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New opportunities for occupational therapy through the occupation of contemporary pilgrimage

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Defining contemporary pilgrimage

Twenty-first century pilgrimage is a journey of great personal significance not limited to traditional religiosity. The transformative potential of this diverse and evolving occupation is increasingly evidence based. This opinion piece explores the definition of contemporary pilgrimage and underlines the relevance of this occupation to occupational therapists and their clients. The exceptional accessibility of contemporary pilgrimage is described, suggesting limitless opportunities for the use of pilgrimage as a therapeutic tool. Interdisciplinary examples of promoting wellbeing through contemporary pilgrimage are then presented. This opinion piece seeks to inspire a local response to this global phenomenon.

Throughout history, the occupation of pilgrimage has always reflected contemporary culture and values. With the possible exception of Hajj pilgrimage, the annually occurring pilgrimage to Mecca that all Muslims are obliged to take once in their lifetime, if they can, pilgrimage today is more often a self-defined and autonomous occupation. Internationally, on an annual basis, pilgrimage represents an enormous mass movement of people — for example, in 2001 ‘more than 60 million Hindu pilgrims attended the Maha Kumbh Mela in Allahabad, making it the largest human gathering in recorded history. The crowds were so huge they could apparently be seen from outer space’ (Palmer and Hilliard 2011, p5). While modern transportation...
and communication may be central to facilitating participation, contemporary pilgrimage could also be viewed as arising from a human response to a rapidly changing, corporatised and globalised environment. As members of a profession concerned with understanding human beings as occupational beings, it is important that occupational therapists respond locally to evidence of increased global interest and rising participation in the occupation of contemporary pilgrimage.

Religious observance is central to the wellbeing of many occupational therapy clients: Islam, Christianity, Hinduism and Buddhism all have important traditions of pilgrimage that generate spiritual, moral and social capital for participants. Although contemporary pilgrimage is not limited to religious observance, acknowledging that pilgrimage is an important occupation is vital for all culturally sensitive occupational therapists practising in an increasingly multicultural and diverse country, such as the United Kingdom (UK). Given that the language and practices of pilgrimage may resonate strongly with individual clients as well as within some communities, it is not unconceivable to use related language (for example, referring to the ‘stages’ on a ‘journey’) or to use common elements of pilgrimatic practice (for example, rituals and offerings) for therapeutic outcomes.

The potential to promote wellbeing through pilgrimage is now prominent within the scholarly discourse on pilgrimage. Participating in contemporary pilgrimage can enable transformations in the self (Coleman and Eade 2004). One study reported that Japanese people journeying to traditional Shikoku temples perform pilgrimage as a form of therapy as opposed to a religious practice (Reader 2007). At this stage, the empirical investigation of the therapeutic benefits of pilgrimage is not high-level evidence and further research is imperative for a rigorous understanding of the relationship between the occupation of contemporary pilgrimage and the experience of wellbeing. Nevertheless, as occupational therapists we do not discount progressive ‘ways of knowing’, including the views of our individual clients.

There is evidence, for example, that the process of making local spaces into ‘sacred places’ that become local sites of pilgrimage is helpful for newly settled migrants; as a result, the map of the UK’s pilgrimage sites has been ‘ethnicised by the settlement of Hindu, Sikh, Muslim and Buddhist minorities as well as Catholics from Africa, Latin America, South and South-East Asia and East Europe’ (Eade and Garbin 2007, p422). It is important that local occupational therapists become aware of this dynamic within their communities and environments. There is also evidence that participation in homeland pilgrimage facilitates inclusion for migrants, providing them with a deeper understanding of ‘belonging and not belonging’ (Skribis 2007).

Pilgrimage is an accessible occupation

Crucially, for occupational therapists working day-to-day in the health and human services, participation in contemporary pilgrimage is exceptionally accessible. Pilgrimage is no longer restricted to those with health, wealth, time and the capacity to travel independently. The varied kinds of pilgrimage, and differing forms of participation, offer multiple ways for a person to obtain an ‘authentic’ pilgrimage experience. A pilgrim can, for instance, perform this occupation through corporeal pilgrimage (involving human movement and making use of transportation); through objects (involving movement of funds and resources); in cyberspace (by simulating the corporeal experience); via armchair study and viewing; vicariously, including delegation; through imagination and fantasy; by making a stationary pilgrimage (involving contact with passing pilgrims) and, finally, through metaphor. Essentially, the diverse range of authentic participation in pilgrimage has therapeutic potential, without necessarily being resource intensive within the day-to-day context of occupational therapy practice. By conceptualising a unique transformative journey toward the sacred (or comparable individually valued ‘ideal’) for each client, occupational therapy could begin to understand and harness the capacity of pilgrimage to promote health and wellbeing for a range of individuals.

