p. 720). Among the five interviewees, most had used ritual forms with adults who have mental illness. Questionnaire respondents cited that mental health settings would be appropriate for use of ritual, but only 16.6 % of the respondents indicated that they had used these forms in a mental health setting. Perhaps this statistic reflects the current shortage of occupational therapists who practice in mental health settings.

Kielhofner (1985), stated that lack of meaningful occupations can produce anxiety and depression. People with these symptoms are common in mental health settings. Client issues which occupational therapists address such as orientation to reality, need for structure, social skills, functional needs and anhedonia can often be addressed through the use ritual forms.

Relationship Between Years of Practice and Extent of Ritual Use

The third research question asked about the relationship between years of practice and the extent of ritual use by occupational therapists. Therapists in practice one to three years were found to use ritual most often. This same group, when asked if they viewed ritual as an effective modality within the practice of occupational therapy, had the highest "Definitely yes" response rate.

An explanation for this use of ritual as a therapeutic medium by those new to the field may be an increased focus on cultural awareness in occupational therapy curricula. "Awareness of the patient's social and cultural contexts has been receiving increased attention in the field. Grady (1990), in her presidential address at the 1990 Conference of the American Occupational Therapy Association (AOTA), recommended that therapists consider sociocultural issues" (Nahmias & Froehlich, 1993, p. 35). It may be explained by an increased number of students of varying ethnic backgrounds entering the field occupational therapy. The increased contact with people from varying ethnic and cultural origins on college campuses across the country may have some influence on this apparent increased use of ritual as an effective treatment modality among therapists new to the field of occupational therapy. Levine and Braley (1991), identified a trend from the 1960's to the present, which may also explain the use of ritual forms among new practitioners. They report that occupational therapists are beginning to consider the person's lifestyle and culture as well as the person's preferences in treatment planning.

Influence of a Therapist's Cultural Background on Use of Ritual in Therapy

Research question number four asked whether the ethnic or cultural background of a therapist influences the use of ritual in practice. Interviewees mentioned the importance of acknowledging, understanding and learning from other cultures, as well as being aware of one's own cultural background. Recent articles in occupational therapy literature have emphasized the importance of

"cultural competence" among therapists. "Cultural competence is defined as an awareness of, sensitivity to, and knowledge of the meaning of culture....It is an evolving process that depends on self-reflection as well as on the contributions of people from other cultures" (Dillard, et al., 1992, p.722).

As indicated by questionnaire respondents, minority therapists tended to use ritual as a purposeful activity in treatment settings more frequently than their Caucasian counterparts, particularly in the area of ethnic/cultural activities. Exploration of different values placed on various activities within one's culture are in its infancy as reported in occupational therapy literature. "A review of the occupational therapy literature from a variety of Western countries reveals that occupational therapy is only beginning to consider the implications of cultural differences in treatment planning and implementation" (Jungersen, 1992, p.745). "The major value guiding occupational therapy intervention is to help clients achieve independence (Council of the World Federation of Occupational Therapists, 1990; Frieden & Cole, 1985; Rogers, 1982). In technical, social, and emotional terms, this is a Western white middle-class value" (Kinebanian & Stomph, 1992, p. 752). Many cultures stress interdependence rather than independence. Therefore, the emphasis in occupational therapy practice on independence can serve to alienate clients from the therapeutic process.

Concepts of time and how it is used are also influenced by culture. In many cultures it is impolite to be in a hurry. "One must have a lot of time for friends, and a good therapeutic relationship is partly based on friendship" (Kinebanian & Stomph, 1992, p. 754). Southeast Asian cultures are among those that value interdependence and the unhurried use of time. Communication techniques

discussed in an article on the Hmong, a Southeast Asian culture, were suggested which adopt a quiet, unhurried demeanor when interacting with this group. "This reflects wisdom and good judgement in Eastern cultures and may enhance respect for the therapist" (Meyers, 1992, p.741). A simple ritual then, such as the way one greets another, may have a large impact on the success of the therapeutic relationship.

