The philosophical and theoretical framework of transforming personal care through ritual is based on 5 assumptions: 1) routinization is not necessarily a good thing; 2) individuals who are deprived of “other ways” of knowing, of experiencing the everyday, will have a felt sense of helplessness and hopelessness; 3) personhood relies on memory; and on the frames we construct to interpret and explain the world; 4) having a sense of purpose affects health and well-being; and 5) caregiver self-care increases productivity and well-being. The approach discussed in this article suggests that the opportunity for other ways of “doing” should be injected into the daily routine of caregiving and care receiving. In fact, the American Nurses Association Code of Ethics for Nurses holds that a nurse is as morally obligated to care for his or her self as for others; this would certainly apply as well to the personal care staff in assisted living. This article discusses the key concepts that support the introduction of ritual into long-term care practice, as well as champions, a ritual “toolkit,” and self-care rituals.

Background

Transforming personal care through ritual is based on a program that was developed, tested, and implemented in traditional long-term care, that is, nursing homes and home care: Transforming LTC Through Ritual (TLTC-R). The philosophical and theoretical framework of TLTC-R is based on 5 assumptions:

1. Routinization is not necessarily a good thing.
2. Individuals who are deprived of “other ways” of knowing, of experiencing the everyday, will have a felt sense of helplessness and hopelessness.
3. Personhood relies on memory; it influences and is influenced by the frames we construct to interpret and explain the world.
4. Having a sense of purpose affects health and well-being.
5. Self-care increases the contributions and longevity of the health care provider.

We suggest that many older adults feel helpless with regard to creating other or new ways of knowing and experiencing everyday life (that is, the “mundane”). It has been argued that older adults like a stable routine, that this helps them feel safe. Yet studies have also shown that unvarying routine is associated with negative affect (depression). Thus, the opportunity for other ways of “doing”—for change—should be injected into the daily routine of caregiving and care receiving. It bears noting that the caregiver can
also feel helpless because of a dearth of creativity in caregiving. The fifth provision of the American Nurses Association (ANA) Code of Ethics for Nurses holds that a nurse is as morally obligated to care for self as she or he is to care for others.¹ This would certainly apply to the personal care staff as well.

Framing

Human beings constantly use their sensory antennae and cognitive skills to project an interpretive frame into the world and thus make sense of it. As such, frames are a way of explaining the world (i.e., a phenomenon) to others. Frames can exist on a preconscious level, before information processing and decision making occurs. For example, let’s imagine being younger and observing one’s own parents at age 65; they seemed “worn out,” maybe even a little forgetful. We take with us this paradigm of what being old is that admits of no other interpretation. That is, being old is “losses.” Hence, a meaning is at hand before even consciously thinking about it or sifting through information.

The word “frame” is a noun and a verb. A frame both provides and is the context. As a noun, it denotes the boundary of the event, activity, or phenomenon; think of a picture frame. As a verb, and this is its importance in ritual to create remeaning, framing is a systematic, analytic process of learning other ways of knowing. A frame is a “cognitive shortcut” that draws from memory to guide interpretation, organize information, and figure out what is important or not important.

A frame can be thought of as a bias; it exerts influence. Framing is inevitable; it encourages or supports certain interpretations and discourages other. Frames are constructed from beliefs, values, and experiences. As such, 2 individuals can look at the same event or activity (phenomenon) but have diametrically opposite interpretations or meaning. However, frames can be replaced or shifted when an interpretation seems incongruous or it has a poor fit with what is perceived.

Framing Exercise

Try this by yourself or with your staff: make a “frame” using your arms and hands. You are setting up a boundary, a perimeter, that allows certain information in and keeps certain information out. Turn slowly in all 4 directions; what do you see? Now place your hands around your eyes to “frame” the field of vision, like goggles or looking through binoculars. Turn slowly in all 4 directions. Now what do you see? With which frame do you want to understand or know the room? The landscape?

