

Running header: GRIEF RITUAL FOR THERAPISTS IN DARK TIMES

Grief Ritual for Therapists in Dark Times: Emerging Resilience Post-Covid Through  
Participatory Action Research

by

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**COMMITTEE APPROVAL**

The members of Dawn Dancing Otter's Thesis Committee certify that they have read the thesis titled Grief Ritual for Therapists in Dark Times: Emerging Resilience Post-Covid Through Participatory Action Research and recommend that it be accepted as fulfilling the thesis requirements for the Degree of Masters of Arts in Leadership

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### **Abstract**

This thesis is an investigation of the potential benefits of a grief ritual as a grassroots approach to acknowledging losses and facilitating healing for healthcare practitioners in the aftermath of the global Covid-19 pandemic crisis. The context of ritual within this thesis is a structured practice of acknowledging events, sharing personal feelings, and initiating desired change. Drawing inspiration from ancient ritual practices, mentored wisdom, and literature, the study focused on eight health care practitioners from the Madrona Integrative Health Centre (MIHC), an independent wellness organization located on Salt Spring Island, BC, Canada. The research examined the impact of a grief ritual workshop on the grief and stress experienced by healthcare practitioners at MIHC. The research incorporated sharing circles, a ritual practice, anonymous surveys, interviews, and a collaborative collage, which were reviewed and approved by the Royal Roads University Research Ethics Board. The data collected for the research came in the form of surveys, interviews, facilitator field notes, and the collaborative collage.

The findings revealed that a grief ritual process was a beneficial modality for supporting the practitioners of MIHC in acknowledging and processing grief, however the need for emotional support for this group go beyond the limitations of one intervention. The recommendations reflect the findings and are supported by the relevant literature on pandemic studies, grief, and rituals. The grief ritual designed for this study may become part

of proactive future strategies for MIHC practitioners to use to mitigate stress and prevent burnout.

*Keywords: grief ritual, wheel of the year, post-pandemic, ceremonial leadership*

### Acknowledgments

*I live in the unceded traditional territory of the lək'wəḡən Peoples.*

When my feet meet the land, I remember that my living here is not by invitation. My awareness of earning an invitation comes with the connection of responsibility, right relationships, gratitude, and action. I acknowledge that everything written here comes from a lot of investment in the form of time, wisdom, care, trust, and compassion from Elders, teachers, and healers. With respect, I acknowledge Manfred Lukas, Gabrielle Roth, Áine Ui Dhubhshláine, Finbarr Murphy, Amantha Murphy, Malidoma Somé, Cavi, Sat Kaur Khalsa, Dr. Ihaleakala Hew Len, Raul Diego, Ross Heaven, Robert George, Starhawk, Mark Lakeman, Rose Henry, and the many other people who have supported and educated me. This thesis would not have been possible without the persistent guidance, coaching, and wisdom of my supervisor, Wendy Rowe, and I am very grateful for her. I also acknowledge my deep gratitude for the expertise of Hilary Leighton as my secondary supervisor. I am deeply grateful to Elise Laviolette, my dear friend, for her expertise and wisdom in arts-based analysis and for her encouragement. My beloved children, Gabriel Moon and Wren Raven Kai are my reason for wanting to leave a paper trail from my lifetime. Reporting back from the many journeys I have taken has taught me that we owe it to each other, especially young people and those who are yet to be born, to tell the stories of what we have learned.

### Prologue

The pandemic felt to me like so many endings were happening at the same time. As endings often presented themselves, there was very little warning and much confusion and shock. I began my own relationship with Coronavirus as a very early infected person. In March 2020, I had just returned from a journey to Portugal where I had been facilitating grief rituals and some teachings on the early ways that humans related to loss and sorrow within my ancestry—Irish Celtic. When I arrived home, it wasn't long before I was overwhelmed by the worst symptoms of the first versions of Coronavirus, including high fever and the sensation that I could not breathe. There was precious little understanding of the virus at the time and no way to confirm that I was infected. I weathered five weeks in varying states of desperate illness, and when I was more or less recovered, I felt like I had 10 years or more of vitality sucked out of me. My long COVID symptoms lasted another year after that sickness. Beloved people in my life had fallen ill and died. My children were home, pent up and filled with anxiety and the disruption of their known worlds, worried that I was going to potentially get more ill or die. Even within my own home, the terror was enormous. In the community of Victoria, BC, many people were in far worse circumstances, with far greater exposure than my family.

A year ago, in summer 2022, we received permission to remove our masks in public places, after more civil unrest than we have seen in our little city in my lifetime. The pleasure of our collective fantasy that life was going to return to normal was a common theme. The

reporting of deaths and infections became less present in our conversations. We went out to dinner, to parties, and resumed the patterns that we remembered. I became aware that most of my clients and the people in the circles I facilitated were nowhere near to being recovered. Clients I had worked with who had been sober for many years had begun to use their drugs of choice again. I noticed many of my friends had become much more isolated, and the feelings I had within me were pensive and squirrely. People seemed alternately both aggressive and disconnected. Many of my professional colleagues, counselors, consultants, mediators, facilitators, and healthcare professionals were operating at burnout capacity. One of my closest friends who worked in hospice care had not had a significant break of more than two days from the very beginning of the pandemic. I began to think about ways I could be of greater help to those who support the most vulnerable in our community.

In my way of knowing, Irish animism-based philosophy and practice, when people experience loss of any kind, there is a need for acknowledgment, ceremony, a release of emotion, and intent to renew and heal. The practices of grief rituals that have been a part of my life for decades have always been sources of solace, community support, and healing for myself and for the many people I have witnessed in these ceremonies. These ceremonies are simple, powerful, and supportive. Choosing to theme my thesis in the offering of a grief ceremony for healing from pandemic losses felt like the best use of this Master's degree process.

I found myself very excited to bridge some of the primordial symbolism of Irish animism into this thesis. Weaving the themes from the Wheel of the Year into this work feels both personal to me and profoundly expansive. Human beings are natural beings, and many might need to be reminded of this to balance their overly civilized ways. Humans are social and interconnected beings, and as such, influence and learn from other beings. The seasons of the year give rise to inner knowing through the passages of light and darkness; the sprouting, flourishing, and dying of plant creatures; and the behaviour of animal creatures subtly signaling change. At this time of evolution, many humans can be stuck in dominant culture thinking, in a fantasy of control of their environment. Taking time to acknowledge healing and harmonizing with nature and the seasons can offer respite from the constant stress of trying to control the wild wisdom of life. W.B. Yeats spoke beautifully to grief, nature and the journey of life through his poem, *The Stolen Child*.

The Stolen Child

Where dips the rocky highland  
Of Sleuth Wood in the lake,  
There lies a leafy island  
Where flapping herons wake  
The drowsy water-rats.  
There we've hid our fairy vats  
Full of berries,  
And of reddest stolen cherries.  
Come away, O, human child!  
To the woods and waters wild



With a fairy hand in hand,  
For the world's more full of weeping than  
you can understand.  
Where the wave of moonlight glosses  
The dim grey sands with light,  
Far off by farthest Rosses  
We foot it all the night,  
Weaving olden dances,  
Mingling hands, and mingling glances,  
Till the moon has taken flight; [p. 60](#)  
To and fro we leap,  
And chase the frothy bubbles,  
While the world is full of troubles  
And is anxious in its sleep.  
Come away! O, human child!  
To the woods and waters wild,  
With a fairy hand in hand,  
For the world's more full of weeping than  
you can understand.  
Where the wandering water gushes  
From the hills above Glen-Car,  
In pools among the rushes,  
That scarce could bathe a star,  
We seek for slumbering trout,  
And whispering in their ears;  
We give them evil dreams,  
Leaning softly out

From ferns that drop their tears  
Of dew on the young streams.  
Come! O, human child!  
To the woods and waters wild,  
With a fairy hand in hand,  
For the world's more full of weeping than  
you can understand.  
Away with us, he's going,  
The solemn-eyed;  
He'll hear no more the lowing  
Of the calves on the warm hill-side.  
Or the kettle on the hob  
Sing peace into his breast;  
Or see the brown mice bob  
Round and round the oatmeal chest.  
For he comes, the human child,  
To the woods and waters wild,  
With a fairy hand in hand,  
For the world's more full of weeping than  
he can understand.

~WB Yeats (1889/2004 pp. 60-61)

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### **Executive Summary**

At the time of writing, the COVID-19 pandemic was within months of being declared over. Many healthcare professionals had carried a great load in serving the accelerated need for support in communities all over the world. Madrona Integrated Health Care is a clinic of practitioners who are largely focused on supporting wellness for their patients through services that include naturopathic, chiropractic, and traditional Chinese Medicine, counselling therapy, life coaching, nature therapy, and massage therapy. The purpose of this inquiry was to study the effects of a grief ritual process for the practitioners as potentially beneficial in addressing stress associated with losses imposed by the circumstances of the pandemic.

The principal inquiry question was: How might a grief ritual affect the grief and loss experienced among the healthcare practitioners of Madrona Integrative Health Centre?

Additional subquestions were:

- What is the current level of stress due to the pandemic for the practitioners and staff of Madrona Integrative Health Centre (MIHC)?
- What supports for burnout prevention are currently in place or will be implemented to meet these goals?
- How might the Ritual Experience to Acknowledge Loss (REAL) grief ritual workshop reduce stress and potential burnout for staff and practitioners at the MIHC?

- How might MIHC support and model ongoing use of the grief ritual process to address stress and prevent burnout for staff, healthcare practitioners, and their clients?
- What challenges might individuals have working together to achieve these goals?

Many researchers have written about the high risk of burnout and the need for burnout prevention in healthcare practitioners, especially in the wake of the pandemic (Ansari, 2022; Bosak et al., 2021; Breen et al., 2022; Jalili et al., 2021). The complex layers of grief experienced by practitioners, like those associated with pandemic losses, have been researched as a causative factor to burnout and early retirement of healthcare practitioners (Engel, 2020; Lee & Neimeyer, 2022; Rabow et al., 2021, Wimpenny & Costello, 2011). The practitioners and leadership partners at MIHC were highly motivated to support each other in preventing burnout and creating more resilience and prosperity for the individuals and the clinic as a team in support of their patients and community.

This study explored a participatory action methodological approach to the design, execution, research analysis, observation, and recommendations. The implementation of the study followed the typical cycle of PAR, which has been described as a cycle with four parts: plan, action, results, and reflection. The observation of the planned action allowed both the researcher and the group to better understand the potential benefits of the intervention, the further changes to be made, as well as the capacity within the organization to make changes

(Acosta & Goltz, 2014; Chevalier & Buckles, 2019; Cornish et al., 2023; Oosthuizen, 2002).

The methods used for compiling data were two anonymous surveys, one pre-ritual ( $n = 10$ ) and one post-ritual ( $n = 6$ ), field notes and observations ( $n = 8$ ), personal interviews ( $n = 3$ ), and collaborative collage ( $n = 8$ ). The data were coded using the archetypal themes from the Irish Wheel of the Year (Duckett, 2010; Starhawk & NightMare, 1997). The data were analyzed both by the researcher and the inquiry partners and compared to the literature.

The study revealed six major findings:

1. The circumstances associated with the pandemic accelerated some stresses and introduced novel stresses for the practitioners of MIHC.
2. The stresses experienced by the practitioners have resulted in feelings of grief due to losses.
3. The greatest sources of grief were associated with housing and financial instability and disconnection from relationships and community.
4. Self-care modalities to prevent burnout for practitioners were incorporated by the practitioners but were limited in impact and sometimes inaccessible due to a lack of time and resources.
5. Most of the support from leadership in MIHC has been impactful, motivating, and beneficial, but some of the practitioners felt a lack of connection to the team. Lack of connection with the team was acknowledged as a challenge by some.



6. The grief ritual intervention was a positive and beneficial experience for most of the practitioners in acknowledging and processing their losses.

The study produced eight conclusions as a result of the findings:

1. Grief is a natural experience that can be stressful. Grief is especially complex for health professionals.
2. Recovery from the stresses inherent in the grief process of healthcare professionals requires vulnerability and safe support.
3. New beginnings are initiated when the expressions of grief are released.
4. Freedom to dream and wonder is set aside when a person feels chronically stressed. When grief has a safe place to be expressed, curiosity can emerge once again.
5. Acknowledging conflict can give access to more creativity.
6. Encouraging and acknowledging personal power can help people to feel they have agency and choice.
7. A goal of prosperity in healthcare practice requires tending to the well-being of the individual practitioners.
8. Wisdom can be earned by coming together to share and understand lived experiences.

The five recommendations that have been shared with MIHC to support their team going forward are:

1. A monthly gathering to regularly practice a sharing circle.
2. Create and nurture community connections for practitioners with social media, newsletters, and networking events to help with access to resources for housing and building a client base for new practitioners.
3. Prioritize strategies for burnout prevention, including group interventions such as nature immersions, ecstatic dance, breathing exercises, meditation, group singing circles, gentle yoga, and rest.
4. Learn and model grief literacy through reading and education.
5. Host regular or semi-regular team and community grief rituals using the REAL process design.

These recommendations hold the potential to build connection, well-being, and stress resilience for the practitioners at MIHC, benefiting the individuals, patients, and community. Addressing the great need for support of well-being and relational connection for MIHC may support the prosperity of the individual practitioners as well as the clinic as a community resource. The methods and conclusions presented in this thesis might assist others in creatively integrating traditional methods of healing and support to meet the current urgency to process our recent global crisis, as well as to move forward with motivation and inspiration towards prosperity.

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### Chapter One: Focus and Framing

Ritualized ceremony has been a human spiritual practice for acknowledging our losses, reconciling our relationships, and initiating positive change for time immemorial. Renowned author and Indigenous wisdom keeper, Richard Wagamese (2016) described a ceremonial ritual as a way to awaken and navigate into a more intimate relationship with self and creation. Earth-based spiritual practices, such as those current and historic to Indigenous cultures, have included traditional gatherings with rituals to acknowledge and integrate the passage of seasons, solar, lunar, and planetary events, as well as the natural passages of life cycles. Grief practitioner and psychotherapist, Francis Weller (2015) theorized the purpose of ritual is to bring to light what might be invisible or suppressed. In post-colonial traditions, anniversaries, birthdays, graduations, and memorials are common ways that we gather in service to our community connections. “Through giving to each other, we learn how to experience mutuality” (hooks, 2000, p. 196). Connection is part of what sustains us socially as humans.

In my Irish Celtic traditions, there is a necessary focus on seasons as natural guidance for human beings to consciously integrate passages into their lives. Each season brings a theme that is commonly shared with every human. These have been described as two interconnected wheels, with four directions in each one, representing a *feast*, or theme, or symbolic meaning with relevant stories and archetypes in each direction. The two wheels together are often referred to as “the wheel of the year” (O’Brien, 2018, para. 6). O’Brien

(2018) defined the first wheel as containing the fire festivals, which are more quietly observed as focused on the home and spirituality and are celebrated at the solstices and equinoxes of the year. O'Brien explained further the second wheel is commonly referred to as the cross-quarters, which are larger community feasts that celebrate the land and sovereignty. These are now celebrated on fixed days in the calendar, but previous to the use of the calendar, they were observed concurrent with moon cycles. I have integrated the theme of the Wheel of the Year throughout this thesis as a way of interweaving ritual in the practice of writing this thesis, reporting back on the journey of weaving old ways into new learning opportunities.

### **Purpose and Significance of Study**

The purpose of my research was to demonstrate some of the benefits of a grief ritual as a grassroots method for acknowledging losses and to help provide resources for the relationships within the organization to initiate healing after the recent global COVID-19 pandemic crisis experiences of 2020–2022. The COVID-19 pandemic was an unprecedented event. For the first time in our recorded history, humans collaborated worldwide to reduce the spread of a potentially lethal virus. Borders and systems of travel closed. Basic services were severely impacted by the necessarily imposed limitations on human interactions. Services were deemed either essential or non-essential based on critical public needs. Professionals and workers in the category of non-essential were required to work from home or suspend their duties. Essential workers, such as medical professionals were required to respond to the

crisis, with great risk to their own health and well-being. According to research conducted in Canada, an estimated 7% of patients had been identified as people who work in healthcare settings (Government of Canada, 2021). The needs of the community for health and wellness care have never been higher, and the risks of healthcare professionals providing care to the community have never been greater.

The complex layers of community needs, long hours, and health risks have resulted in many healthcare professionals retiring or seeking other sources of employment due to unavoidable burnout. Bosak et al. (2021) posited that healthcare workers lose the drive to do the work when they are forced into higher risk and overwork, increasing their burnout rates as well as early retirement or leaves of absence. Bosak et al. further considered the overwhelming amount of research that has been done in search of solutions to prevent burnout and sustain motivation for healthcare workers. The obstacles to receiving appropriate health and wellness care in coastal BC are due to a shortage of vital workers, nurses, doctors, and support staff. Many people turn to non-allopathic wellness professionals such as naturopathic doctors, osteopathic doctors, or chiropractic doctors to fulfill the role of primary care when they can wait weeks or months for allopathic medical healthcare. Fleming and Gutknecht (2010) described naturopathic medicine as a reasonable choice for primary care due to the broad scope of treatment and training of naturopathic doctors and their focus on disease prevention and maintenance of health. During the pandemic, the professionals at MIHC experienced a similar strain of many clients seeking help, the risk to their health in



offering their care, and a lack of resources to support their self-care. Bosak et al. (2021) studied the impact of transformational leadership practices that might establish greater motivation toward the central mission of the practitioner team or healthcare organization and found that there were positive outcomes. I have witnessed ritual practices as a tool of transformational leadership that can similarly galvanize a group toward the central mission of the organization. The literature explored on grief rituals and grief therapy for this project suggested that there was a lack of research on the benefits of grief rituals as therapeutic facilitation.

### **Organizational Context**

MIHC is an independently owned organization in the small community of Salt Spring Island. Among the participating partners were eight wellness practitioners, consisting of naturopathic doctors, chiropractic doctors, doctors of traditional Chinese Medicine, massage therapists, life coaches, and counseling therapists. The clinic is organized as independent contractors sharing clinic space, each valued as equally responsible for the success of the business.

The primary mission of MIHC is to support the wellness and optimal health of their patients as well as to provide the community with positive modeling of preventative health. The individual practitioners are trained in evidence-based, patient-empowering modalities. Their philosophies as individuals as well as within the collective are to generate healing and self-care proactively, from within, rather than to wait for pathologies to emerge.

Additional stakeholders who were not participating in the research project are the administrative staff for the clinic, family members of the practitioners, patients, and community members. The decision-making within the organization is conducted by collective, sociocratic agreements. The staff and practitioners at MIHC work to cultivate a culture of care, consent, autonomy, communication, and connection. While the practitioners have expressed satisfaction with their current workplace culture and climate, the external condition of community needs and high levels of exposure to health risks imposed by COVID-19 always present a challenge to the well-being of staff and practitioners.

### **Principal Inquiry Question and Subquestions**

The principal inquiry question was How might a grief ritual affect the grief and loss experienced among the healthcare practitioners of Madrona Integrative Health Centre?

Additional subquestions were:

1. What is the current level of stress due to the pandemic for the practitioners and staff of Madrona Integrative Health Centre?
2. What supports for burnout prevention are currently in place or will be implemented to meet these goals?
3. How might the Ritual Experience to Acknowledge Loss (REAL) grief ritual workshop reduce stress and potential burnout for staff and practitioners at the MIHC?

4. How might MIHC support and model ongoing use of the grief ritual process to address stress and prevent burnout for staff, healthcare practitioners, and their clients?
5. What challenges might individuals have working together to achieve these goals?

