

Therapeutic journeys

A masterclass on the therapeutic dimension of rituals

A Camino Academy event, hosted by TSHD at Tilburg University, 3 April 2019

Paul Post, professor of Ritual Studies at Tilburg University and chair of the Camino Academie welcomes everyone. The subject of today is the therapeutic & health dimension of ritual in general and pilgrimage in particular. Central guest and expert is dr. Heather Warfield, Assistant Professor in the Department of Applied Psychology at Antioch University in New England (US). Rather than organizing a formal conference, the Camino academy has chosen for a masterclass format with ample space for exchange and debate in which a small group of scholars and professionals can exchange knowledge and experience around the subject.

Introduction into the theme by **Jenny Slatman**, professor of Medical Humanities at Tilburg University and chair of today's meeting. In her intro she situates issues concerning healing and pilgrimage in the broader context of health humanities (study of health, illness, trauma, and well-being from an interdisciplinary humanities perspective). With the question of how pilgrimage may contribute to healing and well-being of specific groups of people (patients, veterans, youth), pilgrimage knocks on the door of health care. Three phenomena are important: healing, ritual and embodiment.

Healing, in the sense of becoming whole again or finding *heil*, evidently involves all dimensions of human existence: mental, cultural, spiritual, social and not just physical dimensions. Nowadays, in practices as pilgrimage or meditation the ritual dimensions are emphasized – it is more about rituals than about “evidence based medicine” with randomized and double blind trials. It is clear that most healing practices cannot be evaluated in that way, and therefore are seen as unconventional at best, or quackery at worst.

The physician Abraham Verghese says that contemporary high-tech medicine is rather de-ritualized. Performing a physical examination, although it may not add much about a diagnosis, can be a crucial ritual within the physician-patient relationship. But we have to be very careful in recommending rituals in health care. Barbara Ehrenreich states that in women's health care rituals have a function of social control and many of these are rather humiliating.

Whatever people's reasons for a pilgrimage are, physical activity, endurance and the feeling of physical accomplishment are essential to it. David Le Breton states that all kinds of technologies that on paper claim to improve our health and well-being in actual fact are a sign that we hate our bodies and have led to an enormous decline of physical activity in human beings' lives. Le Breton suggests that walking or hiking forms a kind of counterbalance in the culture of body hatred.

For the meeting of today this means that we should at least cover the following questions: what are therapeutic effects of pilgrimage? How should it relate to conventional health care. What are risks and possible side effects of pilgrimage?

Masterclass Therapeutic journeys: A bio-psycho-social-spiritual perspective.

Dr. **Heather Warfield** is an internationally acclaimed expert in the field of the psychology of pilgrimage and is currently Assistant Professor in the Department of Applied Psychology at Antioch University in New England (US).

Warfield starts her masterclass with a fundamental question: what a pilgrimage is? Shortly stated, for most people a pilgrimage means “going in by going out in”, that is: it involves making a physical journey for inner contemplation. In that case, however, we might ask whether a virtual pilgrimage can be considered as such. Is it a pilgrimage when the physical journey is accomplished through modern technology like special websites? When you reflect on it, almost all journeys can be considered a pilgrimage. At that point, the term pilgrimage loses all meaning. Pilgrimage can have different meanings too. It is often linked to a religious background, but it can also have meaning in the context of identity or ancestral roots, or even within a military tradition.

Based on explorative research, Warfield proposes that the therapeutic healing effects of pilgrimage play out in the area of overlay between the pilgrim experience and the bio-psycho-social-spiritual effects on an individual or patient.

A Bio-Psycho-Social-Spiritual Perspective

Biological <ul style="list-style-type: none">• Movement• Physiological• Sensory	Psychological <ul style="list-style-type: none">• Emotions• Stress/coping• Meaning
Spiritual <ul style="list-style-type: none">• Awareness of humanity• Compassion• Forgiveness	Social <ul style="list-style-type: none">• Connection• Empathy• Communication

What is known about the effects of pilgrimage on these four areas?