What may appear to some as a simple cooking activity, such as the tortilla making described by therapist D, may be laden with culturally significant meaning, such as role identity and self-esteem. "The process of making and doing and the use of traditional tribal designs, symbols, and techniques result in artifacts (and actions) that can mediate between the inner and outer worlds of a people" (Jungersen, 1992, p. 747). In the Mexican culture, tortillas are traditionally made only by women. Participation in this activity represents one's female identity and role as a care taker.

Occupational therapy is a profession in which the overwhelming majority of therapists are white middle-class Westerners whose personal/cultural values are largely guiding therapeutic interventions. As the literature and reports from interviewees suggest, it is extremely important for therapists to be open to and aware of the cultural values of others. Every culture is rich with rituals, actions imbued with meanings that can be used to enhance the therapeutic process if time is taken to be open to and aware of the various cultures with which one interacts.

The following section will address one aspect involved in culture, life experience, as the professional experience of therapists is looked at in relation to use of ritual in occupational therapy practice.

Occupational Therapists' Definition of Ritual

Research question number five investigated how occupational therapists define ritual. Questionnaire respondents, particularly Caucasian, most often described ritual in terms of ceremonies, traditions, and celebrations. In contrast to this, minority therapists most often mentioned the words meaningful, valuable, and purposeful in their definitions of ritual. Kinebanian and Stomph (1992) stated, "Western occupational therapists analyzing the life-styles of non-Western patients are confronted with many problems. They do not recognize the symbolic and emotional meanings of objects and habits for non-western patients."

Modern people, in Western culture, experience the effects of rapid social change in an industrialized and increasingly technological culture. Many traditional social and family rituals have lost their relevance in today's lifestyle, people or families may abandon them or existing rituals may become meaningless (Bright, 1990). Van der Hart (1983) asserted that some families are developmentally inhibited because of a lack of rituals to help them make life cycle transitions and to maintain their sense of family continuity in this fast paced culture. Technology, individualism, fast-paced lifestyles, emphasis on consumerism and breaking with tradition are common to the modern Western lifestyle to which the majority of occupational therapists are accustomed. In Western cultures many rituals are celebrations, traditions and ceremonies perhaps, an emphasis is placed on the physical or material aspects of the celebration rather than the meaning or values associated with the celebration.

Non-western therapists or those who have had non-Western influences on their lives through family, friends, and others maintain attitudes and values which

may be dissimilar, i.e., emphasis on tradition, interdependence among people, different ideas concerning use of time, conservation of resources, and distrust of complex technology. Unavailability of resources in other cultures coupled with different values may contribute to their focus on the meaning of a ritual, celebration, tradition or ceremony rather than the act itself. Perhaps it would behoove occupational therapists to increase their focus and awareness of the meaning of a ritual rather than focusing only on ritual as a superficial activity.

How and Why are Therapists Using Ritual Forms

The final research question asked how therapists are using ritual and what is the rationale behind its use? Questionnaire findings indicated that ritual forms most often incorporated into therapy were various holiday celebrations, ceremonies, and traditions. All five interviewees reported using these forms in therapy as well. These forms are classified as festivals (Crim, 1981). "Festivals are celebrated in virtually every society at appropriate times of the year in such a way as to make those times meaningful . They can be religious or secular " (Crim, 1981). Examples therapists gave included traditions associated with Christmas, birthday celebrations, Cinco de Mayo, Black History Month, and Halloween.