### **Significance of the Inquiry**

The purpose of my research and thesis was to demonstrate the benefits of a grief ritual as a grassroots method for acknowledging losses, promoting a more resilient community, and initiating healing after the global pandemic crisis. The stakeholders at Madrona Integrative Health Centre (MIHC) had active goals of supporting the wellness and success of practitioners, staff, and their patients, and therefore, they made ideal sponsors for the study. The MIHC partners had awareness of the high probability of burnout by healthcare practitioners due to the demands of the community seeking healthcare support, and this was a motivating force for their partnership in this project. The urgency of implementing initiatives to support the well-being of practitioners and staff as well as cultivating a workplace culture of compassion and care remains an ongoing focus.

The partners are professional therapists, so they were ideal for this process, as they have the capacity to be supportive of each other as well as to recognize when additional support would be required from outside the organization.

## **Overview of the Thesis**

This thesis was a participatory action research (PAR) project studying the effects of a grief ritual on the practitioners of Madrona Integrative Health Centre (MIHC). PAR is a research methodology that has four main components comprising a cycle of observation: plan-action-results-reflection to effect an positive and needed change for an organization. (Oosthuizen, 2002). The MIHC participants were active in the design and implementation of the ritual process and were advised on the findings, conclusions, and recommendations.

The content of this thesis is divided into seven chapters. Chapter two is a literature review. The study was guided by reflection on the relevant literature on grief, ritual, and Irish traditions as evidence of the benefit, relevance, and practices of a grief ritual. Research on risks to healthcare workers as a result of the stress and grief imposed by the pandemic supported the reason to study this grief intervention. Chapter three explores the spiritual framework of the study, the Irish Wheel of the Year (Duckett, 2010). The Wheel of the Year marks eight seasons and themes of human relationships with nature, environment, and community. These themes bring insight into how humans progress toward the peak of their growth and release as they move into grief and rest (Duckett, 2010). Chapter four covers methodology and methods, with a more detailed discussion of PAR, the ritual, sharing circle, collage, and data collection methods. Surveys, interviews, and the collage are all data sources described in this chapter. Also discussed in Chapter four are the ethical implications of this study and the care that was taken to ensure the ethical policies of Royal Roads University

were upheld. My personal biases and the methods I used to mitigate them were described.

Chapter four finishes with a description of the knowledge output of this study, including the knowledge product of the Ritual Experience for Acknowledging Loss (REAL) process manual. Chapter five describes the six major findings of the study, which are discussed and compared with the relevant literature in chapter six. Chapter seven describes the eight conclusions and five recommendations. These recommendations are needed in support of practitioner burnout prevention and the prosperous growth of individuals and the clinic as a community resource.

## **Chapter Two: Literature Review**

The currently available research on the social impacts of the pandemic as well as the causes and impact of burnout in wellness professionals is fluid. Due to the recent time of the pandemic to this study, my search for evidence was challenging. Researchers could not yet report the long-term impacts of the pandemic on burnout, and data on the immediate consequences were just becoming available. The residual grief that may be a commonly carried emotional burden by wellness professionals is an occupational hazard of supporting members of the community even at the best of times. Exploring what is known about the effects of rituals in general and on grieving people will consolidate the context and relevance of the ritual intervention implemented in this study.

### **Pandemic Impacts on Wellness Professionals**

Finding meaningful ways of processing grief and loss on the way forward from the global pandemic is vital for healthcare providers. The long-term impact of sustained exposure to the unprecedented stress, fear, and grief of clients, the ongoing risk of viral infection and imposed protocols for protection, as well as the personal stressful experiences of practitioners means they are at particular risk for burnout. Ansari (2022) described the pressures on healthcare practitioners as complicated by overwork, lack of self-care, and isolation during the pandemic. Ansari further posited that the measures imposed by governments to minimize viral exposure and spreading has also impacted healthcare practitioners by limiting their ability to connect with colleagues, vent, and share their daily experiences. Rabow et al. (2021)

described the unique challenges many healthcare workers have had in supporting the grief of patients at the same time as they are processing their own grief. Rabow et al. described the risks to healthcare workers of inadequately responding to their grief as amplifying the risk of long-term mental health impacts, exhaustion, compassion fatigue, and burnout. There is an overwhelming need for effective interventions. Engel (2020) explained the practice of mindfulness, self-compassion, and grounding as useful rituals for addressing overwhelming stress and grief for healthcare providers. Bosak et al. (2021) described the current pressures on healthcare providers as unprecedented and only becoming more amplified by overwhelming demand, limiting of resources, and imposed protective policies. Bosak et al. pointed towards transformational leadership as a motivating resource to reduce stressors in environments where the risk of burnout is so magnified. Methods of unifying and inspiring practitioners may positively impact their well-being and promote longevity in their careers.

Lee and Neimeyer (2020) developed a screening tool for grief specific to the pandemic entitled "*The Pandemic Grief Scale*" (p. 14). Their scale describes a spectrum of grief experienced specifically due to the unprecedented illnesses, deaths, and isolation imposed by the pandemic. Isolation and lack of integration of the events of the pandemic are included as risk factors on the scale. Breen et al. (2022) researched the relative difference between grief and dysfunctional grief, noticing there are complicating factors to dysfunctional grief such as lack of access to in-person social support and isolation. They suggested intervention that included support for processing grief. In a study focused on

nurses and doctors in hospital environments, Jalili et al. (2021) researched levels of burnout, described as “emotional exhaustion, depersonalization and lack of personal accomplishment” (p. 1346) as very high among healthcare providers. The precipitating factors were prolonged exposure to the stressful environments imposed by the pandemic and the lack of access to support, interventions, and overwhelming workloads. Unprecedented stresses in the workplace as well as individually experienced losses have created an accumulation of grief in some providers of healthcare, which must be acknowledged and processed in a meaningful, accessible, and effective way.

### **Grief**

The many ways grief has been experienced is a very expansive and well-researched topic. The emotions that arise from grief and loss are complex and not solely experienced concurrently with death. In our current dominant culture capacities as individuals, I witness friends, clients, and students exiling these experiences of loss as undesirable or pathological, rather than a natural function of being alive.

What can be acknowledged is that grief is a very common experience for humans throughout time. Without a method of sharing these complex emotions or acknowledging and expressing them, grief can compound into a form of trauma. Weller (2015) described a split between our cultural concepts of loss and life. Weller further argued the connection between loss and life as a necessary awareness for healing. Focusing on the relationship people have with themselves in times of loss might facilitate healing. Zech and Arnold (2011) explained



how the attachments we have in our human relationships need to be validated by people who are close to us in times of great stress, such as grief and loss. Zech and Arnold further described the connections between our nervous systems, emotions, behaviour, and the way humans form a sense of identity as being disrupted in times of loss. Many humans might need to reestablish a sense of stability and connection within their close relationships in order to promote healing after the impact of loss.

Moore (1992) described “psychological modernism” (p. 206) as a lack of meaningful context of spiritual connection which is current in dominant culture. Meaningful relationships replaced with material and media-based attachments can negatively impact our ability to process loss and grief. Moore posited the need to retreat into nature and a form of permissive space, whether physical or psychological, to effectively process loss. Wagamese (2016) described the growth that comes from surrendering to grief, to be contained within the sacred observance of one’s own feelings, silence, and nature. Jenkinson (2015) described the general belief that grief and grieving are pathological and not a natural process of living as a kind of “*illiteracy*” about this very common human experience (p. 74). Jenkinson explained acknowledgement and processing of grief as an awakening of natural emotions and reality. Grief brings us closer to our truth if we allow it to be acknowledged and held as sacred. Grief left buried can mean some people are mired in the deep pain of loss.

Unacknowledged and unexpressed grief may eventually traumatize the grieving person. Strauch (2010) described a primal need that humans have for the catharsis of tragedy

as a way to release repressed emotion and tension and to generate a sense of initiation and renewal. Strauch further elucidated that without this catharsis, there is a risk of trauma on the psyche, manifesting as dysfunctional behaviour. hooks (2000) described her own need for hope in the overwhelming experience of loss and grief and found hope in the connection with an artist who inspired her during her time of grief. Van der Kolk (2015) explained the healing that can be observed when grieving people are offered presence, a grounded container, reconnection with nature, and a safe space. Therapists may have an even greater need of therapeutic intervention in their own grief experiences in order to process their feelings about the stories their patients share. Gathering together to share in a safely held space may be an effective way to process grief.

Establishing intentional community space of safety for people to express grief together can be powerfully transformational. Van der Kolk (2015) explained the negative impact of hostility towards people who are expressing grief as potentially re-traumatizing, whereas intentional community spaces that are focused on sharing grief are essential for recovery. There can be many ways of supporting the expression of grief in safer spaces. Duffey (2007) described the positive observable effects of acknowledging grief as well as creativity, storytelling, and artful expression as modalities of facilitation of healing and recovery. Within groups of healthcare professionals, grief is particularly important to address, as the exposure to grief can be multiplied through the lives of clients and community members.

Wimpenny and Costello (2011) explained the vital importance of grief literacy and training for healthcare professionals to better serve clients as well as to preserve and support the emotional wellness of the practitioners themselves. Wimpenny and Costello explained the risk for practitioners of amplifying their own feelings of loss and grief if they are not given ample support to process their grief. Shi et al. (2022) researched a phenomenon described as “compassion fatigue” (p. 840) with oncology nurses, a community of healthcare workers who are intensively exposed to the grief of sick and dying patients and their families. Compassion fatigue was described as “a state of exhaustion and dysfunction due to prolonged exposure to an emotional stress” (p. 840). Shi et al. further explained the stress of exposure to workplace suffering and grief as contributing to burnout and poor work performance. Shi et al. also explained the expectation of healthcare professionals to suppress emotions of unresolved grief as contributing to compassion fatigue and burnout. They identified the great need for support and interventions for professionals to process these complex emotions as a matter of sustaining wellness. Considering the globally traumatic experiences imposed by the pandemic, the impacts of unacknowledged grief are currently at a crescendo. The risk of compassion fatigue leading to burnout might therefore be addressed through a grief-focused intervention as a way of sustaining healthcare workers and organizations.

### **Rituals**

Ritualized ceremonies are very common practices, pan-culturally and globally, since time immemorial. Ritual is a way to connect human beings to each other, acknowledge the

sacred within the mundane, and awaken the interconnections to the natural world as natural beings. Bell (1997) described the deeper meanings that are explored and interwoven through the practices of ritual in many cultures as commonly observed and researched. Bell explained the contrasts between formal ritual structures and habitual practices that might be described as ritualized. The intention to design social order from the chaos of uncertainty is met through ritual practice, reinforcing empowerment through action. Hobson et al. (2018) explained ritual as having a recognizable symbolic relationship to meaning to differentiate from habit or discipline, with the deeper intention to bridge the physical symbolism with the emotions of the participants. Similarly, Bogdan (2007) explained the structure of ritual as an investment of esoteric meaning in the material world to acknowledge and mark a change from one state to another. Islam and Zyphur (2009) presented the rite-of-passage ritual as a tool of synthesis for the emergence of new beginnings after transitions within organizations.

Describing the relationship of more ancestral traditions of rituals, including my own ancestral traditions for rites of passage, will connect and contextualize the intercultural spiritual nature of ritual. Somé (1993) described ritual as an ancestral form of supporting relational health and connecting human beings to their awareness of nature. O'Donoghue (1997) explained the symbolism of the spiritual soul as living beneath the surface of civility and what has been described as psychology. O'Donoghue argued acknowledgment of the soul is a natural drive of humans in communities. "Grief work is soul work" (Weller, 2015, p.

6). Similarly, Wagamese (2016) described joy and spiritual fulfillment from simple rituals of gratitude for a spiritual presence and all relations:

Apffel-Marglin (2011) described the importance of acknowledging the intangible through ritual to honour the individual experience and the collective reality of the community. Senft and Basso (2009) explained how rituals to acknowledge collective reality become a part of the language, contributing to meaningful connections within a community. Macy and Young-Brown (2014) described a version and structure of a grief ritual as a “despair ritual” to express deeper emotions in a container as a way to find “common ground” (pp. 123–124). The purpose of the despair ritual was to reconnect with the community in a mutually supportive way, and to feel validated and heard. Starhawk and NightMare (1997) described grief rituals as the way to serve those who are experiencing the impacts of grief to help them move forward after the experience of loss and to reinforce our connection to nature. Somé (1993) described the power generated within ritual as long-lasting and reconnecting, with community playing a vital part in the identity of an individual. The reconnection that is validated and reinforced through ritual practices is generative, healing, and vital. Somé described ritual as “the principal ingredient of [community] operating dynamics” (p. 51). The themes and structures of rituals described by the aforementioned authors are similar to my own lineage, Irish Celtic spiritual practice, and our rituals to acknowledge passages, transitions, and losses.

Butler (2018) described the importance of the celebration of land, language, and myth through ritual as a connection to ancestry, identity, nature, and culture in Irish ceremonial practices. Ritual is a consistent method shared across the world, over great expanses of time, in many Indigenous cultures. Relationships to human and non-human community members, ancestors, and those who have passed; the ever-forming future being created; and the expansive present moment are all felt and revealed at deeper levels within an intentional ritual. Designing and sustaining the common ground of meaning and inspiration may be necessary wellness practices within community leadership and followership. Prickett and Timmermans (2022) researched the impact of ritual on grief, describing ritual as a “cultural palimpsest” (p. 244), which can precipitate a clearing of painful feelings and a new interpretation of the event. Martin (2023) explained how commonly the practice of ritual for grief and loss is practiced globally in many different cultures, but the practices themselves vary greatly. Martin further theorized that there may not be any one superior way to grieve through ritual, and the cultural context determines the design of such rituals.

When people acknowledge the passages of life as events that change them forevermore, this can validate their humanity, their precious temporary lives, as well as their divinity and earthly contributions to that which lives beyond their lives. Rituals that acknowledge and create a container for grief to be processed can be grassroots practices of compassion and interconnection.

My investment in ritual ceremonies of all kinds and grief rituals as a method of healing facilitation comes from my studies and practices learned from Irish ceremonial practitioners, *seanchaí* (Irish mythic/folkloric storytellers), Sean-nós singers (traditional Irish storytelling through song), and participating in ceremonies in Irish stone circles, which are thousands of years old.

### **Irish Ceremonial Practices**

Ireland is a place of mystery for many reasons. McCaffrey and Eaton (2002) explained that the earliest people to have found and inhabited Ireland came after the Ice Age, approximately 10,000 BC. Not much is known about the original inhabitants of Ireland, and the authors explained the many theories as to their origins, likely Europe and possibly North Africa, and the remains excavated from the earliest cairns are dated to 7000 BC. McCaffrey and Eaton described the development of tribes and early ceremonial practices and traditions. There is, however, no written history of Ireland predating 5 CE, as the early Irish had mostly an oral language tradition. The authors further explained the early construction and presence to this day of the hundreds of stone circles, built at the end of the Neolithic Age and the beginning of the Iron Age, approximately 2400 BC. Many of these stone circles symbolize and mark the movements of the sun, signify the seasonal changes, and served to signal times for ceremony. What is known of those early ceremonies, however, has been lost in the many invasions and colonization of Ireland. What has been preserved by scribes, linguists, and

historians are the epic stories that tell the history of Ireland, and many of the early traditions are described in those stories.

Kinsella (1969) translated the *Tain Bo Cuailnge*, one of the best-known epics of Irish lore, from the 1st century CE. Kinsella translated the stories of pagan Celtic rulers, including Queen Maeve and her priestesses and ceremonies. Queen Maeve and the people of Ireland at that time practiced the traditions of land ceremony and the seasonal acknowledgments of passage from Samhain (Beginning of November) to Fomhar (autumnal equinox)

Grief, as Kinsella (1969) noted in his translation, was acknowledged at Samhain as a ceremony to remedy the “pangs” of suffering (p. 257). This may have been related to an ancient story where the curse of labour pangs was cast upon the men of Ulster because they had shown callousness towards Macha, a Tuatha De Danaan goddess, in her time of labour. The Táin Bó Cúailnge stories described many ways the early people acknowledged grief, including toning, called keening, public ceremonies at nightfall and daybreak, burning of old clothing and items, and sharing songs and stories that had been passed down through families. These traditions were driven underground by a succession of colonizing forces, most recently, notably, and influentially, England. The current practices of Irish ceremonial traditions have been reconstructed based on the oral traditions and lore and the remaining ceremonial stone circles, caves, standing stones, and ogham language, which was the only known early written language in Ireland.



Rituals to acknowledge the passage of seasons, cycles, as well as significant events were community-based events held for thousands of years to gather people together to share in the meaningfulness of these passages. Ó Crualaoich (2015) posited the experience of these Irish rituals as symbolic of spiritual connection as well as celebrations for the experience of living in connection with the community. The rituals intentionally connected the known and visible world with that of the spiritual world, often called “the Otherworld” in Irish lore. Ó Crualaoich further explained the importance of the dynamic and living nature of Irish rituals, including the current reconstruction of these ancient practices. Ó Crualaoich explained the traditions communicate and express to those who are conscious and listening deeply the cultural knowledge transmitted through the ancient stories. The transformation of what has been passed down through Irish lore and oral traditions is visible now that there is less stigma and persecution of practitioners. What can also be visible is that these traditions are still alive with us today.

The importance of these ceremonial feasts and rituals is symbolic of the themes described in the lore. In Daimler’s (2020) translation of the ancient story of the *Cath Maige Tuired*, an epic story of a battle within the mythological cycle of early Ireland, the ritual of Samhain—a ceremony to mark the end of summer and the memorializing of ancestors—was the beginning of the battle between god-like chieftains and tribes. The symbolism of Samhain might weave the theme of grief and loss as well as the endings of cycles into the storyline

The present-day practices of The Wheel of the Year (WOY) have deep roots in the mythology of Ireland. The feasts, large celebrations that bring people together, are at the high points of the year, marking nature's creative passages between the equinoxes and solstices. Robinson (2007) described the influence of Lughnasadh, an ancient ritual named for the god Lugh, as a marking of the first harvest at the midway point between the summer solstice and fall equinox. This ceremonial feast was themed for prosperity for the gifts of the land through agriculture and the strength of the human body. Williams (2016) described the great feast of Samhain as a place to commune with the deities and welcome them as allies in ancient Ireland. Williams further explained Beltaine (also spelled Beltane or Bealtaine) as a celebration of fertility named for an ancient fertility god, intended to bring people together in the spirit of creating more bountiful harvests. The ceremonial practices included a great bonfire and dancing. The theme of connecting humans with the unseen world at crucial passages may have been intended to strengthen resilience within the community.

The themes and feasts of The Wheel of the Year have been reconstructed from the lore and oral traditional teachings to eight passages, with connections to seasons, dates of the calendar, directions, elemental and experiential themes, primordial icons, dances, and even food and drink. Duckett (2010) described the Wheel of the Year as a version of spiritual and transpersonal psychology. The themes within each direction of the wheel are common human experiences that mark birth, childhood, growth, maturation, initiation, grief, death, and renewal. In creating rituals to acknowledge these themes, Duckett described a restoration of

awareness of how we are relating to our human natures. Duckett continued that when traumatic events happen, we can experience being taken down by the events of life. These rituals can remind us that life is continually moving forward, and the wheel is turning. The opportunity to feel losses is followed by the opportunity to restore and welcome new beginnings to recover a sense of harmony.

### **Chapter Summary**

The risks associated with losses, unacknowledged stress, and burnout to healthcare workers is the subject of ongoing research. What has been studied about those risks shows there is great need for care and intervention to mitigate the stresses for healthcare workers that have come as a result of the pandemic. Grief is a common experience that arises in the wake of many kinds of losses. In Canada's dominant culture, there is a common lack of grief literacy due to loss of traditions and lack of mentorship. Grief that goes unprocessed and unacknowledged can become a form of trauma. Ritual is a way to acknowledge and process grief. There are cultural practices that include grief rituals from many parts of the world. Reconstructed Irish practices and folkloric stories of feasts and The Wheel of the Year suggest that grief can be acknowledged in the natural cycles of living. Grief requires acknowledgment and process. Ritual has been a foundational way humans processed grief for time immemorial.