Pilgrimage and Military Veterans – Research

<p>Biological</p> <ul style="list-style-type: none"> • Weight loss • Increased sense of wellbeing • Increased physical fitness – stamina 	<p>Psychological</p> <ul style="list-style-type: none"> • Decreased anxiety • Increases coping with stressors • Decreased PTSD symptoms
<p>Spiritual</p> <ul style="list-style-type: none"> • Increased connection with divine presence • Able to forgive self and others 	<p>Social</p> <ul style="list-style-type: none"> • Increased connection with others • Increased meaning in relationships

When considering this scheme, we should note that there are also health-risk involved. For example, we often find an increase in nightmares during pilgrimage practices. Warfield tells about her involvement in pilgrimage research among (especially Canadian) military veterans. There are many elements that make pilgrimage beneficial for this group, including the side by side movement, the tradition of camaraderie, the use of a well-articulated mission, the focus on action, and the tradition of honoring those that have gone before.

During and after Warfield’s masterclass, a discussion ensues about the following topics:

- What is the impact of conversation with other pilgrims? What are the pros and cons of mixing with other types of pilgrims versus making the journey as a group together;?
- Can we distinguish between a transformation into something new versus restoring something from the past? Are we talking about “curing” or “improvement in coping”?
- The appropriateness of the term “pilgrimage” – perhaps we need to come up with more suitable terms for different situations. This should include a consideration of the pilgrimage character before versus after the journey.
- How can we study and measure the effects of these differences? Possible opportunities are neurological investigations and pilgrimage’s effects on explosive anger.
- When leaving a war zone, veterans experience a transition into civilian life. In the past, this transition was much slower, because the travel home was much longer. Today, veterans miss this temporal ‘buffer zone’ and are required to integrate much quicker. What role does this play in their ‘pilgrimage’ home?
- The importance of regular movement in therapy. At the same time, we need to keep in mind that pilgrimage is more than merely walking. There is a risk of dissecting pilgrimage and studying it through its elements rather than considering the whole.

Research and insights: pilgrimage/ritual and coping/healing

- A. Prof. dr. Jos Pieper: some results from long standing research into coping and ritual/religion in general and pilgrimage in particular

Jos Pieper addresses the theoretical psychological perspective of pilgrimage from three points of view: cultural-anthropological notions, attribution theory, and coping paradigm.

- Within the cultural-anthropological notions he discerns between the ideas of Van Gennep and the ideas of the Turners. Van Gennep about the rite de passage (rituals of the lifecycle), with three phases: separation, transition, and aggregation. And the Turners with the three phases: preliminal, liminal, and postliminal. The shared human experience and collective answers are important notions in these theories.
- The attribution theory explains how people attribute causality and attribute meaning in their meaning system. Important elements in this theory are the attributor in the meaning system, the intrusiveness of the event, and the context of religious attributions.
- The coping paradigm explains through which efforts (cognitive, behavioural) people master internal and external demands and conflicts among these. Coping can be focused on problem, emotion and meaning. In the effects of coping a distinction can be made between conservation of significance (in which old values are restored) and transformation (in which new values are created).

In Pieper's empirical research, which was published in the 1990s, a distinction is made between effects on different dimensions: the motivational structure, the physical health, the psychological health, the religious/existential health, and confirmation versus transformation.

- In the motivational structure, a distinction can be made between religious aspects (e.g. asking for help and assistance, deepening faith, healing-tradition, reflection) and non-religious motivational aspects (e.g. recreation, social motivation, accompaniment, curiosity). According to this research, the order of these aspects as mentioned reflects their importance. In this field, the results demonstrate a difference between pilgrims visiting Wittem, Lourdes, and Banneux.
- Considering physical health – perhaps unsurprisingly – pilgrims score mostly good and reasonably good. The differences between before, just after, and half a year after the pilgrimage are small.
- In psychological health, the results show a lasting improvement of anxiety issues and a temporary improvement on depression.
- On the aspect of religious/existential health there is a temporary effect, which pilgrims relate more to religious attributions.

Finally, an interview study among pilgrims to Wittem and to Lourdes indicates that the pilgrimage resulted in a partly transformation (a new interpretation of life) in Lourdes and in a confirmation (stronger belief) in Wittem. Conclusion: pilgrimage can lead to temporary transformation but results mostly in confirmation.

- B. Prof. dr. Paul Post: a critical dilemma: on the one hand the fundamental uselessness of ritual acting, and on the other hand the fundamental layer of coping and healing. Illustrated via the Camino.

The contribution of **Paul Post** plays out on a meta-level: he observes a paradox between two fundamental insights regarding ritual.