Several interviewees identified a second type of ritual form which held personal meaning to clients. These rituals were usually activities of daily living such as taking a bath in a prescribed manner or going for a walk at a particular time and place. Such ritual forms are "personal rituals, they are usually done in solitude and tend to be in places and times which are meaningful to the individual" (Crim, 1981). "Many areas that occupational therapists deal with have meaning in

many cultures, for example, food preparation, bodily care, touch, and personal space...." (Jugersen, 1992). Data from the questionnaire indicated that personal rituals are not often purposefully addressed or discussed in therapy. In spite of the fact that occupational therapists address performance in activities of daily living, therapists may not be aware of their meaning to people of different cultures. Some activities of daily living are clearly personal rituals, they are very meaningfully and purposefully executed. Occupational therapists search for activities that will stimulate and interest our clients as well as promote functional activities (Jungersen, 1992). Levine (1987) stated that few people are interested in activities that have little or no personal meaning. Increased awareness of our clients' personal rituals could positively influence their treatment as well as their progress in therapy.

A third type of ritual form gathered from the structured interview data were rituals created or performed primarily for a therapeutic purpose which usually addressed a particular client need. Examples were: a farewell ceremony held at the time of discharge to recognize, process, and transition from the therapy setting; a shield ritual designed for women, abled-bodied and disabled, to recognize life-stages and unite with one another; and an awards ceremony to acknowledge a past accomplishment or a positive experience.

A unique characteristic of these ritual forms was that they were facilitated, and to a large extent, created by the therapist with specific therapeutic intentions. These modern day occupational therapists are not unlike women during the early middle ages (476 AD to 1000 AD) who "cared for the sick by healing potions, but imbued their skill with a mixture of secular and Christian ritual" (Imber-Black , 1988, p. 12).

Therapists' rationale for the use of ritual forms was investigated by the questionnaire and structured interviews. The data from the questionnaire indicated that respondents use ritual to create order, structure, familiarity, or for orientation to time, place, and person. Interviewees also mentioned these reasons for incorporating ritual forms into therapy. Literature on ritual stated that "ritual can be viewed as an attempt to bring a particular part of life firmly and definitely into orderly control" (Moore & Myerhoff, 1977). Rituals can serve to help people feel more in control of their lives by offering a way both to structure life experiences and cope effectively with pressures of every day living (Paddock, Schwartz, 1986). According to Beck and Metrick (1991), as one plans and prepares for a ritual event, he or she would be involved in the process of doing versus being done to. Providing and facilitating structure, orientation, and familiar activities has long been a treatment domain of occupational therapy. In the Model of Human Occupation, Kielhofner (1985) described the habituation subsystem in terms of roles and habits which interrelate to trigger and guide the performance of routine patterns of behavior. It can be debated whether or not certain rituals are habits; however, rituals clearly involve roles, sequencing, time and space which are related to the habituation subsystem. Ritual forms also are related to the volitional subsystem. Humans often choose to participate in rituals because they are valued. Rituals are symbolic and have been a means for societies to explain or master their environment.

A second rationale which all five interviewees cited was that ritual forms helped to establish bonds, create unity or connectedness with a particular group, community, or spiritual state or being. Occupational therapists work with

people to help them adapt or reintegrate into their life space. Part of that process involves social contact with individuals, groups, or communities. Involvement in rituals can help to reintegrate the individual with a social group (Tomko, 1985). In addition, research supports the use of ritual with families to strengthen familial identity and relationships (Desmaris, 1987; Van Der Hart, 1983).

The third rationale common among the five interviewees was that ritual forms can help establish or transform self-identity. Interviewees stated that ritual forms "provide a sense of who you are"; "it helps people identify with their roles and gives them a sense of empowerment"; "ritual forms can provide opportunities for self-exploration and self-expression." One element of ritual is that it can serve to affirm participants' identity and can make transformation of that identity possible (Crim, 1981). Participants of ritual often feel in touch with themselves and empowered (Desmaries, 1987). Rituals stabilize identity throughout life by clarifying expected roles (Wolin & Bennett, 1984). Findings are congruent with other researchers in that "ritual activities" evoke the skills and strengths of individuals rather than overemphasize pathology; they lead to studying persons in their own environments; and finally they lead to seeing persons as authors of their own occupational behaviors and creators of their own meaning (Yerxa, 1991).