### **Chapter Three: The REAL Grief Ritual Design**

The Ritual Experience for Acknowledging Loss (REAL) design has been inspired by my own learning process of Irish heritage. The structure of the ritual is constructed with the spiritual themes from The Irish Wheel of the Year (Duckett, 2010), as described in the previous chapter, representing the feasts of nature's seasons that echoed the growing and dying cycles of human life. The themes of each feast are the foundational framework of the REAL process and the study that was conducted with Madrona Integrative Health Centre (MIHC) are described in this chapter. These are Samhain, Geimhreidh, Imbolg, Earrach, Bealtaine, Samhradh, Lughnasadh, and Fomhar (Ó Cruaí, 2015).

#### **Spiritual Framework for the REAL Process**

I have been studying and facilitating a reconstructed ceremonial practice sourced from my familial lineage, Irish Celtic, learned from ceremonial teachers and traditional storytellers (called *seanchai* in the Irish Gaelic language) from County Kerry, Ireland. Listening to the stories of my ancestors in the oral tradition of my Irish Celtic people, participating in ceremonies in their traditional stone circles and ceremonial sites in Ireland, and learning the language of Irish Gaelic, the songs, dances, and artisanal weaves have initiated and deepened my connection, which had been interrupted through emigration of my family to North America. The reconstruction of older animistic practices from Ireland has been ongoing for the past few decades, as there are no longer strict religious and social barriers.

What can be known from the distant past of Irish animism, prior to many eras of colonized interruption and religious suppression, is still within our Lore and the Land: Herself.

According to the oral traditions and ways of early Irish People, there are eight feasts, so named in the Irish language: Samhain, Geimhreadh (or Yule), Imbolg, Earrach (or Ostara), Bealtaine, Samhradh (or Litha), Lughnasadh, and Fomhar (or Mabon). (Duckett, 2010 and Ó Cruaí, 2015). These are the archetypal themes I used in dynamic inquiry within the whole research project.

### ***Samhain: Grief and Release***

Possibly the most ubiquitous experience of sustained interrupted human connection all people have shared in any recent era is the COVID-19 pandemic. A well-utilized method within many Earth-based practices for acknowledging the grief of disconnection and initiating the reestablishment of connection is ritualized ceremony. “We call spirits into a circle of people in order to help achieve goals that cannot be achieved in any other way” (Somé, 1993, p. 38). As a reaction to the predicted threats of the pandemic, countries worldwide closed borders, restricted travel, and imposed precautionary restrictions to try to control the spread of the virus. Many people became desperately ill; many died. The demand for healthcare professionals and the medical and paramedical system was extreme. This time was full of many experiences of grief and loss for many people. Samhain is the time in The Wheel of the Year of acknowledging grief, loss, and to release the pain through ceremony (O’Brien, 2018).

***Geimhreadh/Yule: Recovery and Rest***

The demands for wellness care remain high, even in this time of post-pandemic emergence. Many healthcare professionals have left their practices since the beginning of the pandemic. According to statistics reported by Yong (2021), one in five healthcare professionals in the United States has stopped working in their fields since the beginning of the pandemic. Of the most commonly felt human experiences in the wake of such loss, tragedy, isolation, and abrupt changes is grief and overwhelm. While this may have not been the prevailing psychology, humans who can acknowledge and express the feelings that come with grief have a healthier relationship with their emotions (Weller, 2015). Van der Kolk (2015) described the inability of humans to control grief and the great need for us to name and share our experiences in order to recover and heal.

***Imbolg: Inspiration and New Beginnings***

For decades, I have studied, collaborated in, and facilitated ritual practices to acknowledge grief and initiate the healing process. The great need to acknowledge grief through ritual can be sourced globally in many cultures. Bourke (1988) described the traditional practice of lamentation in grief rituals as a way to express the complex emotions felt in loss and to be witnessed as a way to protest the perceived injustice and shock of loss. These ritualized ceremonies have functioned as elder- or wisdom keeper-led and community-based initiatives for expressing the complex and collectively held emotions of grief as well as a way to inspire new beginnings (Ó Cruaíoch, 2015).

***Earrach/Ostara: Dreaming and Wondering***

I am deeply curious about the possibility for organizations to have unlimited access to resources for self-healing, to heal relational connection, and to forge a new purpose together after meeting with such challenges. According to Smith and Stewart (2010), there are nine identifiable practical purposes for utilizing rituals within organizations to help colleagues meet challenges and crises. These rituals include (a) generate meaning, (b) help individuals to manage complex emotions, (c) reestablish normalcy, (d) confirm commonly held values, (e) foster group solidarity, (f) define member inclusion and exclusion, (g) define and establish commitment, (h) acknowledge and define work requirements, and (i) acknowledge and address significant events. As I consider the ease with which organizations of health professionals could self-facilitate ritual events focused on elevating the potential of the group in the nine ways Smith and Stewart described, I am excited that these simple ways could serve as ongoing support. The dreaming time of Earrach might be the sparking of curiosity and adventure in The Wheel of the Year (O'Brien, 2018). I was deeply curious as to how the study participants might explore their own curiosity and dreams as they emerged post-pandemic life.

***Bealtaine: Creativity and Conflict***

I have incorporated a structure of ritual and ceremony for grief that is a practical template for serving many groups of people over several decades. Whenever I have worked with new organizations in the past, participants collaborated with me to refine the structure of

the ritual to suit the organization. In this thesis process, I have created a written structure of the ritual to assist organizations with processing grief as a self-organized and facilitated process (see Appendix E). The structure I created is the one that served as the intervention in the participatory action research presented. Some of the process surfaced some internal unresolved conflicts that may have been fostered during the pandemic. The opportunity to use creative methods to address internal conflicts were inspired by the archetypal themes of Bealtaine (Duckett, 2010).

### ***Samhradh/Litha: Empowerment and Choice***

In this research project, a grief ritual process was implemented with the accredited therapists at Madrona Integrative Health Centre (MIHC). The health professionals involved in this research are subject to overwhelming stress and risks of subsequent burnout from the demands of their patients and community. The intention for the action-oriented research project was to implement the ritual and to observe the changes that resulted in their sense of healing from the stresses of the pandemic, as well as to teach the practice of grief ritual as a skill for use within their clinic community and with their patients and students. A knowledge product of a ritual structure that is easy for this group to incorporate and repeat as determined by their own needs was an outcome of this participatory action research.

Before the research for this thesis, I had never formally researched ritual in terms of its measurable impacts on the people and organizations with whom I have worked. My positive experiences with grief ritual amplified my curiosity as to whether grief ritual could



be an accessible, grassroots intervention that could assist in fostering stronger relationships with colleagues as well as acknowledge and relieve some of the personal and professional stresses that have been amplified because of the pandemic. Incorporating a practice such as a ritual to acknowledge and address collectively shared grief could be transformational, as it is simple and accessible.

### ***Lughnasadh: Prosperity and Resilience***

Prosperity and resilience is often viewed through the lens of financial success. My worldview of prosperity includes financial success as well as relational belonging, including spiritual, emotional, social, and physical connection between humans, the elements and creaturehood of the Land. The underlying intention of acknowledging grief through this ritual was to release the residue of suffering due to loss and to renew possibilities of prosperous living, as in the themes of Lughnasadh (Ó Cruaíoch (2015).

### ***Fomhar/Mabon: Wisdom and Understanding***

The time of year of Fomhar is the autumnal equinox (O'Brien, 2018). The time of day and night are equal, and the nights will grow darker in the days to follow. The days of hard work in the harvest are ending, and people are sharing their stories. Sharing experiences such as grief rituals can help people to understand each other. With understanding, they can grow wiser and help each other through that wisdom.

### **The REAL Grief Ritual Process**

The Ritual Experience for Acknowledging Loss (REAL) explored the intention to initiate awareness and representation of all eight themes from The Wheel of the Year for the participants. I followed a basic design scaffold I have used in the past to harmonize the themes so the group might have their needs met both individually and collectively. The internal process of initiating harmony was intended to generate the integration of grief and the complexity of emotions that were exposed during the ritual. I fine-tuned the flow in collaboration with the participants at MIHC. The basic scaffold included a group sharing circle to contextualize the ritual, ritual opening, the ritual itself, an arts-based collaborative creation, ritual closing, and debrief.

#### ***Preparation***

Prior to the ritual opening, participants were asked to prepare a statement to share about their loss, something they want to release and to voluntarily offer to be witnessed within the ritual gathering. This took the form of journal writing, poetry, song lyrics, drawing/collage, singing or toning, movement, or other kind of expression. This was representative of the Fomhar place in the Wheel of the Year, the sharing of stories and personal wisdom (O'Brien, 2018).

#### ***Opening Ceremony***

Participants were asked to bring items of personal importance to add to the table, which were placed in the centre, and then we circled the table. The ceremony opened with a

territorial acknowledgment, the acknowledgment of all supportive beings to each individual, and the ancestors of each person. This represents Samhain: the acknowledgement that we are here because of our ancestors (Duckett, 2010)

### ***The Sharing Circle***

I facilitated a sharing circle. The participants shared emotions and stories that were burdensome, one at a time, in a circle. They had prepared a written page to represent the burden and then were welcomed to burn the written page as a symbol of release and completion. This is also representative of Fomhar: understanding and wisdom (O'Brien, 2018); Samhain: the expression of grief and release (Ó Crualaoich 2015); and Geimhreadh: the welcoming of recovery (O'Brien, 2018). Each participant was then asked to call for a change or a new beginning that was desired and positive for their well-being. This is representative of Imbolg and Earrach (O'Brien, 2018). The participants used a bowl of water as a symbol of the change or new beginning, and they symbolically *breathed* these intentions into the water. We then took the ashes and the water to the garden outside the centre and *released* them into the land. The ritual was then closed by each person acknowledging gratitude for the things that are supporting their lives positively. These represent Samhradh (empowerment) and Lughnasadh (prosperity) (Ó Crualaoich, 2015).

### ***Making a Collage***

As a method of continuing the ritual process, as well as a method for recording non-verbal expressions, I left supplies for creating a collaborative collage using newsprint

and clipped magazine photos. The collaborative collage was assembled in the weeks following the ritual, in their own time. When the collage was finished, I photographed it and left the collage in the clinic space as a symbol of the ritual practice, to be viewed, added to, discussed, or as a symbol of the circle for individual reflection or meditation. The collage represented Bealtaine and creativity (Duckett, 2010).

### **Chapter Summary**

The Wheel of the Year and the themes within it represent the natural cycles of humans in their passages (Duckett, 2010). The symbol is a wheel, as it is meant to be turning and advancing as we move through life (Ó Cruaíoch, 2015). When something happens to disrupt the momentum of life, we can look to the wheel for guidance in moving forward. I incorporated the themes in the Wheel of the Year in the ritual as well as throughout the study to create a structural foundation to the ritual design from nature and the seasons to reflect the rationale that grief is natural and part of our seasons of life (O'Donohue, J. 1997).

### **Chapter Four: Methodology**

The methodological approach used in this study was participatory action research (PAR). Baum et al. (2006) defined PAR as a process of learning through the implementation of action and change, with observation and inquiry into process and outcomes actively informing the participant group and stakeholders. The mechanism of PAR is a cycle of meeting challenges through resourcing the strengths within the participant group. Oosthuizen (2002) described the process of PAR as a cycle with four parts: plan, action, results, and reflection. The observation of the planned action allows the group to better understand further changes to be made as well as the capacity within the group to make changes. Chevalier and Buckles (2019) argued that PAR is an active collaboration of those who are faced with a challenge to create a successful adaptation in response to the challenge. This, in turn, can lead to innovation in training and development within the organization. Acosta and Goltz (2014) described the benefits of PAR as educational and empowering partners through the planning, participation, and evaluation of making a change in an organization.

It was the intention and aim of this project to learn more about how processing grief might create positive change at personal and group levels, therefore studying changes for the therapists of Madrona Integrative Health Centre (MIHC) through ritual were best achieved with an active intervention. The outcome of the ritual intervention provided data to inform the partners and participants as to how they could meet the challenge of acknowledging the stress and potential for burnout that they were faced with as practitioners.

MIHC partnered with me towards a greater understanding of the impact of grief on the practitioners of MIHC as an ongoing risk for stress and potential burnout, which was a concern for the community of practitioners, their families and loved ones, as well as patients. As a part of this research project, we collaboratively designed and experienced talking circles, ritual practice, and an art-based creative piece. Baum et al. (2006) described PAR as seeking to initiate a positive change through intervention, thereby gaining understanding and empowerment in meeting the challenge collectively.

The specific challenge faced by MIHC in preventing burnout required a supportive response by the collective. The practitioner team requires other forms of support in healing, such as process work through therapy, which has been discussed with the group through recommendations. This ritual practice was a grassroots intervention, which was both designed and implemented by the team, under my guidance, with the goal of both promotion of healing and mitigation of the stresses of loss. As a result of this collaborative experience, the practitioners at MIHC also learned a new practice that can be implemented at their discretion to meet any future need the practitioners might have. The process of collaboration through PAR also served to strengthen the relationships between the practitioners. Lawson et al. (2015) described that one of the positive outcomes of PAR is the emerging resilience within the participants as a result of working together to meet the challenge. The process of designing and implementing the Ritual Experience for Acknowledging Loss (REAL) process

collaboratively also had the positive effect of growth and connection through building trust and group cohesion.

Building trust and group cohesion was a key component supporting the effectiveness of the ritual process, both on the day of the ritual and emotional integration following the ritual. Cornish et al. (2023) explained the benefits of PAR projects are in the strengthening of relationships built during PAR go beyond the success of a project. Ceremonial rituals have the same underlying intentions: to strengthen the relationships as well as the interpersonal confidence to withstand adversity within the community that is giving the ritual. In analyzing the work of famed anthropologist Bronislaw Malinowski, Homans (1941) explained the release of anxiety and the confidence to face the uncertainty that follows a group ritual. The strengthening of the connection between group members who are focused together on meeting a challenge and positively changing together is a potential outcome of both PAR and ceremonial rituals. My commitment to building trust with the MIHC practitioners was an important part of the whole process.

The talking circles, the REAL process, the collaborative collage, and the research data were methods to facilitate MIHC in implementing support for the well-being of the practitioners. It was hoped that collaboration achieved through creative design in this project would also help to strengthen the relationships between the practitioners, thus building resilience in the team.

Several methods of learning, inquiry, and data collection were implemented in this research to address the research questions. These included a pre-intervention survey, analysis of the arts-based method, a post-intervention survey, and personal interviews. In addition to the evidence presented in the literature, I consulted with my inquiry partners to represent evidence of the effectiveness of ritual ceremonies.

### **Inquiry Processes of the Ritual Experience for Acknowledging Loss (REAL)**

#### **Intervention**

A primary method to support learning and healing during the grief ritual was a collaboratively created collage as an arts-based method. In the days following the REAL process, participants collaborated on a collage, which served to create a symbol of the ritual for future recall as well as provide data for the research project. Kaimal et al. (2020) implemented arts-based research in the form of collage to study the impacts on stress for hospice workers, who experience grief, loss, and death regularly in their occupation. The research indicated a positive trend in overall well-being. Implementing collage as a method of both research and as a part of the REAL process resulted in a form of qualitative data collection that included non-verbal communication and may have also served to positively support the grief process.

#### **Sharing Circles**

I facilitated sharing circles before and after the ritual as a way to learn how the group experienced the losses and disconnection imposed by the pandemic and as a supportive



process for the circle during and after the ritual. The reflective questions I had prepared for each can be found in Appendix A. We did two rounds per circle, with one question per round. We passed a stone from one person to the next to signal whose turn it was to share.

### **Collage**

The collaborative collage was assembled in the days following the ritual, with all supplies needed gathered and ready before beginning the ritual. Participants were welcomed to voluntarily add pictures or words from the gathered scraps of magazines and newspapers to a larger canvas. The chosen parts of the collage were affixed with glue sticks. The collage was photographed two months after the ritual was completed. Participants were welcomed to add to the collage as they processed through the days and weeks following the ritual, and the collage was left at MIHC as a symbol of the process they experienced together. The photograph of the collage served as a recording for data collection (see Appendix B). I consulted with my Inquiry team for assistance in analyzing the collage for themes.

### **Data Collection Methods: Qualitative Methods**

The surveys, interviews, and collage are qualitative methods. Collage was chosen as an appropriate method for this study, as it delivered non-verbal and non-linear data about the emotions and inner experiences of the participants. Culshaw (2019) described collage as supportive of the creativity and agency of research participants, with access to more symbolic and subconscious emotional interpretations of events and challenges. The process of selecting a representation of an emotion or narrative and then choosing its relationship to other pictures

and words in a layering process afforded the participants a reflection that is perhaps adjacent to or beyond linear thinking. Holbrook and Pourchier (2014) explained the analysis of collage as a subjective process of observing images and mediums in relation to placement and offering insight into non-verbal symbolic communication. The project was designed to explore the complex emotional process of grief, and collaging offered meaningful insight into the research that was not otherwise available. The type of data collected from a collage is analyzed through a subjective lens. Holbrook and Pourchier further explained that collage is analyzed subjectively. The pictures and words that are affixed symbolically create a unique meaning that can invoke a thoughtful or emotional reflection.

Another qualitative data method used in this research project was my research notes and journaling. As I have facilitated many similar ceremonies, I reflected on key changes as the group processed the experience. Crawford et al. (2021) described reflective journaling as having the advantage of collecting both objective and subjective data that help the writer to expand their understanding through the practice itself. The research notes and reflective journaling served both as a method of data collection as well as a further processing tool for my learning and growth as a practitioner and in writing this thesis. The type of data that emerged in this method was the subjective interpretation of words and actions shared by the group.

The pre- and post-intervention survey questions (see Appendix A) were sent out by email before the REAL process and four weeks after the intervention. The surveys were

submitted voluntarily and anonymously through an online survey software program, Survey Monkey. Ponto (2015) explained the adaptability for researchers in implementing surveys as broad or specific data based on the questions designed. This method was useful in this PAR project because participants were able to submit their reflections anonymously without the pressure of time limitations. Because of the emotional complexity of the subject matter, an anonymous survey was selected to protect the confidentiality of individual participants. The type of data produced were direct reflections of thoughts, ideas, and emotions from the lived experiences of the participants in their own words.

I followed up with interviews with three of the participants to enrich the post-ritual data with more reflections. I used semi-structured questions within my chosen theming structure for the research (see Appendix A). Gill et al. (2008) explained interviews as useful methods for collecting research data, as they allow for clarification and follow-up questions from the participants. Gill et al. further described semi-structured interviews as designed thematically, but with latitude for interviewees to offer more personal context in their narrative. After receiving and coding the surveys, I felt it important to explore more complex layers of experience from the participants. The type of data produced through interviewing were direct reflections of thoughts, ideas, and emotions from the lived experiences of the participants in their own words.

**Criteria for Project Participants**

The Ritual Experience for Acknowledging Loss (REAL) process included only the health practitioners at Madrona Integrative Health Centre (MIHC). Their inclusion was based on the professional training each one holds and maintains. Their professional expertise was a measure of protection for each individual as well as the group in the exploration of an emotional process. The practitioners had similar risks of stress presented by delivering wellness care to the community through the pandemic. Each of the eight practitioners was a contractor; none of the practitioners were employees. As professional therapists, the participants at MIHC were good candidates for maintaining the integrity of the knowledge product (a written grief ritual design) produced by this thesis project, that could potentially be used to facilitate rituals in the future for themselves or patients/community members.

Excluded stakeholders in connection to MIHC were their family members for several reasons. The family members possibly did have stress and loss to acknowledge with some kind of process; however, their exposure to the stress imposed by the pandemic was different than that of these practitioners. Family members do not carry the same levels of expertise and therefore could have been at greater risk emotionally if experiencing this process. The practitioners may have felt more inhibited in sharing honestly if they sensed a need to protect their family members, who were not exposed to the grief and responsibilities of delivering care. Eight practitioners participated in this project. All eight will have access to the knowledge product produced as well as the authority to implement recommendations.