The first insight concerns ritual acting such as going on pilgrimage as something different from all other human acting. It is play, it has no purpose, and it is at the end useless. This uselessness might even be its very essence. This means that looking for purpose or usefulness in ritual, including looking for therapeutic dimensions in pilgrimage, is a dangerous enterprise. In his book *Homo Ludens* Johan Huizinga asserts that people tend to search for significance and function in play. However, play is fundamentally a functionless activity. This would mean that there are no such things as 'therapeutic journeys.' These are merely the dangerous constructions of scholars and therapists. In a world where everything is based on calculation and functionality, we are desperately trying to give ritual a function and purpose. An illustration of this are the many sponsored pilgrimages in recent years.

The second insight concerns the observation that all our rituals are ways to protect us from harm – be it baptism or marriage or rituals after a plane crash. Martin Stringer argues that in the Western concept of religion, ritual practices are set up to help people cope pragmatically with everyday problems. In the Christian tradition, the success of pilgrimage shrines originated from the very functional and instrumental perspective of healing and coping.

So who is right, Huizinga or Stringer. How to deal with this paradox?

Following the presentations of Pieper and Post a number of topics are discussed:

- The effect of the circumstances in the pilgrimage destination (in particular Lourdes). Of special note are the encounters between pilgrims and the impact of those encounters.
- The different perspectives that could be important when interpreting the empirical results, e.g. tourist versus believer, habit versus ritual, finding versus making of meaning, evidence based medicine versus practice based medicine.
- Could pilgrimage be integrated in regular medical treatment, and how?
- Do you lose the essence of what a pilgrimage is when you propagate the camino by emphasizing the effects?

Practices and experiences I: the Camino as therapeutic space for patients and underprivileged youth

C. **Peter van der Schaft** (former spiritual counselor at GGZ-Centraal) accompanied by **Klaas van der Veen** en **Jeanine van Schie**. Van der Schaft tells about the Camino that was organized in 2016 by GGZ-Centraal, location Veldwijk (Mental Health and Addiction Care). A group of forty people, twenty-nine psychiatric patients, suffering from severe disorders, and eleven staff members walked and biked two weeks on the Camino Frances from Burgos to Santiago de Compostela. In fact the project was a combination of three simultaneous journeys: one bicicrino (eleven patients biked) and two camino's, one group of patients who walked about ten kilometers a day and another group who walked twenty or twenty five kilometers each day. Because of the size of the group the decision was made to go camping, take cooks with them and a truck for transportation, and transport the walkers daily to bridge the difference with the bikers.

The project has three pillars: lifestyle, recovery and spirituality. On the journey they had a lot of walking and biking and people got a lot of responsibilities that helped them grow as a person, recover in different aspects and help them find meaning in their lives. The spiritual and last pillar they tried to support with a diary in which daily notes could be written, and with meetings in the evening.

What are the outcomes of the project? Can you measure or even discuss a camino in terms of results or success? Apart of the deep sense of satisfaction when reaching Santiago and receiving the compostela, they tried to measure the outcome with a small questionnaire, but the results where methodologically not convincing enough. But maybe most convincing are several statements made by a few of the patients about what the camino meant to them:

- *"I suffered as a result of a severe depression. It paralyzed me. The camino and the training before made me move. I had to get up and walk, also when it rained and I got wet. I walked through my depression. Now I know: when there is stuff in my life that's hard to handle I know a way to get me through. There is that force that can help me, a power I can join."*
- *"My whole life I lived and worked alone. On the camino we were together. That moved me."*
- *"In fact everything was great. I remember very well the first days when we walked the Meseta. The fields were a mix of yellow and gold and the sky was of a deep kind of blue. I reached with my arms towards the sky and yelled: yes, I'm alive!"*
- *"When I heard about the camino I thought I won't go, I'm not able to. But I did go and I made it. When there is now something in my life that makes me think I'm unable to do it I remember the camino and say to myself: since I made that I can work myself through other stuff. It brought me so much."*

In the lives of some of the twenty-nine patients there were big changes after the camino, positive changes; in the lives of others everything seemed the same as before.

But there is more to it than you can see. One day one of the patients said on the camino: *"each human life deserves this. He said: I think everybody has to get the feeling he is invited – everybody has to have the conviction that she is welcome, a member of the group"*. St.James, the saint who includes the way and the pilgrims, did not only embrace him. As an embraced

man he had become an embracing person himself. Without this little conversation nobody would have noticed. There is more than we can see or measure.

