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Quest for Transformation: An Exploration of Pilgrimage in the Counseling Process

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Introduction

The topic of pilgrimage has been explored by scholars within the disciplines of anthropology, archaeology, sociology, and religious studies. The existing literature on the topic addresses the transformational nature of the pilgrimage journey on the pilgrim. This transformational nature can be defined in terms of physical, psychological, emotional, social, and spiritual constructs. Because of the transformative characteristics of pilgrimage, the topic has potential implications for the counseling profession. The goal of this paper is to explore various dimensions of pilgrimage as they relate to therapeutic benefits as well as to investigate the implications for counselors who work with pilgrims.

The desire of humans to connect with an element of the sacred is evident from the writings of our distant ancestors to modern publications. This desire has manifested itself through rites of passage, rituals, and structures dedicated to the object of one's veneration. Often the site of the physical structure or area of land evolves into a meaningful connection point with the sacred or divine. As such, once the site has been identified as this connection point, individuals or groups continue to visit the site through a journey identified as a pilgrimage. Davidson and Gitlitz (2002) articulated that a pilgrimage is "a journey to a special place, in which both the journey and the destination have spiritual significance for the journeyer" (p. xvii). Although the pilgrimage destination may be defined as a religious site, there are other identified pilgrimage sites that are not explicitly religious, but are described as a sacred space—such as the site of a traumatic event. Examples of these types of sites include the area of New York City where terrorists attacked on September 11, 2001, the location of a fatal automobile accident, and areas of operation during the Vietnam War.

Pilgrimages to nonreligious sites as well as religious sites share similar characteristics. These characteristics include the desire to fulfill a vow, undergo a rite of passage, experience the educational or emotional benefits of religious or secular tourism, witness a recurring miracle, reaffirm ethnic or religious identity, reenact a religious event, atone for a transgression, comply with an obligation, or be healed (Davidson & Gitlitz, 2002). The present paper is focused specifically on pilgrimage as a method for

transformation as evidenced by documented accounts of physical, psychological, and emotional healing that has reportedly occurred as a result of a pilgrimage journey. Morinis (1992) asserted, "Pilgrimage is a natural topic for pioneering research among scholars from a variety of disciplines" (p. 44). As such, a second objective for this paper was to explore the applications of prior pilgrimage research to a counseling framework.

A search of literature related to accounts of pilgrimage experiences and psychological perspectives within the fields of counseling and psychology yielded sparse results. University library online databases Academic Search Premier and JSTOR were utilized by searching the terms "pilgrimage," "pilgrimage and healing," "pilgrimage and identity," and "therapeutic benefits of pilgrimage." There was a paucity of published journal articles on the topic; however, a number of books written by scholars within the domains of anthropology, sociology, and religious studies were located.

Pilgrimage and Healing

As stated above, a motivation for some pilgrims is the desire for healing. There has been ample documentation of the connection between religious pilgrimage and specific acts of healing—perceived as miraculous by some and explained scientifically by others (Davidson & Gitlitz, 2002; Gopal & Dubey, 1990; Morinis, 1992; Winkleman & Dubisch, 2005). In addition to accounts of healing through religious pilgrimages, Winkleman and Dubisch noted that nonreligious pilgrimages, among other characteristics, include the "transformative nature of the undertaking, including the transformation from illness to health" (2005, p. xv). The healing process that occurs in pilgrimage is not one that cures physical ailments; rather, it addresses the human experience of loss and suffering (Winkleman & Dubisch, 2005). In a recent study conducted in the Netherlands, ailing Catholic older adults participated in a pilgrimage to Lourdes, France in which they were accompanied by multiple medical professionals, including doctors, nurses, physiotherapists, and trainee nurses. Also accompanying the pilgrims were priests, nuns, pastoral workers, and deacons. The goal of the pilgrimage was to "communicate private traumas that are no longer dealt with in the church and for which no rituals are ordinarily available" (Notermans, 2007, p. 4). Prior to the pilgrimage, the pilgrims reported being depressed by losses they could not communicate in the biomedical domain, to their family, or to their church. During the pilgrimage, the pilgrims gained a narrative framework for coping with their past pain, and after the pilgrimage, reported that they experienced emotional healing regarding their previously silenced pain. Additionally, the pilgrimage provided a communal structure of similar individuals who moved through the rituals together (Notermans, 2007).