Picture one of your residents on a locked dementia unit who keeps pulling at the locked door. What is the frame that comes to mind? Dementia means wandering. Now change the frame; expand the perimeter. You open the door and go for a walk with the resident. But what else happened? You didn’t stick with the typical interpretation of dementia behavior. You allowed in the possibility that this lady wanted a change of scenery!

Rituals

The most important thing about ritual is that it functions as a frame.² Ritual takes a piece of reality and gives it character and definition; it endows the everyday with special meaning. The “special task” of ritual is to persuade; it carries recognition and respect. The word “ritual,” often used synonymously with the word “ceremony,” evokes a variety of images, ideas, and associations. There are many types of ritual: religious, secular, everyday, social, and civic. Examples of religious ritual include the celebration of Shabbat in Judaism or a baptism in Christianity. Celebrating Thanksgiving and Halloween, putting baby teeth under a pillow for the tooth fairy, or having a tailgate party at a sports stadium are examples of secular rituals. Everyday rituals include sitting and enjoying your morning coffee (tea) along with a moment of reflection or a daily walk. Social rituals might include saying, “Hi, how are you?” when meeting someone or brushing dirt off your shoes when entering someone’s home. Civic rituals include saluting the flag, a parade, and political campaigns. The various forms of ritual address both individual and collective needs.

Ritual differs from “habit” because ritual is an act that has value added; it is imbued with special meaning. It is informed by conscious intention; consequently, it is deliberate and is elevated above the “habitual.” Because it requires consciousness, ritual is imbued with special meaning that can ground and ennoble the present, the everyday, and the mundane. Thus, ritual can help
give meaning to our world by linking the past to the present, and the present to the future. Ritual can address both individual and collective needs. Reminiscence, life review, and stories can help build selfhood, community, and embed meaningfulness in ritual. In the appendices of this article are 2 rituals that may be of interest to an assisted living resident. The first relates to relinquishing one’s driver’s license (see Appendix A); the second relates to moving into an assisted living residence or community: Blessing of the Room (see Appendix B).

Derived from the Indo-European root meaning of “to fit together,” ritual is an activity of joining the metaphysical and the physical to bring meaningfulness into one’s life. It is one of the oldest forms of human activity and integrates storytelling, dance, music, performance, and theatre. The arts and crafts of ritual are the senses and symbols. Ritual is a sensory and a symbolic experience.

Symbols

Symbols carry and convey meaning and are an important element of ritual. They stimulate memory and associations that help in recalling events, feelings, and experiences. They may range from symbols of spirituality such as skullcaps, chalices, and candelabra to everyday symbols such as a ticket stub from a first date, a pillbox hat from a certain era, or the hat of a firefighter or police officer. Some symbols, such as the nurse’s cap, have disappeared over time. Certain foods take on symbolic importance during particular rituals: eating an apple for a sweet new year or a round bread to represent the life cycle, or a wafer and wine for the sacrament. Symbolic action is connected to activities such as ripping your garment to represent a recent loss or cleaning your home to symbolically represent a new beginning or springtime.

Have you thought about the meaning of plastic versus real flowers on the dining room table? What message are we conveying? If you had a choice, which would you choose?

Neuroscience reveals that human beings are “hardwired” to do or engage in ritual. Neurobiologists D’Aquili and Laughlin explained the connection between myth and ritual, arguing that given the structure of the brain, human beings construct myths to explain their world through ceremonial ritual. Ritual provides a framework, a container, and is a way to symbolically mark events and changes. As such, rituals have specific stated intentions. Ritual space and time are extraordinary and are set apart from ordinary space and time. Ritual acknowledges cultural and religious practices and beliefs; these are the starting point for discussing and planning ritual. To have the fullest possible meaning, a ritual must be culturally sensitive, relevant, and appropriate.

Types and Benefits of Ritual

Rituals can be celebratory, like when reaching an age milestone, a birth, a marriage, a graduation, or going back to school. They can mark a turning point, like moving to an assisted living residence, completing a divorce, or adapting to new technology (such as a pacemaker, hearing aid, etc.). And they can mark loss, such as the death of a roommate, loss of mobility, loss of vision or hearing, or loss of cognitive skills.