Systems theory (Diasio-Serrett, 1991; Kielhofner et al., 1985) is applicable to the concept of rituals. A human being is an open system which can be transformed by the ritual process. For example, during a marriage ceremony two people transition into a new role, that of a spouse. The ritual of marriage is the agent of change. Ritual forms can be viewed as components of people, groups of people, cultures or societies. They are "nested wholes," subsets of larger systems

(Diasio-Serrett, 1991). A change in one component of the system can effect change in other components, therefore ritual forms can change an open system from one state of being to another. "An open systems approach to humans favor a view that expresses a unity and interdependency among individuals, their bodies and minds and the world around them " (Levine and Braley, 1985, p. 598). Therapists who use ritual to create unity, connectedness, and interdependence among a group of people may be incorporating a systems approach. This approach requires the individual's active participation in the therapeutic process.

Section II: Implications for Further Research

This thesis explored the use of ritual forms by occupational therapists, and their rationale behind their use. While preliminary data are reported here, further research is needed to explore the value and meaning of these forms in people's lives. Qualitative as well as quantitative research methodologies could be employed to investigate the effectiveness of a particular ritual, ceremony, or celebration held in a clinical setting.

The United States is becoming increasingly culturally and ethnically diverse. The incorporation of ritual ceremonies and celebrations may prove useful in addressing the needs of these clients. Increased studies on the implications of cultural differences in treatment planning may further show the effectiveness of ritual as a treatment modality. Case studies which concentrate on a client's rituals and how they have influenced occupational therapy may help therapists understand

how to better address and incorporate ritual forms into therapy, particularly with ethnically and culturally diverse populations.

Mattingly and Gillette (1991), in a clinical reasoning study, came to two conclusions about current practice in occupational therapy. The first is that therapists long to get away from medical jargon that emphasizes pathology and biological dysfunction, and focus rather on the social, cultural, and psychological aspects that influence how an individual is adapting to dysfunction. The second was a frustration among therapists at pushing patients through a system without time to reflect on their treatment and individualize it in a way that they value professionally. In order to address these issues in occupational therapy practice an important aspect of clinical reasoning will concern "how the therapist can devise a realistic individualized program for clients and argue for it to colleagues" (Mattingly & Gillette, 1991, p. 977). A greater understanding of the components and attributes of ritual could provide one avenue to further creativity in individualizing treatment sessions. Further research and education on the use of ritual is essential to its effective use and articulation as a therapeutic medium.

Studies which further assess therapists knowledge and use of these forms would be helpful in determining the need for further education on ritual. Study of how and why master clinicians, therapists in other fields, and non-credentialed healers use ritual forms as a therapeutic medium may help to further enlighten and educate health care professionals.

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APPENDIX A

Cover Letter and Survey Questionnaire

SJSU SAN JOSE STATE UNIVERSITY

A campus of The California State University

College of Applied Sciences and Arts • *Department of Occupational Therapy*
One Washington Square • San José, California 95192-0059
Main Office: 408/924-3070 • Fieldwork Office: 408/924-3078 • FAX: 408/924-3088

June 15, 1992

Dear Colleague:

We are investigating the extent and manner in which ritual, celebrations, ceremonies and rites of passage are being used in the practice of occupational therapy. The attached questionnaire is being sent to a sample of American Occupational Therapy Association members throughout the United States.

We have defined ritual forms as activities which incorporate symbols that are meaningful to an individual's developmental life stage, cultural beliefs, and value system. Rituals can serve to aid in bond formation, life transitions, and creating or maintaining order. Examples may be: A craft activity such as the making and exchanging of friendship bracelets, birthday and holiday celebrations, or the preparing and serving of food which may commemorate a specific cultural tradition. Obsessive-compulsive or ritualistic behaviors are not included in our definition. This investigation will explore rituals which have specific meaning and purpose for those involved.