Dubisch (2005) described her pilgrimage experience as part of the motorcycle journey called "Run for the Wall," an expedition from California to the Vietnam Veterans Memorial in Washington, D.C. The participants of this annual motorcycle journey are veterans of Vietnam and other conflicts as well as those who support the military in some fashion. This event is classified as a secular pilgrimage and is classified as such because the participants separate from ordinary life, the journey is made under conditions of danger and hardship, the rituals along the way pay tribute to the dead or missing military troops, there is a sense of liminality created by the roar of hundreds of motorcycles, and there is a sacred destination. In addition, there is a transformative nature to this event as

reported by the participants (Dubisch, 2005). This transformation includes the fact that the “Run” is a ritual, which has been recognized as a healing process (Walter, 1993). Additionally, the “Run” provides a sense of community, creates a new narrative of the events surrounding the Vietnam War, provides a context for grieving, and provides a sense of support in which veterans can deal with such issues as guilt, alienation, post-traumatic stress disorder, and loss (Dubisch, 2005).

In addition to the above reports of healing, pilgrimage has a long history within Christianity, Judaism, Islam, Hinduism, and Buddhism of addressing such issues as sin, guilt, impurity, and salvation. For example, Gopal and Dubey (1990) reported that, within bhakti oriented Hinduism, pilgrimage is seen as superior to sacrifice and the pilgrim could expect such benefits as purification and forgiveness of sins. Within Islam, one of the five tenets of the faith is a pilgrimage to Mecca, Saudi Arabia—known as the hajj. This pilgrimage occurs once per year and is required of all healthy males at least once in their lifetime. The primary focus of the hajj is the Ka’ba, a cubical granite structure that is believed to be the site upon which Abraham offered his son Ishmael as a sacrifice to God. The benefits of the pilgrimage for the pilgrim are a reinforced sense of religious identity, connection with the Divine, and a fulfillment of a religious obligation. Another type of religious pilgrimage undertaken by Jewish women is the visit to the tombs of the three Rachels in Israel. The overarching themes of this type of pilgrimage are illness, exile, healing, and female gender. Primarily women, although men are not prohibited from the journey, visit the tombs of Rachel, the biblical wife of the patriarch, Jacob, Rachel the historical late nineteenth and early twentieth century poetess, and Rachel, the wife of Rabbi Akiva. The pilgrims believe there is a connection with these women regarding illness and exile. Through this connection, Jewish women report feeling “understood,” which is construed as a healing experience (Sered, 2005).

Winkleman and Dubisch (2005) further assert that the healing dynamics of a pilgrimage include a physical journey with physical, social, and symbolic effects, an act of personal empowerment, the belief that the individuals’ identity in relationship to sacred others integrates the self within collective models, the particularizing of individual suffering with a broader framework of meaning, a sense of solidarity with a community of fellow pilgrims, and an alteration of consciousness that elicit psychophysiological dynamics that support a range of bodily healing responses.

Discussion

Despite the unique experience of individual pilgrims, a pattern of general stages appears to exist for all pilgrimages. The first stage commences when the pilgrim commits to making a meaningful journey to a sacred place. From this point forward, each activity related to the journey becomes part of the pilgrimage. The activities that characterize this second stage of preparation take on a “separation from normal life” pattern such as training for long distance walking, preparing to leave one’s family or surroundings, obtaining a visa, arranging for time away from work or other regular responsibilities, and gathering information about the pilgrimage route or other travel logistics. Other preparatory rites may include altering one’s physical appearance through shaving the head and eyebrows, ritual bathing, and applying perfumes. Additional preparatory activities may include fasting from food, drink, or sexual relations. The third stage of the