The benefits of ritual can be categorized and described as follows:

- **Order and clarity in times of change.** Example: when an older adult is moving from his or her long-time home to an assisted living facility, a leave-taking ritual provides an opportunity for this person to “gift” family and friends with objects. Simultaneously, family and friends “gift” the older adult with something of significance to bring to their new home. Order is made from the chaos of moving.

- **Relief and comfort in times of anxiety.** Example: when an older adult moves into an assisted living facility a Blessing of the Room can provide good wishes and comfort during this anxious transition.

- **Integration and healing in times of loss.** Example: when an older adult in a nursing home has lost a roommate, the staff can assist with a ceremony that brings the residents together to honor and speak of the life of the person who has died, enabling the older adults to express loss and to heal.

- **Continuity and community in times of celebration and reflection.** Example: in any long-term care facility, residence, or private home, a 100th birthday can be celebrated with symbolic gifts, buttons, and music from the older adult’s life, as well as a citation from the government and letters and cards from family and friends. Other examples are national holidays and culture-specific holidays. Reminisce from real lives: play appropriate music; do a slide show of a staff person’s or family member’s recent trip.
Transitions

The rituals that mark transitions are denoting transformations in the individual's status and age. Characteristics of rites of passage are crystal clear with regard to being young or old, male or female, living or dead. They are imbued with culture, biology, and values. The notion of “old age” has been expanded and lengthened as a result of medical technology and economic necessity. Yet there is an irrevocable point of “social irrelevance” that confronts older adults and that requires almost heroic creativity to reinvent meaning and usefulness.

As poignantly noted by Myerhoff, Western culture acknowledges certain transitions unique to older adults: 50 years of marriage, becoming a grand or great grandparent, birthday milestones (and some Olympiad-like medaling). Given that these celebrate achievements, it is noted that some losses have no rites to mark them: needing to use a wheelchair, selling or giving up one’s home and moving to an assisted living residence, estate management to protect assets for the children, or letting the driver’s license renewal lapse. Ritual has great value in those transitions that are fraught with anxiety and uncertainty, with being betwixt and between.

The Environment for Ritual in Everyday Care

The environment for conducting a ritual activity is, essentially, a change in the routine use of a space. This creates an atmosphere that contributes to the reframing and remeaning of the everyday care. The changes can be small yet dramatic, and as simple as changing the lighting upon entering or exiting a resident's rooms, opening the shades or curtains, or playing music. Each approach is an attempt to change the ordinary routine environment into one with special, personal meaning for the resident and, it is hoped, the caregiver as well. Objects from nature can also be used to stimulate the senses and reconnect older adults with their surroundings through touch and smell.

The dining-room table can become a focal point for beauty and source of stimulation. A centerpiece photo display can use the images for conversation and communication between and among residents and staff. These visual objects can be changed with the seasons or for specific events (e.g., staff member wedding; a resident’s new grandchild), holidays, and celebrations. Recreating the dining-room table itself restores the notion of family; it creates a special space within the larger dining space. Staff, residents, and visitors can participate in changing the images, providing different images for each table (ask residents at each table what images they would like) and simultaneously engage in meaningful conversation.

The Ritual Tool-Kit

The ritual toolkit consists of objects selected with the intention of stimulating the senses, memory and recall, and conversation; they open a door to remeaning. The items in the ritual toolkit are ordinary, but they become special because they (re)endow a simple activity with new meaning and importance or value. Some of the objects will have more resonance for some residents than others, and this is as it should be because we are seeking the personalized experience.

Different rituals use different objects or symbols. Some are universal, and others vary with culture, such as a bell or gong, incense or other odoriferous sensation, stones, colored cloth, water, bread, a vase with flowers, flags, candles, oils, and shells. Each symbol listed here is explained by the type of ritual it represents, the sense(s) that the object was intended to stimulate, the rationale for the object (i.e., the symbolism or meaning attributed to the object for the way it is used in a ritual), the activity itself, and reported outcome(s) among participants with that symbol.