### **Study Conduct**

All practitioners were given the invitation to participate, which included the Research Information and Invitation (see Appendix C) as well as the letter of consent (see Appendix D), to read and respond directly to me individually through email. However, most signed paper copies of the consent form on the day of the ritual.

### ***Previous Development of Ritual Process***

The REAL process, including the sharing circles, ritual, and collaborative collage, have all been practiced for many years in my professional services and through apprenticing with my teachers. Sharing circles in numbers of people between five and 30 are held several times a week in my leadership practice. REAL grief rituals, conducted in groups of three to over 100 people, are held several times a month through my business. Arts-based practices, such as collage, are very commonly included as a part of the REAL grief rituals I have facilitated in the past. I was able to assist in the design of this ritual and facilitate it from an invested history of personal practice.

The nine steps of the REAL intervention process include:

1. Prepared in advance: a table for *sacred items*: in my practice lineage, this is commonly referred to as an *altar*, this could include pictures, stones, or meaningful objects. Adjacent is a table with a large blank newsprint, many clipped pictures and words from magazines, as well as glue sticks and markers to assemble the collage. I prepared these items before the first sharing circle.

2. The eight practitioners from MIHC gathered seated in a circle. I explained the process, the altar, sharing circles, ritual, and collage. They were invited to place their sacred items on the altar. The pre-ritual sharing circle was about one hour, with two rounds, reflecting on the questions from Part A (see Appendix A). Participants passed a stone to reinforce the boundary of a single person speaking and sharing to completion. The sharing circles were not recorded, but I did take field notes throughout.
3. The group was given a small break of approximately 10 minutes.
4. The REAL process began with *opening space*. I passed around a feather fan, and participants were invited to voluntarily sweep themselves to symbolically clear their bodies of any residue that might not be helpful to the circle. This could be described as symbolically sweeping the body of any residue of distractions from unrelated events. When each participant completed this process to their satisfaction, they were invited to acknowledge ancestors, land, language, and allyship with any seen or unseen being. The space was declared *open*.
5. The first theme within the ritual was *passage/dissolution*, which was an invitation to acknowledge what each person had experienced in loss or grief during the pandemic. After each person had spoken voluntarily, the group responded by saying, "We honour your journey." Participants were asked to write or draw words, symbols, or pictures to symbolize the dissolution. We then burned these

pages in a metal bowl. The second theme was *new beginnings*, an invitation to acknowledge the desired changes each person visioned for the future. After each person spoke, the group responded by saying, “We dream that dream with you.” We then symbolized the intention for new beginnings becoming real for each by blowing into cups of water and then collecting the water in a single bowl. The group then scattered the ashes from the pages burned in the metal bowl to the ground and gave the water to a tree on the MIHC site.

6. *Closing space* for the ritual was initiated. The group came back to the circle, and each person was invited to acknowledge anything that may feel important to them. I played my rattle and declare the ritual as closed.
7. The group was given a break of approximately 10 minutes.
8. The second sharing circle began, and participants were invited to share. As with the first sharing circle, a stone was passed.
9. Each person was invited to contribute to the collage over the days following the ritual intervention. They were instructed to select two or more words or pictures representing the passage/dissolution and the vision for new beginnings. The collage was a growing process, and participants were invited to add to the collage as many times as they wanted. The collage was photographed two months after the REAL ceremony was completed (see Appendix B).

### ***Data Analysis and Validity***

The data from the surveys, collage, and my field notes were analyzed through thematic analysis, which involved identifying meaning and creating units, defining the content, triangulation by different members of the inquiry team, and drawing conclusions based on the analysis of meaning (Bengtsson, 2016).

The validity of data analysis was reinforced through triangulation between participants, me, and my contribution to analysis; consultation with Elise Laviolette (an Art Therapist who assisted with the analysis of the collage); and my research journal that logged reflections of my own biases and emerging trends of thought, which helped me to discern my own biases from the data; and audits via my thesis supervisor, Wendy Rowe, and second committee member, Hilary Leighton.

### ***Research Theming and Coding***

I incorporated the themes in the Wheel of the Year (WOY; refer to Duckett, 2010; Starhawk & NightMare, 1997, O'Brien, 2018) as a method of coding the data. The WOY, as discussed in chapter two, is an archetypal symbol of the seasons of human experience from early Irish Celtic oral traditions. This coding style served the purpose of coding based on complex experiences, rather than binary positive and negative findings. I also intended to enrich the whole thesis with the WOY to invite the ritual process into the composition and presentation of this research. The themes I used were: Grief/Release, Recovery/Rest, Inspiration/New Beginnings, Dreaming/Wondering, Creativity/Conflict,



Empowerment/Choice, Prosperity/ Resilience, Wisdom/Understanding. (Duckett, 2010), (O'Brien, 2018), (Ó Cruaíoch, 2015). My intention in presenting these themes was to represent human nature in the resulting responses.

### **Ethical Implications**

This project involved people sharing their emotional vulnerability. The main ethical implications were in consideration of confidentiality, consent, sufficient disclosure; preparation of participants for the ritual and sharing circle; and sufficient support provided during and after the process. Consideration was taken for all three core principles of the *Tri-Council Policy* (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council (Tri-Council; 2018) on ethical conduct for research involving humans. These principals include “Respect for persons, Concern for welfare, [and] Justice” (p. 6).

#### ***Respect for Persons***

The recognition and honouring of the “intrinsic value of human beings” (Tri-Council, 2018, p. 201) was considered in several ways. Full disclosure and active collaboration with all participants in the design process and at all stages of the research process gave a foundation for informed consent. The reminder of free, informed, and enthusiastic consent for participation was sought frequently throughout the intervention as well as the submission of data. Participants were free to withdraw at any time, up until the data had been organized for analysis. All participants were over the age of 21. None of the participants had any known

impairments that posed a challenge to autonomy. All were free to make decisions on their own behalf without penalty or undue influence.

### *Concern for Welfare*

The participants in this research project were not subjected to any physical, economic, or social risks in this process (Tri-Council, 2018, p. 202). There were risks to consider regarding their mental and spiritual health. The intervention performed in this research project was designed to be supportive of the mental, emotional, and spiritual health of the participants. However, as there was vulnerable emotional sharing, concern for the support of participants before, during, and after the intervention was vital. I considered several aspects regarding the welfare of these participants. The participants were all wellness professionals and had training and insight into mental and emotional health that were informed by rigorous education. Therefore, their consent to proceed in this project was informed by their own knowledge of professional standards of care. They also supported each other in this process. I was supported by two credentialed mental health professionals who agreed to act as counsel to anyone who might need additional support; however, they were not contacted for this support by the participants. Additionally, I sought their counsel in the creation and implementation of the survey questions, collage, ritual intervention, and interviews. The participants were fully informed of the process and any risks that might be factors in their participation to judge whether they wanted to participate or withdraw from any part of the study or ritual intervention. The participants were collaborative in the designing of the ritual

process and were invited to augment any part of the process to honour any limitations or concerning issues that may be present. We augmented the original design of the process to honour time limitations.

### ***Justice***

The participants in this research project all carried equal contracts with MIHC. There were no imbalances of power based on economic or employment status (Tri-Council, 2018). More subtle considerations were the differences in education or social respect for the field of expertise and gender differences.

### ***Bias***

I had several personal biases particular to this project, which required my awareness. I believed that rituals create positive outcomes and that may have influenced how I analyzed the research. To mitigate this, my inquiry committee of professionals questioned my findings and offered feedback and feedforward. Members of my inquiry team signed a letter of confidentiality before assisting me during the inquiry (see Appendix E).

I acknowledge that I wanted MIHC to succeed and be positively influenced by the outcome of the ritual intervention. My enthusiasm may have been an influence in the natural sharing process of the ritual. I kept a research journal to track my reflections on what was experienced regarding my biases. My journal was intended to assist me apply critical thinking in the study as much as possible.

**Outputs and Knowledge Mobilization**

Together with MIHC, a personalized REAL protocol was designed to utilize within their clinic as well as possibly with clients and community members as practitioners of wellness. Additionally, the collaboratively created collage project (see Appendix B) has remained with MIHC as an ongoing symbol of the affirmative acknowledgement of grief, desired transformation, and initiation of emergence into new beginnings. After the research project was completed, I planned to reassemble the sharing circle 6–12 months after the intervention. This was intended for my own learning process to observe the changes long term as well as receive any feedback MIHC might have to offer.

**Contribution and Application**

As a facilitator of rituals in my leadership practice, the motivation for creating this project was to create and study a grassroots process to address grief and loss. Post-pandemic, as we emerge collectively from the deep stresses presented, I observed the great need to acknowledge grief. Having an accessible process that facilitates people to move forward, reestablish connection, initiate healing, and acknowledge the impacts of loss may potentially empower communities in the effort to sustain wellness. Many people work in ritual ceremony facilitation, yet do not have access to the privilege of academic study. It was my privilege and therefore my contribution to my colleagues and community members to test the validity of our traditional practices and to share the results of the work. I have created a manual of the

REAL process design for supporting healthcare professionals who might want to incorporate grief ritual in their organizations. This can be found in Appendix F.

### **Chapter Five: Findings**

The main inquiry question underlying the research project was: How might a grief ritual affect the grief and loss experienced among the healthcare practitioners of Madrona Integrative Health Centre (MIHC)? There were also four subquestions:

1. What is the current level of stress due to the pandemic for the practitioners and staff of MIHC?
2. What supports for burnout prevention are currently in place or will be implemented to meet these goals?
3. How might the Ritual Experience to Acknowledge Loss (REAL) grief ritual workshop reduce stress and potential burnout for staff and practitioners at the MIHC?
4. How might MIHC support and model ongoing use of the grief ritual process to address stress and prevent burnout for staff, healthcare practitioners, and their clients?

#### **Pre-Ritual Survey**

In order to assess whether the ritual process provided the group with any change, I sent an online survey to the group two weeks prior to the ritual date. The questions ( listed in Appendix A) were submitted via SurveyMonkey with responses recorded anonymously. Of 19 possible respondents, 10 returned their completed surveys. In my inquiry as to the

personal losses that were experienced as a result of the pandemic, there were many experiences of different kinds of losses.

### *Themes of Loss*

**Loss of Connection/Community.** Seven respondents indicated the loss of connection as a major impact. The responses ranged from “Lack of Connection with Family” (PrRS, P1), to “fractured relationships, greater division between community members” (PrRS, P7), to loss of community connections. “Mostly, it has negatively impacted my sense of community and kept my social life very small” (PrRS P5).

**Loss of Connections Due to Opposing Beliefs.** Six respondents expressed a loss of connection due to political division and differing beliefs about COVID. These losses of connection ranged from family to community relationships. “Arguments with family about opinions about COVID. For example, to wear or not wear a mask, to vaccinate or not, etc.” (PrPS, P3); “fractured relationships, greater division between community members” (PrPS, P7); “loss of community/friendships with people who ended up having differing views” (PrPS, P9); and “disappointment at human intransigence and intolerance” (PrPS, P8).

**Loss of Financial or Housing Security.** Three respondents expressed the stress of loss of financial and housing security: “loss of affordable housing, loss of a part-time job, as well as putting my coaching business on hold” (PrRS, P9); and “loss of income, survival-type challenges” (PrRS, P3).

I've sold, had to move twice. . . . I have changed clinics twice since the lockdown in 2020. My work, primarily done in person, has been limited and threatened many times in our new reality. (PrRS, P7)

**Loss of Opportunities.** Three respondents reported impacts related to opportunities that were delayed or lost: “Freeze of personal immigration process” (PrPS, P3); “Loss of time—my biological clock is ticking, and the pandemic did not help me get any closer to finding a partner/potential co-parent” (PrRS, P9); and “Loss of Hockey” (PrRS, P4).

**Loss of Well-Being.** Four of the respondents reported a loss of well-being, including physical, emotional, and mental health impacts: “deep uncertainty, intense fear, mostly from others around me” (PrRS, P3); “What was already a heavy job now comes with even heavier roles for holding safe space for the patients and clients I serve” (PrRS, P6); “exacerbation of my chronic illness/fatigue” (PrRS, P7); and “anxiety and burnout” (PrRS, P8).

### ***Methods of Support MIHC Offered During Pandemic***

Finding out the methods for supporting practitioners during the pandemic that were in place, especially those viewed as successful, gave me several insights. I wanted to know if practitioners were making use of other methods of self-care, as well as if there would be internal support post-ritual to assist the integration of the process and the work we did together. I also wanted to gauge how the practitioners at MIHC responded to the risks associated with Coronavirus exposure and ameliorated the increasing demands of their workload.



**Safety.** Two respondents commented on the protocols MIHC had in place to increase safety in personal contact for practitioners and patients: “stay home if symptomatic, masks in clinic” (PrRS, P2); and “practical preventative health measures” (PrRS, P8).

**Emotional Support.** Three respondents commented as to the level of emotional support they have experienced from MIHC since the pandemic, both professionally and inter-personally: “Very supportive group” (PrPS, P3), “attending to my emotional needs by making space to hear my concerns . . . periodic check-ins . . . honouring my path” (PrRS, P5); “compassionate, understanding leadership & flexibility” (PrRS, P7).

**Wellness Support.** Four of the respondents shared comments on the wellness supports in place, practically and through leadership and encouragement of self-care: “[Leadership] reflecting/affirming the importance of self-care” (PrRS, P5); “occasionally being offered treatments/services at no charge” (PrRS, P7); and “hormone testing, blood work, vitamin IV, counselling” (PrRS, P8). An additional comment reflected:

[We received] discounts for supplements we are entitled to, and I have been the recipient of Naturopathic care covered by the clinic. Trades [were] allowed between practitioners which help[ed] tremendously. (PrRS, P6)

**Work Flexibility and Business Support.** Three respondents described their experiences of feeling supported in their practical needs for work hours and practice success: “[MIHC has] understanding leadership & flexibility” (PrRS, P5); “[Practitioners have]

flexible start times, four day work weeks” (PrRS, P9); and “[MIHC was] holding and supporting my practice so I can be financially stable” (PrRS, P7).

### ***Methods of Self-Care***

I inquired as to the self-initiated methods the practitioners were using for self-care. It was apparent that the practitioners were all self-motivated and resourced for self-care, with many modalities for supporting wellness.

**Exercise.** Three respondents described incorporating exercise in their self-care: “Yoga, qi gong” (PrRS, P1), “cold water swimming” (PrRS, P5), and “exercise” (PrRS, P7).

**Spirituality.** Three respondents described spiritual practices they incorporated. “Ceremony . . . connection to nature/spirit” (PrRS, P2); “my altar” (PrRS, P5); and “meditation” (PrRS, P10).

**Social Connections and Activities.** Three respondents listed social connections and activities as a preferred form of self-care: “ceremony, mentoring.” (PrRS, P3); “Support—close nourishing connections with friends and friends who cook me meals” (PrRS, P5); and “community involvement and activism” (PrRS, P9).

**Rest.** Two respondents of the pre-ritual survey, Persons 5 and 6, indicated that rest and naps were a part of their intentional practices of self-care.

**Education.** One respondent indicated that “accomplishing survival tasks and acquiring education” (PrRS, P3) were a source of self-care for them.

***Risk and Current Experience of Burnout, Self-assessment***

As addressing burnout for healthcare practitioners was a part of the impetus and the inquiry process in this research, I asked the practitioners to rate both their risk of burnout and their current experience of burnout, if any. In assessing the risk of burnout, six practitioners responded 'Yes' as to whether they felt they were at risk of burnout, with two responding 'No,' and one responding 'Not sure.' In terms of the current state of burnout at the time of the survey, eight practitioners reported they were at some risk of burnout, and two practitioners responded that they felt no current risk of burnout. One respondent rated their risk as 'slight,' two respondents rated 'low to moderate,' two respondents rated themselves as 'moderate' risk, and three rated themselves at 'moderate to high' risk of burnout.

**Challenges in Working as a Team to Support Needs.** I polled the group for any organizational challenges they may have found in meeting individual needs through working at MIHC. This was intended to reveal any unmet needs that could direct any supportive actions as a team in the future. Four respondents reported that they felt no challenges (PrRS, P1, 2, 7, and 8). Another respondent indicated: "I find the team (both leadership and colleagues) to be very proactive in promoting self-care individually and collectively" (PrRS, P4). Six respondents indicated some challenges, experienced as a lack of resources as a team and a lack of connection to the other practitioners.

**Lack of Resources.** Six respondents indicated a lack of resources at MIHC to meet the needs for the well-being of the practitioners: "I feel the challenge is that the support of the

clinic is mainly focused on day-to-day operations and lacks the resources to support much else beyond that” (PrRS, P2); “I’m not making enough money to cut back on my hours and we don’t have extended health benefits. Also I’ve used up all of my sick days, so if I get sick, I don’t get paid” (PrRS, P6); “timing, accessibility, common ground” (PrRS, P5); “I experience financial barriers to accessing self-care” (PrRS, P7); and “I’m needing to build my practice to bring in more income. This helps meet financial and survival needs. This has almost solely been on me over the years of the pandemic” (PrRS, P3). Additionally,

For me personally, the Clinic is just so busy it’s an inherently imbalance phase that challenges my self-care but also asks of me to step up into a higher level of integrity with it. . . . It’s been SO busy with the clinic just getting starting, so sometimes the chaos of that is challenging and takes a toll. (PrRS, P6)

**Lack of Connection with Colleagues.** Four respondents indicated that their challenges were sourced from a lack of connection with colleagues: “Not having very many opportunities to connect as a group/team prevents us from working together easily in any capacity” (PrRS, P2); “[Lack of] common ground” (PrRS, P5); “There are always personalities and personality conflict to be navigate, and we place a high value on making sure everyone is heard” (PrRS, P6); and “I also don’t have close personal relationships with my colleagues and would not seek them to aid me in self-care” (PrPS, P7).

**My Assessment, Pre-Ritual**

As I reviewed the data from the pre-ritual survey, I was aware that many layers to the experiences of loss, change, interruption, and challenge may have caused the participants to experience grief. Lee and Neimeyer (2020) developed the *Pandemic Grief Scale* specifically by researching healthcare workers, which measured the emotional impact of loss from illness, death, overwork, burnout, isolation, and lack of integration. The experiences that result in unprocessed grief for health practitioners are complicated by challenges to survival. Having many friends in the Salt Spring Island community, I was aware of the commonly reported challenges of the community, including housing and financial insecurity; these conditions were made far worse by the pandemic. According to Booth (2023), based on average housing prices and vacancy rates, Salt Spring Island (Salt Spring) requires an additional 3,000 units to meet the demands of lower- to middle-income families and workers. Salt Spring is a small island with the major industries being service and tourism based. The stay-at-home orders, the restrictions imposed for human contact, and the closing of many businesses created a rolling effect of people moving to Salt Spring from Vancouver, amplifying the already severe housing shortage with the added financial stress of rent increases.

A major cause of grief noted in both pre and post-ritual data was the disruption and loss of relationships due to differing political views of the policies and measures of governments, businesses, and individuals. This is a widespread phenomenon in Canada. Devlin et al. (2021) polled Canadians on their perspective of societal divisions, noting a rise

from 29% to 61% of people feeling more politically divided from the beginning of the pandemic to 2021, and a drop from 66% to 36% of the populace reporting feeling a sense of unity with fellow Canadians from the beginning of the pandemic to 2021. Participants reported this acrimony as a major source of loss and grief.