pilgrimage process is the actual journey to the sacred space. This stage may include gathering together with other pilgrims or retreating into oneself to focus on the upcoming connection with the Divine. The movement towards the sacred space also characterizes this stage. Along the path, pilgrims may gather evidence of the journey such as some type of credential and taking pictures of specific places along the journey (such as the stations of the Via Delarosa in Jerusalem). The fourth stage is the final preparation to enter the sacred space. Pilgrims may form organized processions, chant mantras, or engage in a specific ritual that highlights the separation of this activity from everyday life. Following the rituals, pilgrims often become silent, remove their shoes, keep their faces focused on the shrine or sacred space, and clasp their hands as a sign of reverence. The fifth stage of the pilgrimage is the actual experience at the sacred site. This stage is characterized by behaviors such as placing offerings, the appropriate type of worship (with sound or without), bell-ringing, touching a part of the sacred space, weeping, kissing the sacred object, praying in front of the image, or placing an object at the shrine. The sixth stage of the pilgrimage is focused on the completion of the journey and on the return home to one's familiar surroundings. Additionally, tourist activities may take predominance at this stage and pilgrims may engage in various local customs and behaviors. Because of the local economic impact of a pilgrimage site, there are often a variety of activities to be experienced by the pilgrim at the conclusion of the actual sacred journey.

Implications for the Counseling Profession

Innovative research and interventions are needed to keep the counseling field relevant and at the forefront of improving the lives of those we serve. The pilgrimage experience is one that has thriving possibilities within a postmodern context and the prospects for human development and contextual meaning construction are endless. Pilgrimage is a significant process and event that provides a holistic framework for individuals to engage themselves in a biological, psychological, social, and spiritual manner. As such, counselors who recognize the transformational nature of such a journey will be equipped to assist clients who choose to engage in the pilgrimage journey. Additionally, the pilgrimage can be undertaken in conjunction with counseling to address issues of healing, identity formation, group belonging, and spiritual development. As mentioned previously, pilgrimages need not be religious in nature in order to be classified as a sacred journey. Counselors ought to consider this when working with victims of trauma, military members and their families, and refugees. A journey to a sacred space for these types of clients may yield dramatic results in conjunction with ongoing counseling.

There are numerous ways in which counselors could be involved in the pilgrimage process. One way is by developing a niche specialization in working with religious pilgrims both in the preparation process as well as in the reintegration process. Part of this specialization would include training that addresses the common stages of the pilgrimage process as well as in religious development models with a particular focus on transitional points through which individuals move from one stage to another. Moreover, in a study by Sandage, Jankowski, and Link (2010), the authors noted that individuals who reported a recent spiritual transformation also reported a higher level of anxiety than those who did not report a recent spiritual transformation. The level of anxiety may be further compounded when an individual is a member of a group going on a pilgrimage

journey and may have a different experience from the other group members or may return with questions about the belief structure of the group or religious establishment that promoted the pilgrimage. For counselors working with pilgrims, or individuals reporting a spiritual transformation, counselors can utilize skills that address anxiety to assist clients.

Implications for Research

Much of the data about pilgrimage have focused on specific sacred sites, motivations for a pilgrimage journey, characteristics that classify pilgrimage, and the social and cultural dimensions of the act of pilgrimage. Little research has been conducted to ascertain the psychological and emotional implications of pilgrimage on individuals or on possible differences between pilgrims and nonpilgrims. Morinis (1992) suggested that the focus of future pilgrimage research should address individual experiences of pilgrimages. Scholars within the counseling profession are in an ideal position to explore these individual experiences as the paradigmatic framework is conducive to the exploration of issues affecting individuals and small groups over and above societal trends. Additionally, prior research has focused exclusively on the pilgrimage journey and little attention has been given to how a pilgrim synthesizes the experience. This synthesis of the elements of the experience as well as the meaning assigned by the pilgrim are worth further exploration.

Conclusion

Based upon the overall bio-psycho-social-spiritual nature of pilgrimage and the specific examples of the therapeutic benefits of this type of journey, it seems that there is substantial promise in pursuing the topic for additional inquiry. Both the empirical and practice-oriented elements of pilgrimage are exciting and warrant further exploration.

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