Bell or Gong

Ritual: Community; coming together
Sense: Hearing (tinkling sound)
Rationale: The bell or gong sound evokes a special time or experience—ergo, special meaning. [Note: There was no verbalization of the bell sound being associated with a bad experience or event.]
Activity: Use the bell to set aside or recognize that a special time is about to begin, such as, eating (whether alone or with others).
- Ring the bell or gong before lunch and dinner.
- Use the bell or gong at the start of a ritual to separate everyday time from ritual time.
Outcome: Laughter, joyfulness; spontaneous expressions of meaning based on experience and recall

Ritual of the Stones

Use small, opaque or translucent stones; those from a lake, the seashore, and so on; they may be placed in bowl or other container.

Ritual: Community (group memory)

Sense: Touch

Rationale: The stones are an expression of good wishes without seeming maudlin, patronizing, or uninvolved.

Activity:

- This can be done with older adults in a group or with staff.
- Use the stones to commemorate an event that has a beginning or an ending, or a continuation; examples are a new resident’s arrival in the facility, a grandchild’s achievement, a staff or family member’s wedding, the birth of child, or a graduation. Elicit statements from participants such as, “I wish that you will ...” “I wish for you that ...”
- Write the wishes on an easel or note card so that everyone can copy them, if they wish, to better remember what qualities are in each stone.
- Group leader: touch the stones and state the quality of the wishes; state what is embedded in each stone.
- Pass the bowl around to all participants; everyone selects and keeps a stone.

Outcome (from past events): Participants were objectively involved in creating a “good wish”; they were surprised, pleased—and almost shy—when they each received a stone “impregnated” with the wishes that all had contributed.

Note: In conducting this activity with those who have dementia, select an object that cannot be swallowed or that can induce choking.

Soap Bubbles

Ritual: Community

Sense: Sight; Touch

Rationale:

- Bubbles symbolize light and lightness; fragility yet sturdiness; and freedom.
- Bubbles encourage inspiration, joyfulness, and a sense of being care free.

Activity: Assist older adult use; show them how to wave the bubble wand or gently blow through the round aperture.

Note: The bubble mixture should be a nonslippery, “floor-surface preserving” for inside use.

Outcome: Pure, unmitigated joy.

Self-Care

Daily stressors, staff turnover, workload, and coping with difficult residents can be a factor in an assistant’s sense of helplessness that, in combination with a dearth of creative choices in caregiving, can engender a sense of hopelessness. Self-care for the caregiver is a fundamental and integrated component of the TLTC-R philosophy.

The TLTC-R approach to self-care for the caregiver consists of experiential activities and simple nurturing rituals for the mind, body, and spirit. In a sense, these rituals are “collaborators” in practice because the body is an instrument and needs tuning in the same way that musicians care for their instruments. Care of the self is key to maintaining and nourishing the caregiver and his or her relationship with the care receiver.

Ritual reminds the caregiver to take time to replenish—for example, by consciously washing one’s hands and saying “I wash away stress,” taking a walk, stating an affirmation at the beginning or end of the day, or by simply breathing deeply and slowly.

Affirmations are positive statements that caregivers can use to improve the quality of their everyday lives. These statements can be thought of as a tool for health and well-being. A classic affirmation is the book “The Little Engine That Could”; think of how the train engine keeps saying, “I think I can, I think I can, I know I can, I know I can.” These words can be used at the beginning of the day with a resident and again at the end of the day. Affirmations are restorative and can be transcendental when offered to someone.

This part of the toolkit can be introduced with a general discussion about whether—and which—affirmations staff use throughout the day, in both their working and personal lives, to get through the day. Affirmations can be copied out of the Bible or from poetry; they can be comedy lines or any other words that offer inspiration. Phrase books can be used. Two of our favorites are “Don’t just do something. Sit there!” “The only thing we have to fear is fear itself.” We
recommend preparing and having twice as many affirmations as the number of staff members who will be participating in the exercise. Introduced as part of a staff meeting, or just as the conclusion of a change-of-shift report, each person can read his or her affirmation silently, to a co-worker, or to the group. Every person has options. Participants can say their affirmation is for everyone, they can trade their affirmation with another person, or select a new affirmation from the (small) pile.