Following the presentation a number of topics are discussed:

- The way the patient were selected for the camino. No formal selection, but in practice not all patients were in a position to participate.
- The type of helpers needed to accompany the group, also with regard of the (psychological) risks involved. For the next journey (later this year) only two nurses will accompany the group.
- Would walking the Pieterpad have the same beneficial effects? Important is the perspective other people give to the camino ('doing something special', 'it is a whole package of activities and experiences').
- The position of the camino in the whole treatment program. Now it is better accepted than in 2016 and the next camino will be part of the total treatment program.
- This journey in comparison with the traditional character of the camino. Historically, the camino is individually and not group oriented. But nowadays the appearing of other groups (elderly people in busses with suitcases) leads to tensions. Psychiatric patients could be seen as the legitimate successors of the original pilgrims.

D. **John van der Sluis** and **Ben Noorloos** organize journeys along the Camino de Santiago with underprivileged youths in association with youth organization TriviumLindenhof.

Van der Sluis starts with a video about the journey (see: www.lopendstilstaan.nl/jongeren). Van der Sluis and Noorloos walk the camino with groups of 'kansRijke' youngsters. (The Dutch word 'KansRIJK' is not directly translatable in English. 'KansRIJK' is a combination of 'underprivileged' and 'full of opportunities'). It is an adventure in a 10-days empowerment program, consisting of mindfulness (being in the here and now), NLP (target related thinking) and pilgrimage (conscious en route). They walk from Sarria to Santiago, with a final stage from Cée to Finisterre. Every day the youngsters reflect on theme's like 'where am I in my life', 'where do I want to go to', 'what obstacles do I encounter', 'what good things do I have at my disposal'. Important is to focus on the positive, and not to dwell in the negative. Practices, exercises, stories, reflection, coaching facilitate this reflection. Every day they write their positive experiences on a t-shirt and their obstacles on a wooden arrow. At the end of their journey, in Finisterre, they break the arrow on their throat as a metaphor. The arrow also brings an extra element, because it brings them contacts with other people on the camino.

Following the presentation a number of topics are discussed:

- What is important for future journeys? A good follow-up after the journey is important. Now they are following the youngsters on Facebook to see how they are doing en try to keep the Camino-feeling going.
- What happens after the end of the journey? Many kids don't want to go home after the arrival (home is where the shit happens, the camino is paradise). In that way the camino is also of form of escapism. There are a lot of examples that people after the camino decide to divorce or look for another job. There is a risk in finding yourself.
- How is the journey paid for? The costs of the journeys are paid for by the youth organization and by gifts by some rich individuals and by corporations. Van der Sluis and Noorloos receive a minimal compensation.
- Is it possible to specify the camino-effect? As an example: for this group (youngsters with low self-esteem) the community-effect of the camino is very important. For example: the respect they get from a Korean pilgrim when they tell their story, makes a big impression. For the GGZ-group of Van der Schaft c.s. that is different; these are more introvert people. For them the institution of the camino is very important; it is a 'branded mark'.

Practices and experiences II: pilgrimage-like return journeys by veterans.

E. **Bart Hetebrij** is a former humanistic counsellor with the Ministry of Defense and has experience with return journeys in the tradition of pilgrimages.

Hetebrij tells about his experiences as a humanist chaplain with return journeys by UN veterans to Lebanon and Bosnia. In his view, these return journeys are a form of secular pilgrimage because the same elements of meaning, event processing and healing stand central. It is involving a 'search for the self'. Who am I? What has become of me? What do I want with my life? These are existential questions that often arise in response to impressive events. Impressive, both in a positive and a negative sense, because of the young age, the difficulty to carry out the mandate and the tough conditions.

In the example of Lebanon (mission from 1979-1985), although the reasons for going on a return journey are diverse, the common denominator is: drawing up an interim balance of their life. This looking back raises questions as: "what have we left behind in Lebanon? How did the mission determine our lives? What choices did it bring to us, for good or for worse?". During the return journey they fill the gap in their impressions and can color their memories. The image they had about their mission is constantly adjusted during the journey, which for them is exciting and interesting. The active form of processing, confrontation sometimes, even heals negative experiences from that period. In addition, they have been able to share experiences with their accompanying partner and/or family, which can contribute to the recognition of those who are close to them. The ability to ask questions to and collect memories with the local population brings an awareness of connection through collective memory. The narrative that is created during the journey can serve as an outlet for pain and healing, especially for those whose mission experiences have resulted in traumas. After returning home, living two contradictory lives, they remain stuck in a transitional phase ("they took the war home"). The resumption of the transition process makes the return journey a pilgrimage. For some the return journey is the starting point of a new life. In the case of Lebanon, the destination (the former deployment area) was the key.