According to the developmental frame of reference, occupational therapists facilitate growth and development throughout the life span by use of purposeful, meaningful, activities and interpersonal relations (Llorens, 1991). The skilled use of ritual, which can provide structure, aid in transition and bond formation, may be used to assist the process of human development. As such, we see ritual as an activity which can enhance the practice of occupational therapy and would appreciate your thoughtful consideration to the completion of this questionnaire.

The questionnaire will take approximately fifteen minutes to complete. Please return the questionnaire by July 1st, 1992 in the enclosed postage paid envelope. You should be clear that your participation in this study is voluntary. The results of this study may be published, but any information that could result in your identification will remain confidential. There are no anticipated risks in participating in this study. We are two occupational therapy graduate students at San Jose State University and would appreciate your assistance in gathering information for the completion of our thesis. If you are interesed in the results of this research, have any questions regarding the questionnaire or your participation, please feel free to contact:

Cathy Shirley	Ruth Schallert	Serena Stanford, Ph.D.
19954 Blythe Ct.	6760 Princevalle St.	Associate Academic Vice President
Saratoga, CA 95070	Gilroy, CA 95020	Graduate Studies and Research
(408) 867-2624	(408) 847-7124	(408) 924-2480

Thank you for your cooperation.

Sincerely,

Cathy Shirley Ruth Schallert

RESEARCH QUESTIONNAIRE ON THE USE OF RITUAL IN OCCUPATIONAL THERAPY

Please check the appropriate category:

1. The number of years you have been practicing occupational therapy.

   ☐ 1 to 3 ☐ 4 to 9 ☐ 10 to 20 ☐ 20 or more

2. Your age:

   ☐ 20 to 25 ☐ 26 to 30 ☐ 31 to 36 ☐ 37 to 45 ☐ 46 to 50 ☐ over 50

3. Gender:

   ☐ Female ☐ Male

4. Ethnic background: (optional)

   ☐ African-American ☐ Caucasian ☐ Asian ☐ Hispanic

   ☐ Native American ☐ Pacific-Islander ☐ Other:_____

5. How often do you incorporate celebrations such as birthdays and holidays into your practice?

   ☐ ☐ ☐ ☐ ☐
   1 2 3 4 5
   Very frequently Never

   Please explain:

6. How often do you work with families to establish or resume ritual activities such as family picnics, dinners, holiday traditions or regular bedtime routines?

   ☐ ☐ ☐ ☐ ☐
   1 2 3 4 5
   Very frequently Never

   Please explain:

7. How often do you incorporate traditional symbolic ethnic and/or cultural activities into your practice? For example, making tortillas, pinatas, teaching traditional African dances, or crafts?

☐ ☐ ☐ ☐ ☐
1 2 3 4 5
Very frequently Never

Please explain:

8. How often do you incorporate ritual in order to establish group bonding or unity?

☐ ☐ ☐ ☐ ☐
1 2 3 4 5
Very frequently Never

Please explain:

9. How often do you incorporate activity that might assist or ease a client(s) through a transition such as an illness, disability, loss, or change in roles? For example, designing and sewing an AIDS quilt square, writing a letter to a deceased loved one, or transitioning from therapy setting to home.

☐ ☐ ☐ ☐ ☐
1 2 3 4 5
Very frequently Never

Please explain:

10. How often do you incorporate ritual to create order in clients lives, ie. orientation to time, place, or person? For example, celebrations of seasons, birthdays, etc.

☐ ☐ ☐ ☐ ☐
1 2 3 4 5
Very frequently Never

Please explain:

11. How often do you incorporate ritual for the purpose of healing, ie. emotional, physical, or spiritual healing?

☐ ☐ ☐ ☐ ☐
1 2 3 4 5
Very frequently Never

Please explain:

12. Have you enabled a client to participate in an established ritual? For example, arranging for transportation to a religious ceremony, or participation in a family gathering or celebration such as preparation for a Chinese New Year feast.

☐ ☐ ☐ ☐ ☐
1 2 3 4 5
Very frequently Never

Please explain:

13. In your assessment process, do you gather information concerning a client's established rituals or traditions which could be disrupted by their disability?