In recalling the several affirmation rituals we have done, a key component was gathering pinecones; their odor, shape, and sensory elements were a part of the process. Participants seemed to appreciate that someone went to the trouble to find, collect, and clean them for the ritual. The affirmation, written on a 1 × 3-inch card (colored or white) would then be wedged into a crevice of the pinecone and then placed on a desk, by the bedside, on a bathroom shelf—wherever it would be easily visible.

During this ritual, as staff members read their affirmations out loud, one could hear different voices: “Oh, I could use that one!” “This surely gets me through my day, every day.” “So true, so true.” Staff members commented that they would use affirmations more if they posted where they could be seen, used throughout the day, and recalled later with family and friends.

Conclusion

Social engagement, reduced depression, and a feeling of mastery—outcomes of an ongoing creative arts community-based program for older adults—can reduce the risk factors for nursing home placement. Ritual is a form of expression that uses a variety of arts (e.g., music, poetry, dance and movement, art, drama) creatively. We suggest that the experience of ritual, for the care receiver and caregiver, is an expression of the concept of locus of control. This theory holds that there are 2 dimensions of control: internal and external. On a single continua of internal–external control, or 2 separate continua, internal control means that personal efforts make a difference; external control means that a person’s efforts make no difference, and outcomes are due to fate or are in “God’s hands.” Drawing on symbols of personal or universal meaning (and hence, worthiness), ritual restores control. And control is a key component of quality of life.

Resource

Transitional Keys Web site: www.Transitionalkeys.org

References


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APPENDIX A

Ritual: Relinquishing a Driver’s License

An array of feelings accompany the psychological shift as an elder goes from independence to interdependence, acknowledging that some freedom and mobility that driving provides will be given up. The challenge is to help elders remain empowered by suggesting ways they can reciprocate with those who offer to fulfill their transportation needs. This is especially important if an elder is reluctant to ask for a ride, whether to the doctor, the store, or elsewhere.

For many older adults, giving up driving and their driver’s license is especially traumatic.
The driver’s license was used for so many more things that just driving: identification when cashing a check, age identification to buy an alcoholic drink, and so on. Often it happens suddenly, with no warning or preparation. If at all possible, plan this ritual in cooperation with family, friends, or physicians so that the pain of loss can be mediated and humiliation is avoided.

**Intention**

To prepare the resident (the “elder”) for her or his new status as a nondriver and to set up an alternative transportation plan with the support of family and friends.

**Leader**

Staff person(s), family member, grandchild(ren), friend(s)

**Resources Needed**

- *Invitations* to family and friends explaining the goal of the ritual
- *From the Toolkit:* flowers, a basket
- *Car paraphernalia/memorabilia:* a driver’s license, car keys, toy cars, photos of the elder with one of his or her cars, a piggy bank
- *Music (CD or tape player):* car songs (Google this, and you’ll get lots of info!) or old commercials for all to sing, such as, “See the USA, in your Chevrolet”; “We’re the men from Texaco, we work from Maine to Mexico…”
- *Piggy bank* and 8 to 10 pennies
- *“IOU” gift,* brought by guests. Guests state individually how they will assist the elder with her or his new transportation needs. IOUs can include an offer to be a “bus buddy,” a certificate for a taxi ride, or an agreement to drive the elder wherever he or she needs to go.
- *Refreshments:* a car cake or “wheel” cookies.