Pilgrimage is promoting wellbeing

While this opinion piece introduces a field of enquiry that may be new to the occupational therapy profession, health colleagues in nursing, social work, psychology and medicine have contributed to investigating the potential of pilgrimage to promote wellbeing internationally. For example, nurses use volunteerism on pilgrimage for clinical placement (Baldacchino 2010), while social workers use the pilgrimage metaphor to conceptualise the journey out of homelessness (Rennebohm and Paul 2008). The doing, being, belonging and becoming dimensions of meaning, so familiar to occupational therapy, have been used to frame reports of the benefits to health and wellbeing experienced by pilgrims. For example, health teams in Sweden have used these occupational dimensions of meaning in metaphorical pilgrimage with patients who have life-threatening cancer and with nurses who have burnout syndrome (Rehnfeldt and Arman 2008). There are examples of governments, non-government organisations and health insurance companies recognising that participation in pilgrimage offers substantive, positive outcomes for health and wellbeing: in the UK, the British Legion’s Pilgrimage Department (mandated by the UK Government) facilitated pilgrimages to war graves for over 3000 widows (Walter 1993); in Spain, the Association in favour of people with intellectual disability of Navarre (ANFAS) operates a pilgrim hostel that creates opportunities for people with disabilities to assume a carer role, as opposed to simply being a recipient of care (Alvarez 2006, ANFAS 2011) and, in the Netherlands, commercially based insurance companies fund and facilitate pilgrimages for thousands of their most complex and costly — though not necessarily religious — clients (Notermans 2007).
Pilgrimage has been used therapeutically with a wide range of clients, and the benefits are evident for individual pilgrims across the adult lifespan: in Belgium, since 1983, young people facing social exclusion through the legal system have been offered the opportunity to undertake a 3-month government-funded walking pilgrimage (Claes 1998), while in Australia, pilgrimages to places of personal meaning have been seen as a vehicle for self-actualisation in later life (Knudsen 1998). Evidence also indicates that contemporary pilgrimage can have a collective positive impact, both locally and globally: in the UK, the Atomic Mirror Pilgrimages aim to protest about the impact of uranium on communities (Earthways Foundation 2008), while the multinational Green Pilgrim Network aims to create pilgrim cities and communities that offer a model of environmental sustainability (Palmer and Hilliard 2011).

Importantly, the occupation of pilgrimage is also relevant for individual health and human services workers in the UK, where retention and morale are important challenges within an ageing workforce that is itself addressing the complex needs of a client population with increased incidence of chronic conditions and mental illness. Internationally, the pilgrimage metaphor has long been used in practice and research to facilitate a deeper understanding of real world experiences and issues (Reid et al 1991). The idea of stationary pilgrimage, where assisting each passing pilgrim is a step on one’s own sacred journey, has already been used to conceptualise career stages for nurses (Hemsley and Glass 2006).

The next steps

In the UK today, pilgrimage may resonate with a range of clients and a local response to what is a global phenomenon is vital. The variety of pathways to participation presents occupational therapists with an important, emerging opportunity to pioneer theoretical perspectives, to develop therapeutic strategies that enable participation and to promote the experience of wellbeing through the occupation of pilgrimage in day-to-day practice with a range of clients. In the local context, it is important that each occupational therapist begins to consider creatively the potential of incorporating the occupation of contemporary pilgrimage in their work, and with specific clients. It is also vital that occupational therapy begins to contribute to the scholarly discourse on contemporary pilgrimage. Initially, this would involve a more comprehensive overview of the literature to establish the scope of the topic for occupational therapy. Following on from this, it would be useful to synthesise the existing literature by means of a critical review — specifically, exploring the benefits of participation in contemporary pilgrimage to health and wellbeing.

Ultimately, through empirical investigation, occupational therapy could take a leading role in understanding the relationship between the occupation of contemporary pilgrimage and the experience of wellbeing.

References