It surprised me that the data collected from both the pre and post-ritual surveys did not indicate the major losses experienced by the participants to be loss of family or health during the pandemic, but indicated a great need to address the stresses associated with the pre-existing financial and housing crisis as well as the disruption of personal connection. The risk of burnout due to overwork, however, seemed to be a common concern among all the participants. In their research into burnout in healthcare workers, Jalili et al. (2021) assessed their risk to be very high due to the lack of access to support, interventions, overwhelming workloads, and exposure to many urgent health crises with their patients. Eight respondents in the pre-ritual survey indicated they felt at risk of burnout. This indicated to me the great need to address the factors associated with stress and unacknowledged emotional impact. Beyond grief, major interventions in the community of Salt Spring are needed to ease the burden of the housing crisis. Clearly, this goes beyond the reach of emotional interventions such as the grief ritual but may provide clarity for some as to the actual impact of carrying that burden.

### *Collage Analysis*

The participants created a collaborative collage in the weeks following the ritual (see Appendix B). Offering a collage as a method after the process was intended to integrate the ritual process inclusive of the many ways people process ideas and emotions that might not be verbally accessible and as a method of data collection (Gerstenblatt, 2013). They were asked to consider two themes: (a) the grief that they may want to acknowledge or release from the pandemic, to be affixed on the left side of the paper; and (b) the new beginnings they want to see initiated from what they have learned as a result of the pandemic, affixed on the right. Six practitioners participated in creating the collage.

### *Grief Themes*

**Whirlwind/Home No More.** Images relating to a whirlwind were in two places on the left side of the collage. One was a photo of a typhoon or hurricane from above, with the words “seedy business” to the right of it and the word “risk” to the left. The centre of the storm, the dark “hole” may have suggested a sense of being surrounded, being pulled into the whirlwind. Perhaps “seedy business” was referring to the governmental measures in place for protecting against viral spread during the pandemic. It may have also been inferred that the relationship of the person to a business may feel stormy due to the pandemic.

The second whirlwind is next to a large picture of a man on an old sailboat, with the words “home no more” affixed to the mast of the sailboat. The whirlwind is above a person who appears to be underwater. There was a symbol for the four elements drawn at the top,

between the whirlwind and the underwater person. There are also four arrows drawn between the man on the sailboat and the whirlwind/underwater person. This may have been intended to represent the loss of home, security, or even having to leave Salt Spring. The symbol of the four elements may have been interpreted as an awareness that nature is involved or perhaps in crisis. The human underwater might have been suggesting drowning or perhaps the sense of pressure of being underwater due to the whirlwind of the pandemic and being without a home. The “home no more” theme may have also been interpreted to mean that the person’s sense of reality has changed such that they do not feel at home any longer in this new reality.

**No End.** The picture of people wearing masks, passing a bag between them, and other people behind, perhaps shopping, may have symbolized the frontline workers during the height of the pandemic, still in service to the community while at risk to themselves. Above the picture were the words “no end in sight” affixed with “breaking” between the worker and the customer, and the words “I’m not sure it’ll be now” were affixed beneath.

There appeared to be grief or fear communicated in the words chosen as to whether the pandemic has, in fact, ended and when or if it might end. This fear may have been related to the sense that changes to working conditions might never return to normal.

**Get Out.** The large words “get out” were affixed above a photo of a fork with a cracked glass in the background, the words “issue,” “crossroads,” and “ish” in the centre, with a plate of food underneath. “Get out” may have had several connotations. One might be a sense of urgency around the pandemic finishing. Another might be directed to the many



people who have moved to Salt Spring in the wake of the pandemic, which caused a rise in rents and a worsening of housing shortages. “Crossroads” as affixed to the photo of the fork and broken glass may have been communicating the threshold moment of food insecurity meeting an unsure future. It may also have referred to the climate crisis. The word “issue” affixed to the left and above the fork on broken glass may have been referring to the many issues that have caused division and brokenness in the community. It may have also meant that the issue is that there is brokenness. The “ish” connecting the depiction of food and the broken glass/fork image may be referring to the idea of “sort of” or “maybe.” The food at the bottom was perhaps creating an anchor of nourishment or pointing towards the value of healthy food.

**Work.** The working theme appeared in two parts on the left side. One appeared in a woman who was painting, with the word “fix” under her desk and the word “control” behind her. On the wall behind the woman was a group of images suggesting a painting in the classical form, possibly angels or deities. The word “control” was affixed close to a man’s arm in the painting holding a lever of some kind. This image may suggest the emotional complexity related to work, whether it is a method of control or a loss of it. It might also have suggested that humans are trying to control something that is beyond our control. The word “fix” under the desk of the woman might be communicating a desire for practical changes or empowerment. It might have also been a cry for help in “fixing” the problems. The picture of

the woman chosen showed her with a solemn and focused face, in the centre of the selected photo, with the chaos of the painting behind her.

**In the Heart.** In the centre of the page, a large heart is affixed, composed of a picture of the aurora borealis over a mountain top. On the left side of the heart, the words “and never,” “the audacity,” and “the little things.” The heart may have represented the core values or the central truth of the person. It may have also implied compassion. The aurora borealis may have denoted a sense of dreaming, beauty, or awe. “And never” may have been referring to the idea that the pandemic should never have happened or perhaps a desire for the many challenges to not have happened. “The audacity” may have been describing the boldness or shamelessness of people throughout the pandemic in their disregard for personal or community safety. It may have also suggested the audacity of the virus itself to disrupt life so thoroughly. “The little things,” in very small writing, may have been implying that the many small things associated with the pandemic were on their heart. Perhaps the little things amounted to a big thing. Placed in the centre of the heart and to the right seemed to represent the new beginnings this person was wanting to see in the present and future.

### **New Beginnings Themes**

**The Heart.** At the centre and right side of the heart, many words were affixed, which may have been interpreted as separate themes or as a whole statement. “The people,” “changing the industry for the better,” “a pandemic,” “a deep well,” “come together,” “composting,” and “genuine.” This may be interpreted as a positive desire for change, a

dream for unity and authenticity. This may be describing “the people” as a positive force for transformation and digging deeper for healing, releasing, and recycling to create more fertile ground.

**Love Healing.** A picture of a Woman of Colour sitting in a garden, looking at a flower and smiling has the words “love,” “healing,” “home,” and “a medical miracle” affixed around the bottom and sides of the picture. The woman depicted seemed peaceful, surrounded by and embodying beauty. The words “love,” “healing,” “home,” and “a medical miracle” may be a prayer for healing, connection, and safe space. Affixed to the picture of the woman were also the words “set free.” and these continued through a chain of affixed phrases, that included “joy,” “choose a path to wellness,” “happiness,” “back to roots,” and “beauty.” These words seemed to be self-described desires.

**Doorway.** Below the word chain described above, there was a hand drawing of an open door. Above it was an arrow pointing up to clouds, or perhaps blossoms, or the wind. Beside the doorway is an arrow pointing down. Perhaps this was a depiction of freedom, with a suggestion to move up and out into the fresh air. It also may have referred to being grounded or opening inward. Perhaps it was implying the clinic needs an “open door” policy.

**Honey.** Directly below the depiction of the open door was the word “honey,” affixed to orange and white flowers, affixed to an underwater ocean scene, with what may be whale sharks and a sunbeam, and the words “a world of wonder awaits” and “beyond” above and the words “start listening” and “new vines” below the whale sharks. Honey may have been

implying sweetness, nourishment, a salve, or perhaps the prosperity of the busywork of bees. The flowers had honey colours within them as well as orange and white and may have been suggesting flowers from which bees like to collect nectar, or perhaps they indicated beauty, springtime, and renewal. The ocean scene appeared peaceful, and the words were both hopeful and guiding. Perhaps “start listening” was meant as direction or urging a choice.

### **Discussion about the Collage**

The collage provided a great deal of insight into the inner worlds of the practitioners at MIHC. There was evidence of fear, worry, and struggle associated with the themes of home, work, food, wellness, and divisiveness in relationships and community. Macy and Young-Brown (2014) described feelings such as worry and fear as natural and unavoidable, which perhaps belie the deeper fear that such despair will never change. I felt the sense that the grief for the practitioners was very deep and may have been rooted in the apparent threat to home and livelihood for most of the participants. Van der Kolk (2015) described the body as defaulted to protect and survive danger when under threat. Van der Kolk further explained that these survival mechanisms limit a person’s ability to be creative or strategic in meeting challenges. Overall, I felt the sense that the participants have been uprooted from a place of safety, a home they very much treasure, and cast adrift in the storm of the unknown.

I could also sense the hopefulness to be free of these fears through their “new beginnings” expressions. “The light of love is always in us, no matter how cold the flame” (hooks, 2000, p. 100). There is caution in their collage images and words and also beauty and

promise of emergence within the collective. Somé (1993) referred to the healing capacity of community and the possibilities that emerge when people unify. The practitioners at MIHC depicted their connection in the collage and seemed to reveal the promise that might come with such a connection.

### **The Ritual Process and Post-Ritual Impact**

I have chosen to describe the findings through the theme framework of the Irish Celtic mythological WOY. As previously described, the WOY is an ancient symbol of the passage of seasons, with eight distinct *directions* called the *feasts*. Each direction has a theme that relates to human nature and healthy growth. The traditional ways of relating to the WOY are through acknowledgement, ritual, celebration, and connection to nature, spirituality, and community from time immemorial as an oral tradition. Duckett (2010) explored the WOY as a unique version of transpersonal psychology. In folklore, the themes in each season relate to the passages in the lives of all people, including grief/release, recovery/rest, inspiration/new beginnings, dreaming/wondering, creativity/conflict, empowerment/choice, prosperity/resilience, and wisdom/understanding. By relating to the WOY through my research findings and discussion, I thematically bridged the ritual that was accomplished with MIHC to the body of this written thesis report.

### **Chapter Six: Discussion**

The discussion presented in this chapter reflects my analysis of the post-ritual survey and interviews, augmented by my field notes. The topics covered include Grief and Release, Recovery/Rest, Inspiration/New Beginnings, Dreaming/Wondering, Creativity and Conflict, Empowerment/Choice, Prosperity/Resilience, and Wisdom/Understanding. When presenting comments in this chapter, the three post-ritual interview participants will be identified as PRI-1 to PRI-3, post-ritual survey comments will be coded PRS-1 to PRS-4, and my field notes will be coded as FN.

#### **Grief and Release**

Of the eight participants in the REAL grief ritual process, six submitted post-ritual surveys four weeks later, and five responded that they would personally benefit from more grief rituals. Of the three participants who were interviewed two to three months after the ritual intervention, all three responded that they felt grief was acknowledged in the ritual and explored in a gentle way: “I appreciated looking at both personal and community grief as it relates to us” (PRI-3).

“I felt really aware that there was a lot of grief in our little group that hadn’t been discussed” (PRI-1). In my field notes, I observed the complexity of grief for each individual, the group, the organization, and as representatives of the greater community from the onset of the pandemic. There were tears and many tense moments of sadness, resentment, and frustration. The focus on the heavy burden of personal safety as well as preventing viral

transmission to clients was expressed as heavy. The stresses of financial and housing insecurity have taken a toll and required a great deal of focus on personal survival for this group (FN).

I observed most of the grief experiences communicated by the group during our sharing circles were mainly individual struggles that existed before the pandemic and have been made much worse, such as financial challenges, housing instability, and the consensus that these problems left many people in the community very exposed prior to the pandemic, with no resilience to meet the challenges presented by the pandemic. Weller (2015) posited a shared and overwhelming experience of grief by the whole earth organism as inseparable from humans. Weller theorized that the “soul of the world” (p. 46) might be in deep sorrow, sensed and shared through our own experiences of destructive change and upheaval. As a member of a community surrounded by such natural beauty, I also wondered how the Earth was communicating through the group in sharing their struggles.

Another major grief shared was due to political divisions that caused relationship disruption and disconnection. This was described by many in the group as very painful and ongoing. Weller (2015) described the loss of friendships as a deep grief for the unexpected losses for which one could not prepare. The division associated with vaccinations, masks, and social distancing were noted as key sources of internal arguments and was also described by some as aggressive behaviour by community members, family members, and even some clients. Moore (1992) described this experience of aggression as a separation from personal

power, or the soul, and the destructive behaviour that ensues as a subtle attempt at establishing control. A few members in the group shared how difficult it had been for them to have to defend the safety standards in order to lower their own risk of delivering care. I sensed that for at least half of the practitioners, there was grief, resentment, and even anger at the lack of compassion that had been shown during the pandemic to their own human needs for safety by those outside their field. Martin (2023) posited that the persistence of unexpressed anger complicates grief and often is expressed to those unrelated to the cause of the anger. Expressing this pain as a group seemed to be cathartic during our sharing circles and appeared to have the effect of bringing the individuals closer together as a group.

### **Recovery/Rest**

In considering the idea of recovery and rest after the ceremony, the responses were varied. One of the interviewees expressed the awareness of needing rest and recovery that has come since the ritual: “I have felt a lot more need to rest since the ritual, and knowing I could no longer push that need aside” (PRI-3). Two interviewees expressed a palpable release during the ritual and immediately after: “After feeling the release through burning the old patterns in the ritual, it connected me to the land our place is on” (PRI-1); and “I was really spent after the ceremony; I felt both emptied and filled” (PRI-2). One of those interviewed expressed the need for ongoing recovery: “I am glad for the opportunity to integrate what we experienced, we can sometimes forget that recovery is ongoing” (PRI-3). In my own



observations, there was a palpable release of tension and energy shift during the ritual itself, and in the follow-up, weeks later, with three of the participants (FN).

Recovery from great stress requires deep rest. Levine (2010) explained that when a person experiences overwhelming challenges to their survival, it is very common for them to “freeze” (p. 23), a stillness that can be seen in the body, emotions, and mindset. According to Levine, without some kind of intervention, this frozen state can result in a person feeling stuck in a state of somatic high alert and stress. Perpetually feeling on high alert prevents deep rest and recovery after a time of stress. Spencer (2021) described the stress of overwork during the pandemic as requiring much intentional rest as a remedy for the impact of stress on the body and to prevent burnout. In the case of the practitioners of MIHC, they reported becoming aware of the tension they had been feeling as a result of the ritual and a need for rest to recover from it.

### **Inspiration/New Beginnings**

The interviewed participants shared their feelings inspired by the ritual process itself and the potential to incorporate them in team building: “I felt inspired to try group experiences like this regularly as a way to build connection and culture in the clinic” (PRI-1); “I have done many grief ceremonies in the past, and I was inspired by the ease, gentleness, and inclusion of this one” (PRI-2); and “I noticed the sense of co-regulation and how in grieving together, we encouraged team building” (PRI-3). All interviewees also shared their views on the inspiration that was realized during the ritual itself: “When we actually called

for the inspiration after we acknowledged the grief in the ritual, I noticed the energy of the room change, and that change has continued since the ritual” (PRI-1); “I haven’t been at MIHC very long and been building my practice; this ritual was helpful for building connection with the other team members” (PRI-2); and “I have been experiencing burnout, and the ritual prompted me to shift and pay attention to my needs” (PRI-3). What can be noticed is the phenomenon of some changes in attitudes and emotions as a result of the ritual intervention.

In concurrence with Martin (2023), without inspiration or the sense that something new, positive, and desired will begin to happen, it can be difficult to really experience grief and to let go of the tension people often hold because of it:

Life is a series of passageways we choose largely on faith and a healthy dose of hope. We hope that the hallway of our choosing leads us to magic, the inexplicable, the sudden, the uncontained. Not so that we can capture it, hold it, make it our own - but just so that we can feel it, even for an instant. Feel it and know the truth, that the universe itself is magic. (Wagamese, 2016, p. 80)

Some of the participants reported feeling inspired by the ritual itself, as well as the sense of new beginnings that came as a result of the ritual. The act of calling for new beginnings might then support growth and momentum going forward.

**Dreaming/Wondering**

I inquired as to what curiosities had emerged in the participants as a result of the ritual. From the responses of the interviewed participants, there were several insights: “The ritual had me visualizing new ways of supporting community and our team” (PRI-1); “I am always curious as to how old ways can help us to heal” (PRI-2); and “I was curious about reevaluating my lifestyle and work/life balance since the ritual” (PRI-3). Overall, from my observations of this group during and after the ritual process, all participants expressed availability to explore new terrain and what might come as a result (FN).

To dream can be experienced as an act of adventure, a release of the attachment to outcomes, and the intrigue of curiosity. Martin (2023) discussed the need for grief rituals as a method of releasing the emotions that re-ignite wonder and interest in the adventure of life. When people are stuck in the stressful patterns of unacknowledged grief, they may also feel a sense that they are not available to dream of new possibilities, or that these dreams are far away from them. Starhawk and Nightmare (1997) described the liberation and growth that is experienced in the feast of Ostara (i.e., spring equinox) and how the light of spring sparks a sense of wonder from the dark nights of winter. Van der Kolk (2015) described dreaming as necessary for mood regulation and overall wellness. The curiosity that awakens dreaming and provokes wondering seemed present in most of the participants in the ritual process. For those individuals who did not seem curious or open to new beginnings, I was curious if they

would take the opportunity to explore what might emerge for them in the weeks following the ritual.

### **Creativity and Conflict**

Including both creativity and conflict in the same category acknowledges that creativity, as people seek to transform the current reality, can often result in conflict. This can be experienced internally as well as inter-personally. In this group, I observed both creativity and conflict emerging throughout the process, in the talking circles, during the ritual, in the collage, and in the interviews. There were definitely tense and conflicting tones and postures in the room. From my perspective, the group had a sense of willingness to explore but also were uneasy openly showing deeper vulnerability openly (FN). For one of the post-ritual survey respondents, the experience was notably both creative and conflicting: “During the ritual, I felt I fluctuated between deep embodiment and dissociation. It was hard to engage in vulnerability when I really don’t know this group of people very well” (PRS-4). Yet another survey respondent felt there was important creative insight gained within the ritual process: “What I received from the ritual was an important insight that has shifted some of my focus for my life” (PRS-6).

The underlying conflicts that had long been unacknowledged for some became a very centred topic in the sharing circles as well as the ritual. In my observations as a facilitator, housing and financial insecurity for the whole community, which both preceded and greatly accelerated during the pandemic, was a big point of grief and discussion as well as a theme

within the ritual. Participants expressed much regarding the loss of feeling safe and secure in their small community, and they mentioned fear of politics and divisiveness as a growing and toxic element (FN). One of those interviewed expressed their experience of burnout and their personal insight as to sources: “My level of burnout doesn’t feel decreased, but I do feel that work has picked up, so there are other factors at play” (PRI-3).

As a whole, the group had a palpable divide, with some more lively and communicative participants sitting together and two who sat on the fringe and did not share very much during the ritual. I witnessed a subtlety of social static, suggesting that the participants had some conflict or disharmony with the subject matter or were uncomfortable in the context of the gathering (FN).

The collaborative collage, created in the six weeks following the ritual with the participants, was a source of creative expression as well as insight into conflicts and ideas for change. Two interviewees commented on the influence of the collage on their post-ritual integration: “I could really see how people were feeling from the finished collage, and I think it’s a great tool for our team to practice” (PRI 1); and “The collaging was a wonderful way to express creatively in non-verbal ways” (PRI 3). One interviewee did not experience any notable process attributed to the collage but expressed enjoyment: “It took me a while to do the collage because I’ve never done it before. I am not sure if it helped, but it was fun” (PRI-2).

The participants who completed the post-ritual survey indicated an overall positive shift in their mindset regarding work, with four of six respondents indicating overall positive thinking in regard to work, with one respondent reporting no change, and one respondent reporting negative thoughts regarding work since the ritual process (PRS-1).

The direction of the WOY that governs creativity and conflict is the Southeast, the feast known as Bealtaine (sometimes spelled Beltaine or Beltane). The time of the year for this feast is April 30-May 1, and this celebration is for fertility of both land and creaturehood, polarity and battle. Starhawk and NightMare (1997) described Bealtaine as a time of cleansing, romance, and honouring pleasure. The old fallen and dead wood from the winter storms were burned as a symbol of the return of warmer days. Duckett (2010) posited the conflicts that might arise at such a time of renewal, purification, and change, and the darkness that people cling to as days become brighter might arise from the lack of acknowledgement and release of the cold and darker days.