**Preparation**

- The elder
  - makes a list of his or transportation needs and
  - brings photos of herself or himself with a former car(s), or pictures of cars he or she owned or wanted to own.
- Staff members bring symbolic items to represent car expenses, such as a bill or insurance stubs.
- Tell guests about the event and ask them to come prepared with an “IOU gift” to solve some of the transportation needs. A guest who does not drive can offer to be a “bus buddy.”
- A Treasure Table (a small covered table placed in center of the circle of guests or in front of the room) is set up that with sensory elements from the Toolkit (e.g., flowers in a vase) and objects related to cars and driving (described earlier).

**Crossing the Threshold Into the Ritual Space**

Some possibilities:

- A horn for guests to honk as they enter the ritual space
- A car poster that guests can sign with a greeting for the elder
- A drawing or large cardboard cutout of a car that people can sign as they enter

**The Activity**

- Assemble chairs in a circle
- The elder and guests take a seat.
  1. Leader states the intention, “We are here today to recognize and honor a change in Shirley’s/Sam’s life.
  2. Guests introduce themselves, mentioning their relationship to the elder.
  3. Leader asks the elder to describe all the cars he or she has ever owned or wanted to own, loved, or hated; to share car stories that can be romantic or scary, happy or sentimental; describe great car trips; and so on.
  4. Elder describes the cars of his or her past including models, colors, and so on, and identifies a favorite car and least favorite car.
  5. The elder then gives away car keys to a young person who is about to learn to drive or to the person who will be getting the car; alternatively, the elder can simply toss the keys into a trashcan.
  6. The elder then takes the paperwork—insurance bills, repair bills, garage bills, payments, and so on—and symbolically tears it up, throws away the pieces, and states, “I free myself from these bills.”
  7. The leader begins applause; all join in with applause and possibly a song.
Some suggestions from Transitional Keys programs of how an elder can continue feeling empowered and valued after giving up driving:

- One elder gave his car to a nephew as a gift, and in return, the nephew promised free rides to the elder.
- One elder used her talents to barter, including anything homemade, such as baked goods, soups and stews, and knitted or handmade clothing.
- Another elder agreed to tutor her grandchildren in return for rides to the doctor.
- A small gift such as a music CD, a book, or a ticket to a movie or concert is a good “trade.”

Ceremonial Closing

1. Leader presents piggybank and hands coins to the elder.
2. The elder then begins to fill the piggybank with coins to symbolize all the money that can now go for things other than car-related expenses.
3. Guests give the elder an IOU to be cashed in for rides to go shopping, to library, to concerts, or to the doctor. The IOUs can also cover taxi fares or to be a bus buddy.
4. Leader says, “Free from the responsibility of a car, you will now travel about with the assistance of friends and family who love you.”
5. Serve refreshments.
6. If a car poster or cutout was used, check that all guests have signed it and give it to the elder.

APPENDIX B

Ritual: Blessing of the Room

Intention: To help the new resident feel comfortable, safe and at home in their new room/home. Option: To celebrate the anniversary of the person moving into their new room/home.

Leader: Staff person, family member, another resident, a friend

Resources Needed

- Blessing written on a card or decorative piece of paper suitable for framing
- Crepe paper or ribbon and tape; scissors
- Optional objects might include religious objects (e.g., mezuzah or crucifix) or flowers
- Refreshments (gingerbread house?)

Preparation

- Select a “best” time to hold the ritual with resident, key guests (i.e., family, friends) and staff members.
- Frame the blessing; have available the necessary tools to hang the frame.
- Tape the crepe paper or ribbon across the doorway.

The Activity

Crossing the Threshold

1. Everyone gathers outside the doorway to witness the cutting of the crepe paper or ribbon.

Celebratory Conclusion

At the end, all express good wishes, and refreshments are served.

Blessing of the Room 1

No pain shall come to this place.
No problems shall come to this place.
No confusion shall come to this door.
There shall be no arguments in this place.
There shall be Blessing and Peace in this place.

Blessing of the Room 2

O God, we pray
That you will bless this room,
And those who live here
With your gracious presence;
That your love
May be their inspiration,
Your wisdom their guide,
Your truth their light,
And your peace their benediction.

Bring peace to this room,
And to all who enter here.