☐ ☐ ☐ ☐ ☐
1 2 3 4 5
Very frequently Never

14. Do you participate in celebrations, ceremonies, rituals or rites of passage in your personal life?

☐ ☐ ☐ ☐ ☐
1 2 3 4 5
Very frequently Never

Please give an example:

15. What are the particular characteristics of the client groups with which you use ritual most frequently? For example, gender, age, ethnic background, diagnosis, etc.

16. Please check all areas of practice where you have used ritual.

☐ **Physical Disabilities** ☐ **Mental Health** ☐ **Pediatrics**

☐ **Geriatrics** ☐ **Work Hardening** ☐ **Other:**_____

17. Please check the type of setting where you have used ritual.

☐ **Acute Care** ☐ **Rehabilitation** ☐ **Day Treatment**

☐ **Hospice** ☐ **Home Health** ☐ **Skilled Nursing Facility**

☐ **Private Practice** ☐ **School** ☐ **Community**

☐ **Other:**_____

18. How do you define ritual?

19. Do you think ritual is an effective modality within the practice of occupational therapy? **Please explain:**

APPENDIX B

Consent Form and Interview Questions

SJSU SAN JOSE STATE UNIVERSITY

A campus of The California State University

College of Applied Sciences and Arts • *Department of Occupational Therapy*
One Washington Square • San Jose, California 95192-0059

Agreement to Participate in Research

I have been asked to participate in a research study that is investigating the use of ritual, ceremonies, celebrations and rites of passage in the practice of occupational therapy. The results of this study should further our understanding of the extent and manner in which these occupational forms are used.

I understand that:

1) I will be asked structured interview questions regarding my use of ritual, ceremonies, celebrations and rites of passage in the practice of occupational therapy. The interview will take approximately ninety to one hundred and twenty minutes. The interview will occur at an agreed upon location established between myself and the interviewer.

2) There are no anticipated risks in participating in this study.

3) There are no discernible benefits in participating in this study.

4) The results from this study may be published, but any information from this study that can be identified with me will remain confidential and will be disclosed only with my permission.
5) Any questions about my participation in this study will be answered by Ruth Schallert (408) 847-7124 and/or Cathy Shirley (408) 867-2624. Concerns about the procedures may be presented to Lela Llorens, Ph.D. (Department Chair) at (408) 924-3070. For questions or concerns about the research subject's rights, contact Serena Stanford, Ph.D. (Associate Academic Vice President for Graduate Studies & Research) at (408) 924-2480).
6) My consent is given voluntarily without being coerced; I may refuse to participate in this study or in any part of this study, and I may withdraw at any time, without prejudice to my relations with SJSU.
7) I have received a copy of this consent form for my file.
I have made a decision whether or not to participate. My signature indicates that I have read the information provided above and that I have decided to participate.

Date: Subject's Signature:

Investigator's Signature:

INTERVIEW QUESTIONS

I. DESCRIPTION OF RITUAL

1. Describe a ritual you have incorporated into therapy which you feel has been successful.
2. What were the characteristics of the participants? (age, gender, number of participants)
3. Was there significance in the timing? If so, why?

II. RATIONALE

1. How does ritual fit within your frame of reference?
   If no frame of reference is used, ask "Do you think ritual fits within the realm of any particular O.T. frame of reference?"
2. How do you define ritual?
3. How is ritual different from habit?

III. OUTCOMES

1. How do you think the use of ritual benefits your clients?
2. How do you document your use of ritual (for reimbursement, medical charts)?

IV. EXTENT OF USE

1. How often do you incorporate ritual into your practice?
2. Do you think the use of ritual can aid O.T. practice in a culturally diverse community? If so, why?
3. Have you thought about or have you expanded the use of ritual into other areas of your practice? If so, how?
4. Do you think ritual is a modality that could be used more widely in O.T.? If so, how do you think it could be used?