The MIHC participants seemed to show both creativity and conflict. This was apparent in the ritual, the sharing circles, the collage, and the surveys. In the ways I have learned to relate to creativity, I am also aware that conflict is most often a partner. Rather than viewing conflict through a lens of dysfunction or as an obstacle to overcome, I choose to hold the theory that conflict means that people are fighting for something that matters to them. As a facilitator, I gently focused the momentum of the conflicting energy that arose in the group toward strategy, agency, creativity, and empowerment. In this way, creativity can

partner with conflict to generate passion for change. Ó Cruaíoch (2015) related that the dynamic way ritual is embodied in Irish traditions represents a transformation of creativity into passion through challenge and collaboration. Welcoming such conflicts to be safely held in ritual space allowed for the potential of transformation into a passion for change.

### **Empowerment/Choice**

Two of those interviewed expressed a sense of empowerment that emerged for them, which they attributed to the safe space they felt they were provided during the ritual: “Meeting grief in a safe setting modeled safety in the group, which felt empowering. I felt I could hold my power more safely” (PRI-3); and “I felt welcome to show up as myself and to share fully, which broke through any resistance I was feeling” (PRI-2). Another interviewee expressed that the experience made them aware of the power the group held together: “I really loved feeling the power we have together as a team” (PRI-1).

The intention to create this ritual process as a potential method of proactively preventing burnout or addressing current burnout in this group of healthcare professionals seems to be a questionable outcome. Two participants indicated they had a slight decrease in the risk of burnout since the ritual process, with one indicating they were not sure of the impact of the ritual on their experience of potential burnout. Three of the respondents indicated that their risk or current experience of burnout has stayed the same since the ritual (PRS-4).

I agreed with Moore, (1992); to make change, it is important for people to acknowledge they have the power to act upon the choices they make for change. This direction of the Wheel of the Year (WOY) is the South, representing the Summer solstice, fire, and the longest day (O'Brien 2018). The sun represents a cosmic force of transforming fire, and for the early Irish, this was a time when the crops for the year were beginning to generate rapid growth. Starhawk and NightMare (1997) described Samhradh, also known as Midsummer or Litha, as a time when clear vision is prayed for to focus the people in the time of the year when they need the most strength for working the fields and for the coming harvest. Macy and Young-Brown (2014) described personal power as the “self as choice maker” and the need for positive growth arises from conscious choice and action (pp. 50–51). One interviewee communicated a sense of feeling safely held to break through resistance and explore self-empowerment. One interviewee shared their experience of observing the power of the group working together. Awareness of how people can focus and use their power for positive change was one of the goals of this grief ritual.

### **Prosperity/Resilience**

The intent of the ritual process was to initiate a sense of connection and group cohesion and to build resilience within the organization to meet challenges, as described in Some (1993). An expressed need for grief and emergence was the financial struggles experienced by the practitioners as well as the group. One interviewee expressed their underlying mission for the collective as one of both social and financial prosperity: “I really



want us to be successful. I want everyone to feel like this place is important to them” (PRI-1).

Two other interviewees and one of the survey respondents expressed awareness of prosperity in the form of social connection as an important priority in the outcome of the grief ritual process, both personally and collectively. PRI-2 stated, “I am just building my practice, and I feel that others will know how I do things and my ways through this kind of connection.”

Two additional reflections included:

Coming together for this purpose feels like it showed the value of our team. It is really life affirming to feel more intimate connections in the group, more safe to be seen as human; It isn't all on one leader to make our lives work, but we can create an environment that is life-affirming while we are making money; As a neurodivergent person, I feel more prosperous in having my emotions validated and held in safety by our group. (PRI-3)

It was a lovely ritual. I felt the connection present in the space and was shifted by it. That being said, I found the ritual personally enriching, and this has created a slight opening in connection for me with my coworkers. (PRS-6)

The theme of prosperity was central to the survival and sustained growth of the early tribes of Ireland in the Lore, as described by Kinsella (1969) in his translation of the famous Irish epic *Táin Bó Cúailnge* (from the first year, CE). Kinsella (1969) explained the currency recognized as prosperity valued by Queen Medb and Ailill as lands, creatures, family, relationship, ancestry, and spiritual connection. Prosperity can be described as the wealth of

relationships and connections we experience in our lives. Moore (1992) explained the fears that can arise from looking at prosperity through the lens of defending oneself from the challenge of poverty. Moore further suggested that the true currency of life that might be considered prosperity has a much broader capacity than the polarity of wealth versus poverty.

The focus of the Madrona Integrative Health Centre (MIHC) group in the pre-survey, ritual, sharing circles, and interviews seemed to be identified in the amplified struggles that many people without financial means experienced during the pandemic. I observed this sense of poverty as a strong tone that brought about deep grief from at least half of the group. A few of the participants seemed to notice the potential of prosperity coming from within themselves and in their connections with the group. I could also see the deeper needs of this group, and likely the community of Salt Spring, to address their needs for affordable housing and successful support for lower-income people in the coming years of emerging from the impacts of the pandemic. These were needs beyond the scope of the ritual, but perhaps amplified, acknowledged, and validated through the ritual to raise the unmet needs to the level of priorities for change.

### **Wisdom/Understanding**

The wisdom and understanding generated as a result of the Ritual Experience for Acknowledging Loss (REAL) process was an intended outcome. The participants learned to support each other in the process and also to facilitate similar interventions for themselves and for their patients and community members served in exploring the understanding that

emerged. The common understanding among the interview participants was the unseen presence of grief and the need to acknowledge and process it collectively through such experiences as a grief ritual:

All of our grief is worth acknowledging. Without a container to do that, we might miss the opportunity to heal; Without the acknowledgement of pain, we can't make change. (PRI-3)

I was really feeling the sense of doom during the darkest part of the pandemic, I can see now that it was unexpressed grief. I feel lighter, and I know there is more work to do to heal. (PRI-2)

The insights as to the group and community dynamics were expressed by two of the interviewees: "I am aware of what kind of leadership I need to show going forward. Empathy and inspiration, and holding to our values and vision" (PRI-1); and "I have done many similar processes to this ritual before, but learned that it can be gentle, and to consider the diversity of experience within the group" (PRI-2). An interview had personal insight as to their future and a greater understanding of what might lie ahead for them: "Acknowledging the grief within the community we are supporting made me examine if this is the right community for me" (PRI-3). In the post-ritual survey, five of six respondents expressed that they felt a deeper connection to their colleagues as a result of the ritual. One respondent indicated that they did not feel a deeper connection as a result of the ritual (PRS-3). My observations during and after the ritual was that the practitioners of MIHC have a lot of collective wisdom and

education. It felt transformational to bring them together in a process that was unique to their own expertise and specializations (FN).

Understanding was another key goal of the outcome of the grief ritual. Through sharing stories, emotions, and making space for acknowledging loss, people can learn more about each other, what they might need, and how they might be of service to each other. In the Irish Wheel of the Year (WOY), wisdom and understanding are themes in the direction of the West, at the fall Equinox (Duckett, 2010). The equal day and night that initiate the darker months begin a time of inward focus. As this time of year marks the approach of an ending of the year and the beginning of a new cycle at Samhain, the season of harvest and plenty naturally calls for storytelling, sharing, rest, and learning (Ó Cruialaoich, 2015). Macy and Young-Brown (2014) described their own version of emergence as a spiral with themes of gratitude, honouring pain, vision, and action. This is not the same as the WOY, but has some parallel themes. One of the similarities is the ending of one cycle as the opportunity for knowing and clear vision with understanding. Five of the six respondents to the post-ritual survey indicated they felt a deeper connection to their colleagues as a result of the ritual. Deeper connections and the telling of our stories may bring the understanding that can become compassion and deeper relationships. The three interviewees indicated a greater understanding of themselves, and one shared her realization that she may need to make bigger changes. The inward experience of wisdom connecting and collaborating with the community through shared intention may strengthen the foundation of MIHC.

## **Chapter Seven: Conclusions and Recommendations**

The conclusions and recommendations presented in this chapter were derived from the study findings as well as the literature reviewed. The scope and limitations of this study as well as organizational implications and implications for future inquiry are presented. I ended this chapter with a thesis summary and conclusions.

### **Conclusions of the Study**

Eight major conclusions emerged from this study investigating the effect of a grief ritual on the practitioners of MIHC. The conclusions included:

1. Grief is a natural experience that can be stressful, and is complex for health professionals. This agreed with Van Der Kolk (2015) and Wimpenny and Costello (2011).
2. Recovery from the stresses inherent in the grief process of health care professionals requires vulnerability and safe support, as described by Wimpenny and Costello (2011) and Bosak et al (2021).
3. New beginnings are initiated when the expressions of grief are released. (Prickett and Timmermans, 2022)
4. Freedom to dream and wonder is compromised when a person feels chronically stressed. When grief has a safe place to be expressed, such as in a ritual process, emotional well-being can emerge once again, as posited by Hobson et al (2018).
5. Acknowledging conflict gives access to more creativity (Mate and Mate, 2022).

6. Encouraging and acknowledging personal power helps people feel they have agency and choice (Senft and Basso, 2009).
7. Wisdom can be earned by coming together to share and understand lived experiences (O'Donohue, 1997).
8. A goal of prosperity in health care practice requires tending to the well-being of the individual practitioners (Rabow et al, 2021).

Each conclusion is detailed in this section.

***Conclusion 1: Grief is a Natural Experience That Can be Stressful and Complex for Health Professionals***

The intention of the study was to provide an intervention to acknowledge the losses experienced by the health professionals at MIHC as a result of the pandemic. The work of healthcare professionals requires a great deal of care and compassion for people in meeting their needs for healing and prevention of disease. As outlined in Chapter 2, Rabow et al. (2021) described the complexity of having to balance the grief of patients with their own grief process. This complexity was echoed by Ansari (2022) in their study of burnout among healthcare workers. One of the respondents to the pre-ritual survey remarked, “What was already a heavy job now comes with even heavier roles for holding safe space for the patients and clients I serve” (PrRS, P6). The ability for professionals to hold safe and healing space for patients requires a lot of self-care and support. Bosak et al. (2021) noted the requirement for transformational and supportive leadership in healthcare workplaces for workers to stay

healthy and engaged. One survey respondent described the leadership at MIHC as “compassionate, understanding leadership and flexibility” (PrRS, P7). I conclude that there was a high level of stress as a result of the extreme circumstances of the pandemic. Therefore, the style of leadership and relative support available within an organization comprised one of the determining factors as to whether the grief ritual would have a positive effect on the group.

As covered in Chapter 4, the grief reported by a number of participants was focused on the divisive opinions of friends and family in regard to pandemic protective measures. These included divisive opinions about personal protective equipment, social distancing, as well as vaccinations. As their risk of exposure was high, having to explain or defend their action to protect themselves was frustrating and isolating. The subsequent loss of connections was painful for them (PrPS, P3). Grief is made much more complex for healthcare workers because they support others, and a lack of understanding and compassion for their risks and circumstances was complicated by a loss of relational connection with those who might have supported them too. There is much more needed in terms of therapeutic resources for healthcare practitioners to support them in the years to come. This grief ritual practice is but one measure, and they definitely require more group and individual support than one measure.

***Conclusion 2: Recovery from the Stresses Inherent in the Grief Process of Healthcare Professionals Requires Vulnerability and Safe Support***

I observed that the grief ritual process opened the participants to vulnerable sharing about their lived experiences of loss. As described by Martin (2023), I intentionally created a safe and supportive space for the participants to feel the ability to share more authentically. In grief ritual space, allowing for deep release, or a catharsis, is a goal to relieve anxiety and welcome creative change to meet the future. As described in Chapter 2, Strauch (2010) explained the need for those who are feeling grief to experience catharsis to prevent further trauma and dysfunctional behaviour. Wimpenny and Costello (2011) described the need for further grief literacy training for professionals for self-care and patient care. Shi et al. (2022) described compassion fatigue that is common for healthcare practitioners and a contributor to burnout. None of the participants reported they had received training in grief literacy, and overall, their responses suggested that self-care was generally individually managed. The knowledge product of a grief ritual process could be of service to MIHC as they emerge from the pandemic, and this might also spark inspiration to explore grief literacy as continuing education. I would recommend the practitioners attend grief seminars and seek out available books and teachings on grief processes.

***Conclusion 3: New Beginnings Are Initiated When the Expressions of Grief Are Released***

During the talking circle and the ritual process, I became aware that sharing on pandemic grief had been a long time coming. The participants seemed weary of many of the



amplified stresses on basic needs like housing and financial stability (PrRS 3, 7, 9). Others felt isolated or disconnected from their community (FN, PrRS 1, 5, 7) The power of ritual promotes a sense of regulation from emotional chaos (Bell, 1997). Historically, the practice of ritual can retrieve what is valued from what might be unhealthy (Bogdan, 2007). The need for a spark of inspiration to signal new beginnings was visible in the collaborative collage that was created (see Appendix B) as well as the post-ritual interviews (PRI-1, 2, 3). Focusing the practitioners on positive change through similar interventions and team-building processes is recommended to provide additional supports for the practitioners to create a more successful organization.

***Conclusion 4: Freedom to Dream and Wonder is Compromised When a Person Feels Chronically Stressed. When Grief Has a Safe Place to be Expressed, Curiosity Emerges Once Again***

The dreaming time in the Wheel of the Year (WOY) is the spring equinox (O'Brien, 2018), and the themes are light, playful, and adventurous, as one emerges from the cold and darker days (Starhawk & Nightmare, 1997). Except for two of the participants I observed, it seemed most of the practitioners were not exhibiting a sense of playfulness or adventure (FN). The losses reported in regards to basic needs not being met pre-dated the pandemic and were made worse by both the financial and housing crises (PrRS-3, 4, 7, 8; FN). I observed the ritual sparked curiosity and was received as an invitation to dream bigger and to wonder for some of the participants. I feel curiosity might be further nurtured for this group in outdoor

creative activities or expressive arts initiatives. The practitioners of Madrona Integrative Health Centre (MIHC) were very intelligent and their work was in guiding others, so it was very worthwhile to cultivate a mindset of wonder and adventure. The mindset of wonder can promote positive momentum, curiosity, and creativity.

***Conclusion 5: Acknowledging Conflict Gives Access to More Creativity***

In every stage of the intervention, pre-ritual surveys, sharing circles, the ritual, collage, and post-ritual surveys and interviews, I noticed the tension and weariness of unresolved or unacknowledged conflict (FN). The lack of connection, isolation, social distancing, interruption of community, and challenges to self-care all seemed to be contributing factors to internal and interpersonal conflict (FN; PrRS; PRI). Acknowledging the conflicts helped to focus some of the practitioners in the group toward creating change (PRI-1, 2, 3). The grief ritual intervention we performed was one way of acknowledging and expressing conflict. More methods and opportunities to express conflict in a safely held space are needed to assist in further positive change, concurring with Van Der Kolk (2015). There are many resources that can be explored on conflict resolution as well as a host of therapeutic and relational leadership tools.

***Conclusion 6: Encouraging and Acknowledging Personal Power Helps People Feel They Have Agency and Choice***

This group had many strong personalities reflected by intelligent and bold individuals. I observed the common narrative among many of the individuals that the pandemic brought

challenges that had left them feeling powerless to change (FN). The housing, financial struggles, and social divisiveness that were the subject of much of the grief had left a residue of frustration. The ability to find common ground and use our words to choose an adaptation to a challenge can lead to a sense of self-control (Van der Kolk, 2015). The grief ritual we performed together supported and encouraged communication to promote agency and choice (FN; PRI 1, 2, 3). Promoting a sense of agency and choice are important tools to strategizing, initiating and taking action, as described by Bosak et al (2021). This group has great capacity to strategize together. MIHC could benefit from gathering together in future for further rituals, sharing circles, and team building.

***Conclusion 7: A Goal of Prosperity in Healthcare Practice Requires Tending to the Well-Being of the Individual Practitioners***

The individual practitioners presented a broad spectrum of financial resources and lifestyles. Some had cultivated stability, some reported experiencing a great deal of instability and stress in housing and financial matters. I was aware of the underlying conflict between the shared experiences of some individuals and the mission of the organization for prosperity for MIHC, rippling out into the community (FN; PrPS-3, 4, 7, 9; Collage). At the last engagement, two months after the ritual, this reality of lacking stability seemed to still be a dividing force present in the group. I felt the group could make use of community resources in helping to support each other, as well as schedule time to connect as a group to share their struggles and to look for solutions, as well as to welcome support for the team in business and

financial coaching. To focus on social and financial prosperity are important goals. When all the practitioners can focus more creativity, attention, and team building on prosperity, it might become a reality for their organization, as researched by Bosak et al (2021).

***Conclusion 8: Wisdom Can be Earned by Coming Together to Share and Understand Lived***

***Experience***

The act of coming together as a group can be very healing, as described by Macy and Young-Brown (2014). Sharing lived experiences, learning about struggles others might be having, and witnessing the tears and vulnerability are all transformational modalities (O'Donoghue, 1997) The collective sharing and grieving seemed to create deeper connections in the group (PRS, FN). Deep learning as a group can foster compassion and greater support for individuals. This ritual was one experience that facilitated understanding for the practitioners, both for themselves and for each other. Incorporating more opportunities for connection and sharing are recommended for this group to promote harmony and success. (Martin, 2023).

**Scope and Limitation of the Study**

The scope of this study was to test the potential capacity for a grief ritual to support a healing outcome for healthcare practitioners. Intentionally included in our ritual gathering comprised was the sharing of vulnerable stories and songs, initiating change through ritual, and creating a collaborative expressive arts process through collage. What was not covered

were personal early trauma, psychoanalysis, smaller group interactions within the group, or strategies for other specific changes the group might have/need.

The limitations encountered in this study were time and availability of the practitioners to gather; willingness or motivation to participate in the surveys, interviews, and collage; and personal openness to vulnerability. The impacts on the study by these limitations may be a reduced spectrum of data and findings and less opportunities to communicate with the whole group as to recommendations or future supportive processes. Further limitations were sample size, scope, and time limitations.

Some events that went differently than planned were weather-related because of a big snowfall on the day the ritual was scheduled. This prevented some of the group from being able to attend, and I rescheduled for the following week. However, this meant that some of the people who had planned to come to the first scheduled ritual were not able to come to the rescheduled ritual. I also struggled a bit with participants not following through on submitting data despite many requests. I relied more than I had intended or hoped on my observations and field notes, and it would have been more helpful to have interviewed most or all the participants after the ritual rather than just three individuals. We ran short of time in the ritual process to complete the collage at the end as planned. In a feedforward to myself, I would plan a 2-hour preparation meeting and have the ritual as a full-day event, possibly with a 2–3 hour sharing circle a week or two after.

Grief is a natural part of living and arises in times of loss and enduring challenge. Grief is not a pathology. The feelings associated with grief are complex and often painful, so they are frequently suppressed or ignored because humans often do not feel resourced to confront their sorrow. “Approaching sorrow . . . requires enormous psychic power” (Weller, 2015, p. 4). Not all experiences of loss cause what can be described as traumatizing; however, suppressed grief can manifest as trauma. Van der Kolk (2015) explained that suppressed grief inevitably becomes trauma. Grief rituals can be a catalyst for disrupting the suppression of grief and to be an initiator of recovery. Grief rituals can begin the turning of a wheel that is stuck in a deep rut of perceived powerlessness and isolation.

Overall, the Ritual Experience for Acknowledging Loss (REAL) process was successful in delivering the therapists at Madrona Integrative Health Centre (MIHC) a method of processing unacknowledged loss and stress and for initiating some change. A grief ritual is but one tool of many that could be incorporated to process stress, loss, and conflict. In tandem with other resources, it is a useful skill and can be revisited as often as needed. MIHC can use the structure of this ritual in the future for team-building purposes or to assist patients or community members. Going forward, this organization has the integral talent and positive potential to continue to grow together as a community resource. Expanding grief literacy as a valuable skill and practice can serve all the practitioners and patients of Salt Spring with MIHC as a community resource.