In the second case, the return trip to the former enclave of Srebrenica in 2010, not the destination but the journey itself was the key. During that trip Hetebrij participated in Marsa Mira, an annual peace march, as a humanistic counselor with a group of Dutchbat veterans. This march is the preparation for and part of the annual commemoration on 11th July. On that day in 1995 between 8.000 and 9.000 men and boys were killed by Bosnian Serbian units during their flight from the Srebrenica UN enclave. Recovered and identified remains of victims from mass graves are reburied on this day. The three day march, a physically demanding trek with some 4.000 participants, follows the opposite route the refugees walked in 1995. During the march, in conversations with different participants, people seemed sincerely interested in why and appreciated that we were participating in the march. We met no disapproval. At the end of the tour, the route traverses the cemetery where, in 2010, already 4.000 murdered refugees were buried. One by one, 775 coffins with remains ready for reburial were passed on by participants in a double row from the former Dutchbat dormitory (where the coffins were

gathered), to the cemetery. The next day, some 40.000 to 50.000 people arrived and the funeral ceremonies itself were held.

Me personally, finishing this march and the passing of the victim's coffins brought a personal closure to the mission. One that I never could have had as I stranded on leave in Zagreb during the atrocity in 1995. But it is also the beginning of a realization of what really happened there and asking yourself the question: "what about my role, what is my share, how about taking responsibility. Is showing respect and solidarity enough? "

To conclude, making this kind of return journeys to Lebanon and Bosnia have been meaningful for most participants. For some as a reflection of what the mission has meant in his life, for another as a completion of his mission, for yet another the opportunity to 'really' come home without bringing back the war this time and finally as healing of moral injuries.

Following the presentation a number of topics are discussed:

- The difference between situation that are regarded as 'good' (for example the pilgrimage to Santiago), and situations that have both 'good' and 'bad' elements or connotations. The risk of meeting hatred in return journeys.
- What the characteristic elements are to call a journey a pilgrimage. The inspiring aspect, pilgrimage as an integration of fractured elements, the looking for answers in yourself.
- What are the differences and similarities between a return journey and for example a journey to Santiago the Compostela. The place itself and the local people are important elements for veterans.
- The importance how national identity is experienced and augmented. The difference in that aspect between for example, the USA, Australia and the Netherlands.
- The importance to be able to share your experiences after returning home. In Africa there is a ritual for returning soldiers. The camino knows its post-camino experiences. The importance to share these experiences within a short time after the mission. Support-groups of veterans ran the risk of not-integrating in society.

Concluding remarks

On request of Jenny Slatman, **Suzanne van der Beek** summarizes the most important elements of today:

- The difficulty to 'measure' the effects of therapeutic journeys. Perhaps this difficulty is a more fundamental concern, as it would include a reduction of the pilgrimage to a set of elements and thereby loses the integrated effect of the whole experience of the journey.
- Possible negative effects of the journey, such as time-lap, homecoming, reintegrating in society.
- The observation that different elements of the journeys can be important for different groups and different kinds of pilgrims.
- The limitations of our terminology. Should we use or invent new words for these non-traditional pilgrimage-experiences?
- Whether pilgrimage could and/or should be part of regular health care and its financing.

Following this summary, a number of topics is discussed:

- Can we denominate the elements that are not measurable? Can we use qualitative techniques in this situation? For example, the element of 'moral injury' and ways to 'measure' that. There is the difficulty that beforehand we do not know in what area the effects will occur, what the possible causes are, and the number of confounding factors involved. This is further complicated by the multidisciplinary setting.
- What perspectives do we see to give a follow-up on this meeting? The attendees are interested to keep on exchanging the experiences with therapeutic journeys. As possibilities are mentioned the creation of a LinkedIn group or a webpage within the website of the Camino Academie to exchange literature or reports. The Camino Academie will discuss this in her next meeting (June 2019).

At the end of the day **Jenny Slatman** thanks all the participant for their contribution. We can conclude that it was an inspiring day.