## **Recommendations**

The overarching inquiry question focused on whether a grief ritual might affect the grief and loss experienced by the practitioners during the pandemic. Although the ritual definitely had an effect, it is clear that one ritual alone is limited in its capacity to create change. It is also clear that some of the individuals on the team of practitioners at Madrona Integrative Health Centre (MIHC) experienced great challenges during the pandemic and were still feeling the stress of those challenges. Support for the group in the form of a group process for grief with further rituals, sharing circles, or therapeutic interventions is important to continue the healing process. Four primary recommendations emerged as a result of this study and will be discussed in detail in this section.

1. Gather monthly with a focus on “sharing and airing” as a way of easing the team at MIHC into the experience of a safe space (Levine, 2010).
2. Create a space where practitioners are welcome to share their personal struggles and seek strategic collaboration in solving them as a team. (Bosak et al, 2021)
3. Prioritize burnout prevention to help in the long-term longevity of the collective practice. (Jalili et al, 2021), (Mate and Mate, 2022).
4. Learning and modeling grief literacy can develop compassion and connection. (Jenkinson, 2015).

***Recommendation 1: Gather Monthly with a Focus on “Sharing and Airing” as a Way of Easing the Team at MIHC into the Experiences of a Safe Space***

In essence, this would be much like the sharing circle at the beginning of the REAL process, including the passing of a stone or some kind of physical symbol to indicate which person has the floor to speak. The instructions are outlined in the REAL process guidelines manual, included in Appendix F. At least two, but perhaps several people, from MIHC could take some additional training in facilitating sharing circles and safe space holding, such as *The Way of Council* (Zimmerman & Coyle, 2009) or something similar. Sharing the responsibility of facilitation will ensure that not only one person is leading, as shared responsibility builds resilience and prevents unbalanced power dynamics.

***Recommendation 2: Create a Space Where Practitioners Are Welcome to Share Their Personal Struggles and Seek Strategic Collaboration in Solving Them as a Team***

At the time of the pre-ritual survey and the ritual intervention, it was clear that some of the practitioners were still in a great deal of stress due to the community-specific conditions imposed by the pandemic, as well as issues that pre-dated the pandemic and were amplified, including housing insecurity, financial instability, and social division (Booth, 2023). While there are no easy answers for the housing crisis, which is currently still an enormous source of stress for many in the community of Salt Spring, it is important to acknowledge the stress they are feeling in order for everyone to feel a greater sense of belonging (Engel, 2020). “Friendship is a creative and subversive force . . . the unknown the



anonymous, the negative, and the threatening gradually yield their secret affinity within us” (O’Donohue, 1997, p. 13). What can become destructive is when people do not express their stress and are not met with validation and compassion (Van der Kolk, 2015). One of the experiences noted by the primary contact partner at MIHC was the frequent changing of practitioners joining and leaving the office. This might be a result of housing insecurity on Salt Spring and a difficult challenge to remedy from within. However, creating a space where practitioners are welcome to share their personal struggles, and perhaps seek strategic collaboration in solving them as a team, will strengthen the group’s resilience and improve the working environment overall (Wimpenny & Costello, 2011). The reputation for healthy working environments can attract practitioners who want to benefit from and contribute to healthy work environments.

Creating connections through social media, newsletters, and other community networks to assist in supporting people who are looking for housing, or to promote individual therapists who might be new or in need of building a client base are ways to build resources for the team. Becoming politically involved in municipal solutions for housing pressures is also a way to act powerfully in support of community as well as to meet the needs of the team.

***Recommendation 3: Prioritize Burnout Prevention to Help in the Long-Term Longevity of the Collective Practice***

Eight out of 10 respondents to the pre-ritual survey indicated they were aware they were at risk of burnout. Prioritizing burnout prevention will help in the long-term longevity of the collective practice (Bosak et al, 2021). Strategies to prevent burnout may include individual or group nature immersions and planning together for unstructured play such as ecstatic dance. During our ritual, a few participants mentioned they enjoyed singing together, and this might be another modality of connection. Ultimately, rest is a very important tool for recovery from the over-stimulation of stress. Prioritizing rest, meditation, pranayama/breathing exercises, and gentle yoga are all good tools for promoting rest.

***Recommendation 4: Learning and Modeling Grief Literacy Can Develop Compassion and Connection***

MIHC can become a beacon for this community learning, bringing clients and community members together as a whole. Regular grief rituals using the Ritual Experience for Acknowledging Loss (REAL) process structure can be shared in a larger capacity for your clients, families, and community. Creating a literacy of common experience through ritual cultivates community (Senft & Basso, 2009). Hosting regular or semi-regular community grief rituals can be a positive influence on the community of Salt Spring as well as deep learning for the team at MIHC.

**Organizational Implications**

The recommendations from this study have been communicated in the form of an email. A written summary of the findings as well as an action plan for the recommendations were shared with all partners. The offering of further gatherings to communicate recommendations in person have been made and organized; however, only one person attended. Emailing the recommendations was the best way to make sure that everyone was given access to them and could read and inquire about any part individually or collectively. In terms of the next steps, beyond recommendations specific to this study, I have also offered to gather with part or all of the ritual participants again to debrief or creatively collaborate. As of the writing of this thesis, I have not received a response to the invitation.

This study was meaningful to Madrona Integrative Health Centre (MIHC) as an inquiry into their own team dynamics and relational strengthening. I can see and relate to the intention of creating inroads to building relationships in this group of therapists and healers as a way of affecting the long-term sustainability of the group as a collective. In my opinion, deepening interpersonal connections in this team will serve to support the success of the clinic because they will be working together to support their collective values, instead of working solely to support their individual practices. Each person knowing the skills, character, and values of the others can help in patient care and referrals. Because connections have been disrupted during the pandemic for this group, and they are serving people in support of wellness, supporting the relational wellness of the group connection is a way to promote the

wellness of the organization as a collective. When humans who support humans are isolated and not supported, their needs for healthy connections and emotional support are amplified. Emerging post-pandemic, it might benefit us all to remember that we need each other, and we can be of service to the needs of each other as a matter of relational wellness.

If proactive interventions to support team connections with ways to process ongoing grief are made in the early emergence from the pandemic, the ripple effect could be a strengthening momentum. Macy and Young-Brown (2014) described the isolation that is common among workplaces, remedied by building intentional connections with the workforce. Remembering and then rebuilding connection may be a long process after what has been a long adaptation to social distancing and relational division.

Madrona Integrative Health Centre (MIHC) is a collective clinic approach of practitioners who are sharing space and running their practices under the same umbrella. In my opinion, for an optimal result of implementing the recommendations of the study, MIHC must be a strong umbrella, and the practitioners must rally together as an interconnected force for change in the community, both during times of stress and times of celebration. Evaluating the values of the organization, its identity, and its mission, as well as creating a space for the individual practitioners to weave their own identities into the family of practitioners in MIHC means there is interest in the prosperity of not only the success of the practitioners but also the clinic as a whole. There is a risk that individual motivations may derail the clinic if there is not clear leadership to consolidate the focus on the values and goals of the clinic as an

entity. The gatherings recommended could support the potential of interconnection and caring that people have for each other when they are working together for common values.

People who do not share the value of having an interconnected community at MIHC may not adjust well to the changes. However, having a stronger identity and value system may bring in practitioners who feel inspired and nurtured, and that are resonant with belonging to such a community. If MIHC does not choose to incorporate intentional gatherings, remedies for stress, and burnout prevention, they are likely to continue to see a turnover of practitioners. Ignoring losses over time risks trauma setting in, and this impacts the capacity of therapists to care for their patients. Healthcare professionals without visionary leadership and acknowledgement of their stresses are at high risk for burnout (Bosak et al., 2021). The risk of not addressing the stresses, losses, and grief of the therapists at MIHC impacts all of the people concerned: therapists, patients, the community, and the leadership at MIHC.

In the future, I would like to serve in the capacity of a mentor to the grief ritual process and facilitation of sharing circles and expressive arts processes. The therapists and leadership at MIHC are highly skilled professionals, and the mentorship I could offer them in grief tending, ritual, and sharing circles would weave in with their own expertise. The study that has emerged in this process will serve my way of knowing as I develop and lead ritual processes in consultation with other organizations.

**Implications for Future Inquiry**

The inquiry questions for this study explored the grief healthcare professionals experience as a consequence of their occupation through the specific lenses of the pandemic and grief ritual as a response to the stresses and losses associated with the pandemic. What was revealed through the study was that healthcare professionals were subject to the many stresses presented by the pandemic, with the additional stress of holding space for others to process these stresses (Ansari, 2022). For some, their lived experiences and personal stories have been additionally burdened by witnessing and carrying the stories of their patients. Burnout is a risk because the stresses are so great. Regular intentional prevention of burnout via wellness initiatives, supportive expression and integration of grief, and education in grief literacy are all areas that require further inquiry and attention (Rabow et al, 2021).

Healthcare professionals require support for integrating stress, a safe space to express their emotions, and transformational leadership to help them move in the direction of growth and resilience (Bosak et al, 2021). There are many resources known to support practitioners, including psychotherapy, nature therapy, play therapy, somatic wellness practices, group sharing, expressive arts, and team resilience building. Future inquiries might include the relative benefits of various programs (Levine, 2010), (Mate & Mate, 2022).

Grief literacy is yet another necessary learning journey that would benefit healthcare practitioners as well as their patients (Jenkinson, 2015). Because grief is a natural experience for all human beings, recognizing the ways people express their grief and learning ways to

support and communicate with people who are experiencing grief might help healthcare practitioners to pass the teaching and awareness on to their patients and community members. The more grief is a shared awareness, the more the emotional labour that can come with grief can be shared more broadly (Weller, 2015). The losses and stresses that are contributing to the grief humans all share as a result of the pandemic may well require our intentional integration for years to come.

### **Thesis Summary and Conclusion**

For three years, the world as a collective was met with unprecedented interruption to what might be considered *normal life*. In Canada, most people rely upon healthcare practitioners to support them through all the impacts of life. Physical, emotional, mental, and spiritual health often requires skillful tending by people who are experts in serving their communities. People who support wellness in others are often the ones who witness the grief that their patients are feeling. Where do the healers go when their backs are heavy with the weight of the world? When healthcare practitioners are at maximum capacity in serving the community, who is looking after their needs? What this study has revealed is that support for those who support others is not only ideal, it is vital to the longevity of their practice.

In the spiritual ways I have learned and long practiced, human connection, empathy, expression, and compassion are ways to help people strengthen themselves to meet the great pressures of life. Without these connections, without listening to each other, humans suffer.

Depression . . . the word's literal meaning is quite telling. To depress something means to push it down, as one might a beach ball in a swimming pool. . . . One can easily feel how much concerted force it takes to keep the ball submerged, and the way it "wants" to find a way back up to the surface. Keeping it down takes a toll. (Mate & Mate, 2022, pp. 253–254)

Pushing our feelings of loss down takes a lot of effort, and as Mate and Mate (2022) described, keeping it down takes a toll. Helping each other to bring our true feelings to the surface serves to release the pressure and effort required in keeping them inside.

In deciding to implement the ritual process, my intention was not only to inquire as to whether this intervention would be of service as a tool of preventative care, relational repair, and healing but also a simple and economical way to empower healthcare professionals in self-care. The Ritual Experience for Acknowledging Loss (REAL) design requires no special equipment and does not require complicated facilitation. To serve healthcare teams in tending to their grief felt like a compassionate use of my time and this Master's program and thesis process. The knowledge product of the REAL process manual is a tool that has emerged from this study and will remain a part of the resource of this thesis project. The manual is presented in Appendix F.

Bringing the Wheel of the Year (WOY) into the inquiry as a method of measuring the effects of a grief ritual through the lens of the seasons of human nature, as described by O'Brien (2018) and Duckett (2010), was how research became a ritual for me. The curiosity



the WOY themes might awaken in future researchers is offered as a gift. I hope future readers will find awareness, connection, nurturing, and revelation as much as I have. As trauma-informed practices become a growing focus in the field of psychology, healing, leadership, education, and human development, we are given the opportunity to learn how to focus on human nature and basic human needs. When people come together to grieve, grief becomes a catalyst for change and understanding of our relationship with nature.

Self-care is a popular theme in the collective post-pandemic emergence in BC Canada. The practices of self-care are many and varied, and they tend to reflect the values and preferences of the individual. Grief is as ordinary as sunshine and rain, and yet, tending to grief through intentional practice is not very common (Jenkinson, 2015). Grief rituals can be accomplished in a single day with one, a few, or many people (Martin, 2023). Healthcare professionals are trained to work with individuals requiring support, and that skill can be of great use in implementing a REAL grief ritual with patients and with their colleagues. By itself, a grief ritual is not complete as a method of supporting grieving people, but it is a powerful tool because of its ease of access and implementation, bolstered by other complimentary therapeutic methods of grief support.

Grief rituals have been ancient practices for time immemorial (O'Donohue, 1997). What has been known for longer than we can remember is that humans are healthier when they feel safe, supported, acknowledged, heard, and validated (Mate & Mate, 2022). The old ways of imparting such support through connection, sharing, and ritual are still with us and

can be a learning tool and a resource to the way people currently manage stress. The forward turning of the wheel that is initiated in grief and recovery is a reminder that human beings have immense creative power (Weller, 2015). In grief, as in love, we can remember we are profoundly human. In our sorrow, we can find bittersweet release where life springs anew.

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## **Appendix A: Survey and Interview Questions**

### **Pre-Ritual Survey**

1. What negative impacts, if any, have you personally experienced since the beginning of the Covid-19 pandemic?
2. What methods of support has your clinic explored or implemented to support your self-care and well-being?
3. From which methods of support for your self-care and well-being have you most benefited?
4. According to research, burnout among healthcare practitioners is globally high due to pandemic demands. Do you feel at risk for burnout due to the work you are doing?
5. How would you rate your current risk of burnout?
6. What challenges do you feel, if any, in working together with your colleagues to find positive supports for your self-care?

### **Post-Ritual Survey**

1. Since the grief ritual process, my thoughts about my work have been: (choose best answer) positive, mostly positive, neutral, mostly negative, negative, or not sure.
2. I feel I could benefit from more grief-focused rituals (choose best answer): yes, no, or not sure

3. The ritual process has helped me to feel more connected to my colleagues  
(choose best answer): yes, no, or not sure
4. Since the ritual process, I feel my risk of work burnout has (choose best answer):  
significantly increased, slightly increased, stayed the same, slightly decreased,  
significantly decreased, or not sure.
5. When considering the ritual process, my personal experience was:

### **Post-Ritual Personal Interviews**

1. Do you feel your experience of grief has been acknowledged through the ritual?  
If so, in what ways? If not, what do you feel would have better helped to  
acknowledge your grief?
2. Do you feel the REAL ritual process was a tool of pandemic recovery for you? If  
so, in what way? If not, what do you feel would best support your recovery?
3. Do you feel inspired to make new changes since the ritual? If so, in what ways  
were you inspired? If not, what might inspire you?
4. Do you dream about new beginnings or changes since the ritual? If so, what do  
you dream? If not, what do you dream about?
5. Do you feel more creative since the ritual? If so, in what ways? If not, what do  
you feel would help you to be more creative?
6. Do you feel more empowered since the ritual? If so, in what ways? If not, what  
do you feel would help you to feel more empowered?

7. Do you feel more prosperous since the ritual? If so, in what ways? If not, what do you think is in the way of your prosperity?
8. What wisdom do you feel you can contribute to your group that emerged from the ritual? What do you understand about yourself and your colleagues since the ritual?

### **Collage**

#### **The themes explored on the collage were:**

1. Grief and release
2. Inspiration and new beginnings

Participants were asked to affix their creative clippings on the left side of the canvas for theme one, and the right side for theme two.

Appendix B: Collage Image





**Appendix C: Research Information and Invitation to Participate**

January 5, 2023

Dear Madrona Practitioners,

Thank you for agreeing to partner with me in this research study for my Master's program at Royal Roads University. The following is vital information as to the process we will be experiencing, as well as the data collection for the research. Please read thoroughly prior to signing the appended consent forms.

The REAL project (Ritual Experience for Acknowledging Loss) is a form of grief process that supports participants in acknowledging loss and initiating new beginnings. This project is a form of Action-based Research, as the intervention described below is also the subject of research to assess whether there are observable desired changes and outcomes as a result of the REAL process.

The entire project is described below, including the research methods, the intervention, and the analysis of the data that comes from the intervention, how and where the data will be used and where it will be published.

**Research Methods**

There are four main research methods incorporated in this project. They are described here:

1. Anonymous surveys - there are two surveys which will be sent to prospective participants, prior to and after the intervention. These will be petitioned to the

participants via email through online anonymous survey software, such as Survey Monkey. The submission of the completed surveys are a form of consent for the collection of the data and participation in the intervention. This form of survey collection ensures the anonymity of the participants and the confidentiality of their responses.

2. Collage - after the intervention, a collaborative collage will be created by all the participants in the ritual. This is both a method of the intervention itself, as well as a method of data collection for the research. A photo will be taken of the collage for analysis and interpretation.
3. Interviews - after the ritual has been completed, I will be conducting personal interviews with as many of the participants as will agree. These will be conducted by telephone.
4. My observations - as a professional ceremonialist, I am often witness to the responses of ceremony participants. I will be journaling my observations as a contribution to the data.

### **The Real Intervention Process**

There are ten steps in the REAL intervention process.

1. Prepared in advance: a table for 'sacred items', pictures, stones, or meaningful objects. Adjacent, a table with a large newsprint, and many clipped pictures and

words from magazines, as well as glue sticks and markers to assemble the collage.

Dawn Dancing Otter will prepare these items before the first sharing circle begins.

2. The practitioners from MIHC will gather seated in a circle. Dawn Dancing Otter will explain the processes, the table of 'sacred items', sharing circles, ritual, and collage. They will be invited to share whatever they freely volunteer, with no expectation of full participation. There will be a table in the room where they are invited to place their meaningful items if they wish. There will then be an approximately forty-five minute sharing circle. Participants will pass around a stone to reinforce the boundary of single person speaking, sharing to their completion. Participants can volunteer to share freely in the context of the questions, and are advised they can 'pass' when it is their turn to share if they so desire, with the opportunity to share later if they change their minds. The sharing circles are not recorded.
3. The group is given a small break of approximately ten minutes.
4. The ritual process begins. The ritual is not recorded, nor is it used in the data collection, save for the collaboratively created collage. The ritual process begins with 'opening space'. Dawn Dancing Otter pass around a feather fan, and participants are invited to voluntarily sweep themselves, to symbolically clear their energy. When each participant has completed this process to their satisfaction, they are invited to acknowledge ancestors, land, language, allyship with any seen or unseen being. The space is declared 'open'.

5. The body of the ritual is two rounds of sharing. The first is 'passage', an invitation to acknowledge what each person has experienced in loss or grief during the pandemic. After each person has spoken voluntarily, the group responds by saying 'We honour your journey'. The second is 'creation', an invitation to acknowledge what each person is envisioning from this moment forward. These are desired changes. After each person speaks voluntarily, the group responds by saying 'We dream that dream with you'.
6. 'Closing space' for the ritual is initiated. The group comes back in circle, and each person is invited to acknowledge anything that may feel important to them. I then play my rattle and declare the ritual as closed.
7. The group is given a break of approximately 10 minutes.
8. The second sharing circle begins, and participants are invited to share voluntarily on the questions in part two of Appendix A, including personal interpretations of the collage. As with the first sharing circle, a stone will be passed to indicate the person who is permitted to share completely. Each person can pass if wanted, and has the opportunity to share later if desired. The sharing circle is not recorded.
9. We are welcome to disperse after the circle is closed.
10. The collage is a collaborative project for all participants to complete. Two weeks will be allotted for completion. Once completed, the collage will be photographed for data analysis. Participants are encouraged also to photograph it, and the clinic is

encouraged to keep the collage as a symbol of the ritual. The participants will be asked to represent *grief and release* on the left side of the canvas, and *inspiration and new beginnings* on the right side of the canvas.

### **Analysis**

The analysis of the data collected from this project will be examined by myself, Dawn Dancing Otter, my Thesis supervisor, Wendy Rowe, secondary supervisor, Hilary Leighton, and my Inquiry team, Art Therapist, Elise Laviolette, MA, and Counselling Therapist, Marissa Boyce, MCT. They will not have any access to personal information, names, photos, or any identifying features of the participants.

### **Publishing**

The research that emerges from this project will be part of a thesis which will eventually be published by Royal Roads University, as well as published elsewhere in online and print form. No names, human photos, or any other personally identifying features will be included in any of the published writing that emerges from this project.

Please sign the appended consent form if you agree to participate fully in the process described in this form.

Thank you,  
Dawn Dancing Otter

**Appendix D: Participant Consent Form**

Madrona Integrative Health Centre, Research Partner

Name:

Address:

Email:

Phone:

I, \_\_\_\_\_:

1. have read the detailed description of the proposed REAL ritual process, and agree to participate
2. Agree to participate in the survey and interviews as part of the research data collection.
3. Understand all research data will be anonymous, and the confidentiality of participants will be protected. No names or identifying characteristics of participants will be shared or published. The research data generated in this ritual process will be the subject of my thesis and subsequently will be published in the National Library and Congress Canada.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

Thank you for agreeing to participate in this research project. I look forward to collaborating with your organization.

With Gratitude,  
Dawn Dancing Otter,  
Masters candidate,  
Royal Roads University

**Appendix E: Inquiry Team Letter of Agreement**

Oct 1, 2022

To: Inquiry Team Members

From: Dawn Dancing Otter,  
Masters of Leadership Candidate

Dear Inquiry Team,

Thank you very much in advance for your time and effort in assisting me with my Master's Thesis study and report. Your expertise and collaboration is a vital component to the success of my endeavour.

Your confidentiality in regards to the individuals and group, research data, or any aspect of this study is vitally important. In signing this agreement, you are acknowledging that you will not share any information identifying any individual in this study group in any form, written or verbal.

In Gratitude,  
Dawn Dancing Otter

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

**Appendix F: Grief Ritual Design Manual**

**THE REAL PROCESS  
A GRIEF RITUAL DESIGN MANUAL  
FOR HEALTH CARE PROFESSIONALS**

**By Dawn Dancing Otter**

**Copyright 2023**



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## **Introduction**

The REAL project (Ritual Experience for Acknowledging Loss) is a form of grief process that supports participants in acknowledging loss and initiating new beginnings. The intervention described in this manual is intended to be practiced by people who have medical, holistic, psychological, or spiritual therapeutic training. The REAL process is a result of a design studied by Dawn Dancing Otter and a group of healthcare practitioners in 2023 for her Masters thesis. The research concluded that this ritual practice had some benefit for the organization of healthcare practitioners in helping to acknowledge grief and to initiate creativity for new beginnings. The design of this ritual is inspired from folkloric practices from Ireland. Despite the inspired origins of the ritual, it is designed for use by people with any belief systems or philosophies, and can be augmented to suit the philosophy of any organization. There are some key components to consider and implement that will honour the basic needs of the group.

This process has the intent and potential to bring up deep feelings in the group. The safety of the participants to share these deeper feelings and the capacity of the facilitator to lead the group are both imperative considerations. This REAL process is not intended for use by people who have no training or experience in creating and facilitating safe space, as in a therapeutic context. For organizations that are not based in therapeutic service, it is highly recommended to seek a trained facilitator or therapist to lead this process.

## **Required Supplies**

The REAL process will require the following supplies:

1. Enough chairs, cushions, and supports to seat all the participants.
2. Altar cloth, decorative bowl or cup, candle and holder
3. Collage supplies, including discarded magazines, newspapers, books, scissors, glue sticks, colourful markers, large blank sheet of newsprint or canvas
4. Paper and pens
5. A feather or handheld fan
6. A large bowl of water, and empty bowl, and a mug or cup with a handle
7. A large ashtray, or metal bowl with a cover to hold burning paper, and a lighter
8. Snacks and water for the group, including cups, napkins, plates. If the ritual process is planned for longer than 5 hours, plan a lunch break.

## **Considerations for Facilitator**

Before performing the ritual process, several considerations are needed to be discussed, evaluated, and planned. These are safe space for the participants, nurturing connection in the circle, validation of their shared words and feelings, and the discipline of the facilitator to both lead with integrity and support the potential for the participants to share openly as much as possible.

### *Safe Space*

The most important quality of ensure the effectiveness of the ritual process as a tool for grief process is the safe space required for people to share openly. Safe space is subjectively experienced in the group, and can therefore require more components in the planning and delivery than are listed here. The list below are basic considerations:

1. **Safe physical space:** Consider the abilities for the participants to spend three or more hours in the space without compromising their physical safety. Consider stairs, size of the space for the number of participants, relative comfort of the chairs, environmental sounds, lighting, scents, and temperature, access to restrooms, provision of water and snacks, and a safe comfortable ‘quiet’ space for people to retreat to if they require taking time away from the circle to process individually.
2. **Informed consent:** The participants should be made aware of the plan and design of the ritual and to freely consent to participate to their comfort, with the invitation to withdraw at any time.
3. **Confidentiality:** There must be a discussion in the group prior to any personal sharing that what is shared within the circle remains in perpetual confidence. No one should share the stories or expressions of anyone else in the circle. No one

should share the personal details of what transpires within the circle to anyone outside of the circle.

4. Power dynamics: The people within the group should have relatively equal power within the organization. While there may be some benefit for directors, managers, human resources directors, or business owners to share in a grief process with employees, this can create a boundary to sharing and compromise the subjective experience of safety for some participants. There should be no implied risk to employment or career status as an outcome of the REAL process. For example - a director could organize this process for employees, but should not be present in the room, nor privy to the individual stories of the group. To evaluate power dynamics, consider the relative power an individual has in their role and capacity of ordering or participating changes for other individuals in the group. A separate REAL experience could be implemented for those with power-over dynamics in the organization, with the same evaluation of relative power dynamics of the participants.
5. Boundaries: Participants should be advised that they share only their own stories, and are not invited to comment, evaluate, or challenge the stories of others during any part of the REAL process. When participants choose to withhold sharing, take personal space, or withdraw, the rest of the group should not attempt to challenge

those personal choices. The facilitator should be prepared to restate and hold these boundaries dynamically.

6. **Consequences:** There should be pre-determined and openly shared consequences imposed when individuals cross boundaries or risk the safely held space of the others in the group. These consequences include the breach of confidentiality that might happen after the REAL process concludes.

Consequences should be measured fairly, in proportion to the severity of the breach of boundaries.

### **Validation of Shared Feelings and Expressions**

The personal expressions and feelings of the participants are valid to them. Though there may be a wide variation in the perspectives and even in the details of shared events, it is important to hold them all as individually true, even if they are conflicting accounts. People will invariably interpret and process experiences through their own lenses and patterns. The facilitator should be aware of this, and not challenge the personal accounts or feelings of others. Challenging personal feelings and accounts of events can result in people feeling invalidated and unsafe to share their stories.

### **Nurturing of Connection**

The 'how to' of nurturing connection can be a very subjective goal to achieve. The demeanour and character and tone of the facilitator can have a profound impact on whether

the group has the capacity to connect with each other through the process. Gentle, but firm guidance and leadership, holding boundaries, and creative collaboration with the group are qualities which can promote connection.

### **Discipline of Facilitation**

A facilitator of ritual must be subject to the discipline of ethical and integral leadership. While the facilitator is not the source of therapeutic context, the whole group is creating this together. However they are the director of the process. The facilitator has many duties, including:

- Maintaining the structure of the ritual and introducing and explaining the components and responsibilities of the participants.
- Requesting and obtaining informed consent from all participants prior to the ritual event.
- Responding to the needs of the circle, including supportive words and actions, communicating boundaries and holding consequences.
- Assigning roles and tasks within the ritual structure. There may be tasks required, including set up and dismantling the ritual process before and after, and some role playing within the ritual process.
- Accountability for confidentiality of the ritual process.

- Debriefing the participants post-ritual. There may be need to have outside therapeutic support contacted and set up for the circle as a way to address the emotional needs following the REAL process and debrief.
- A debrief should be planned by the facilitator with an outside therapeutic support person for themselves following the ritual process.

### **The REAL Process Design**

The day of the ritual, several components should be prepared and set up prior to the arrival of the participants. Alternately, the participants can be tasked with assisting in the set up. The room should be set with chairs or cushions, as requested by the participants. If space allows, the seats should be arranged in a circle. This allows for participants to face each other throughout the process. The size of the space chosen for the ritual process should be big enough to contain a circle of the participants. If the size of the group is larger than 15-20, splitting into smaller groups and performing separate rituals is optimal, rather than performing this structure in a single large group.

The altar, water bowl, empty bowl and cup, metal burn bowl and lighter collaborative collage components should be set up in advance of the ritual also. These should be set up in separate areas as indicated below.



## **The Altar**

The altar is symbolic of the things each participant holds personally sacred. This does not symbolize any religious or philosophical source, unless this is important to all of the participants. Participants are encouraged to bring items that are important to them, and can include stones, pictures, jewelry, pages or books, or items from nature. A cloth should be laid out on the floor in the center of the circle of participant seats for all of the items. Placing a decorative cup or bowl with water and a candle in the centre of the altar cloth can bring elemental symbolism on the altar. A symbol of the organization, such as the logo, or a picture of the founder, or a commonly respected teacher or elder can also be meaningful symbolism as well . Invite the participants to put their items in personally meaningful places on the cloth. The altar remains in place until the end of the time the participants are in the room together doing any kind of processing work. Instruct the participants to take their items with them when the altar is dismantled.

## **Collage Preparation**

The collage is a collaborative arts-based therapeutic tool that serves a number of purposes. Some of the benefits of the collage aspect of the REAL process are:

- To help participants express their feelings and thoughts in pictures and symbols because not all feelings can be expressed verbally.

- The finished collage can symbolize the ritual, and can be revisited to remind the group of the process that has taken place.
- The collage can evolve over time, and the participants can return to add to it in the days or weeks following the ritual as their feelings shift.
- When a group is very large, and split into separate ritual processes, the collages can be shared, with permission, to assist the groups in feeling connected as a larger group.
- Subsequent ritual processes that an organization performs can include the .
- collages as symbols of the changes within the group.

The group should have supplies for the collage already procured and prepared, including:

- Old magazines, discarded books and scraps of newspaper
- Enough scissors to share with the number of participants. Recommended is one scissors to every three people.
- Glue sticks, with the same 1:3 ratio
- Markers (do not use crayons, as these can prevent the glue stick from adhering)
- A large blank newsprint paper or canvas

The use of collage is a part of the REAL ritual design process, and can be replaced with another arts-based process, such as journaling or drawing.

The themes explored in the collage can reflect the themes of the ritual process.

Including:

- Loss, Grief, and Release
- New Beginnings and Inspiration

### **Bowl Placement**

The burn bowl (or large ashtray or pot) and cover should be placed wherever the burning is planned to take place. If this is outside, the burn bowl may want to be placed there in advance, or by the door ready to be brought to that space. If the burning is to take place in the room, the burn bowl should be on a separate table from the collage and altar.

The water bowl, empty bowl, and cup should be placed on a flat towel on a separate table or on the other side of the table from the burn bowl.

## **The REAL Ritual Process**

### **Timing**

The process is likely to take 3-5 hours, and sometimes longer. Standing throughout the ritual is therefore not appropriate. The facilitator may want to assign time limitations to the components in advance of the ritual, and to share these with the participants. This will help participants to stay on task within the ritual process, and to honour the space each may want to take in sharing their stories. For example, if the pre-ritual sharing circle is assigned a one hour time-slot, the time guideline for personal sharing can be communicated to each

participant so that they are aware in advance. This may be experienced as limiting for participants, but it also may help encourage some of the more introverted participants to take up more space.

### **Pre-Ritual**

The participants will gather seated in a circle. The facilitator will give an overview of the processes, the altar, sharing circles, ritual, and collage. They will be reminded they are invited to share whatever they freely volunteer, with no expectation of full participation.

### **Opening Space**

The ritual process begins with ‘opening space’. The facilitator can pass around a feather or a fan, and participants are invited to voluntarily sweep themselves, to symbolically clear their energy. When each participant has completed this process to their satisfaction, they are invited to acknowledge their ancestors, land, language, and any familiar allyship with any seen or unseen being (such as a friend, family member, person who has passed, or even a deity they personally believe in). The facilitator can optionally lead the group in a simple song or recite a poem. The facilitator then declares the space as open, and lights the candle.

### **Sharing Circle**

Participants will pass around a stone to reinforce the boundary of single person speaking their personal stories at a time. Each person shares to their completion without any commentary or advice offered by anyone in the group including the facilitator (except in the

case that they go over their allotted time, or their share includes critique or commentary of another participant). There can be more than one round of sharing, depending on the time allocated to this part of the ritual. A new question can be explored in each round, or the same question can be explored more deeply. Participants can volunteer to share freely and are advised they can ‘pass’ when it is their turn to share if they so desire, with the opportunity to share later if they change their minds. The following are suggested questions to explore in the pre-ritual sharing circle:

- What losses have you experienced recently?
- What are your feelings at this time because of your experience of loss?
- What changes have happened in your life as a result of your loss?
- What brings you hope for the future?
- What have you learned about yourself since your experience of loss?

Questions can be crafted in advance and shared with the participants to allow them to reflect prior to the sharing circle. The sharing circle themes and questions can be reworded to reflect the needs of the circle. After the sharing circle, it is recommended to give the group a small break of approximately ten to fifteen minutes.

## **The Ritual Body**

1. The participants are invited to write a few sentences, 2-3 at most, on a page which is separate from a personal journal. The participants can explore the following suggested inquiry themes:

- What burdens have you been carrying since your experience of loss that you would like to release today?
- What fear or worry do you most want to let go of today?

The inquiry themes can be reworded to suit the values and needs of the group. The participants can write or draw their expressions on their papers.

2. Once the participants have completed this, the group will stand if possible together, and are invited to read, or share what they have written. They may choose not to read or share what they have written, but they may choose to express something when their turn arises in the circle. After each person shares, the rest of the circle will acknowledge the share by some of the suggested responses:

- We hear you and receive you.
- We hear your pain and support you.
- We support your release.

3. Each participant will be invited to tear their pages into smaller pieces and burn them in the metal bowl. This may need to take place outside to avoid any triggering of fire

alarms. Alternately, the burning is optional, the pages can be torn up and disposed of in another pre-determined way.

4. The participants are then invited to share a statement reflective of their call for inspiration, change, or new beginnings. These can be expressed from the heart, or they can be prepared in advance and read. These statements should be read or spoken in the present tense.

The suggested inquiry themes are:

- I receive \_\_\_\_\_
- I see \_\_\_\_\_ changing for me.
- I am free of \_\_\_\_\_
- I embrace \_\_\_\_\_

After each individual speaks, the group will respond together. The suggested responses are:

- We dream that dream with you
- We hear and support you
- We want that change for you too

5. After each individual speaks and hears the group response, the facilitator will instruct them to approach the bowl of water, empty bowl and cup. They will pick up the cup and fill it from the full bowl of water, and put their intentions for new

6. Beginnings in the water, either through simply holding the cup and thinking their intentions , or whispering their intentions into the water, or breathing into the water. They will then put the cup of water into the empty bowl. Each person takes a turn.

7. After the new beginnings have been spoken, the facilitator signals the closing of ritual space. The facilitator invites the participants to share their acknowledgments of gratitude for whatever they may have felt supported by during the ritual process. This is usually done in ‘popcorn’ fashion, meaning they can speak their gratitude whenever they wish instead of in circular fashion.

8. The facilitator then declares the circle to be closed. A suggested closure statement is *Thank you for this circle, and may we continue to hold each other in honesty, integrity, and in each other’s service.* This can be reworded to reflect the values of the group.

### **Post Ritual**

The group is given a break, a minimum of 15 minutes is suggested, but taking a longer break for food or self care may be needed if the process has taken more than 4 hours. Alternately, the process following the ritual, described below, can take place on a different day, but no more than a week should pass between the ritual process and the second sharing circle and collage.



### **Second Sharing Circle**

As with the first sharing circle, a stone will be passed to indicate the turn for each. As with the first, each person can pass if wanted, and has the opportunity to share later if desired.

The suggested inquiry themes for this circle are:

- What are you feeling now, since the ritual has closed?
- When you think about your losses, what have you learned through the ritual?
- When you think about changes and new beginnings, what are your thoughts or feelings?
- What supports do you need the most right now?

The inquiry themes can be reworded to reflect the values or goals of the group.

### **Collage Project**

The collage is a collaborative project for all participants to complete together. Though the collage can begin after the ritual, the group may decide to extend the contributions to the collage for up to two weeks to completion. Once completed, the collage should be revisited by the group on a different day.

Participants are invited to look through the magazines, newspapers, and books for pictures, words, and symbols, that remind them of the themes of grief, loss, release, new beginnings, change, and inspiration. They are instructed to clip the pictures or words in their

desired shapes (this may or may not reflect the original shape of the picture or words), and to affix them to the newsprint in a way that feels intuitive or meaningful.

The REAL process design is to divide the grief, loss, and release components to the left side of the blank newsprint or canvas, and the new beginnings, change, and inspiration to the right side of the newsprint. This orientation can be designed differently to meet the goals and values of the group, however, there needs to be an intentional orientation and theme to guide the participants in their placement of the pictures and words.

After the collage is complete, the participants can finish this process as a group by sitting again in circle and sharing their initial thoughts and feelings about the collage, or to journal their thoughts about the collage.

After this process is complete, the participants can disperse. The facilitator should recommend rest and relaxation post-ritual for the participants. The facilitator should also check that each person feels safe and complete in leaving the space, and that they are able to make their way home, or to their next destination. If someone does not feel safe or complete in their process and requires support, the facilitator should seek suggestions for support from the group for the individual. The facilitator should not be expected or required to provide that support to an individual alone.

## **Debrief**

A week after the ritual, a debrief should take place. The collage should be displayed at this debrief. The debrief can be in the form a sharing circle with the same facilitator and structure as described previously, with as many rounds as time allows. The suggested inquiry themes are:

- Since the ritual process, I feel or think \_\_\_\_\_ about my losses
- Since the ritual process, I have noticed \_\_\_\_\_
- Since the ritual process, I need \_\_\_\_\_

There may also be another collage analysis by the group with a round of sharing as to the feelings and meanings that are interpreted by the individuals.

The facilitator should separately plan for a debrief for themselves with a trained therapist or grief facilitator outside of the organization.

## **Acknowledgement**

The REAL process is not intended and should not be used as a substitution for medical or psychological advice or support, Individuals are advised to seek advice and support from their own medical or mental health professionals for medical, mental health, or emotional issues that may arise prior to, or after the performance of this ritual process.

Facilitators of the REAL process should be trained in emotional therapeutic skills,

trauma-informed training, and/or grief facilitation. The use of this design is at the risk and liability of the organization providing the ritual.

The REAL process is designed by Dawn Dancing Otter, inspired by many teachers that have supported her learning in ritual ceremonies, grief literacy, leadership, Irish traditions, and trauma-informed facilitation. It is not based specifically on one tradition, and is not meant to represent spirituality, religion, or philosophy about rituals or grief. It is intended to provide a structure for professional healthcare organizations to facilitate grief rituals to assist in their own needs.